

Dr. Weatherford Study Aid
January Session 2012

Study the Review Exercises, Definitions, Building Skills and Fill-in at the end of the assigned chapters in the Dental Terminology Book. The dental terminology is usually an easy test given to help bring up GPA's, but you do have to know the most commonly used terminology in your profession.

INFLAMMATION-

Definition of-

What are first clinical signs –

Can inflammation be present in deeper structures of periodontium without presence of noticeable clinical signs at the gingival margin?

What is the main difference between remission and exacerbation stage of chronic infections?

You must study the cells of the Immune system

These are found in Foundations of Perio on Pg 141, A6 on Handout

Know about the following –

Know which ones are the first and last on scene of inflammation

1. Lymphocytes
2. Plasma cells
3. Polymorphonuclear (PMN or neutrophils)
4. Macrophages
5. Erythrocytes – blood cells that carry oxygenated blood from the lungs to tissue
6. Thrombocytes- cells involved in the clotting of blood
7. Leukocytes

Know what phagocytosis is and which cells participate

What causes tissue destruction in Periodontitis pg A5 on HO

If patient presents with Periodontitis will inflammation always be clinically noted in gingival tissues?

Objectives and rational of Root Planing pg A10

Definition

Why do you need a dry working field?

What surfaces do you remove?

Why do you want glassy smooth root surfaces?

Two reasons of how pocket reduction occurs

Where is the best area to place topical anesthesia when scaling or root planing?

Clinical attachment levels on pockets with probing depths of (Which ones show gain of clinical attachment and show decreased probing depths)

1. 1-3 mm
2. 4-6
3. 7 or greater

What are the Microbiological changes after effective root planing?

Gingival Curettage- definition

What surfaces do you remove?

Where is bone crest of the alveolar process in relation ship to the CEJ in: A8 Ho, Pg 57 in Foundations of perio for the Dental Hygienist?

1. Health
2. Gingivitis
3. Periodontitis

Where does calculus attach on the crown and root of tooth?

Instruments:

You must know your instruments and where they are used, angles and ect.

If they are used supra, subgingival, large or small spicules of calculus and what areas M , D, F, L, Be sure and study the after 5 Gracey and the diagrams on page A 22 #3. Study page 338 in Instrumentation book for chart on use of Graceys. Know your universal curettes and sickle Scalers

Know what determines the class or kind of instrument

How to tell if instrument is sharp or dull

Angle of cutting edge of instrument and surface of sharpening stone

Which Edges of Scalers and Gracey curettes do you sharpen?

Compare terminal shanks of universal curettes and area specific curettes

Sequence of instruments when cleaning teeth

Angle between cutting edge of blade of instrument and root surface to remove calculus

Ultra sonic Scalers- Know the different types

Indications for use of:

Do you use more or less finger motion and rang than with hand instruments?

Do you use more or less angulation of tip to the tooth than with hand instruments?

Gingival Curettage

Definition-

What tissue do you remove?

What instrument do you use?

Dental Hypersensitivity B3-6

What is first step in treating?

What is route and sequence of pain from surface of dentin to interior of tooth?

How do you block transmission of pain impulses from dentinal hypersensitivity?

How does Fluoride reduce dentinal sensitivity?

How long do you instruct patients to use at home dentinal sensitivity products and why?

Maintenance Therapy (Natural and Implant teeth)

What 3 things indicate the need for scaling and root planing for maintenance Patients?

1.

2.

3.

How often should maintenance patients be seen?

How well do maintenance patients comply with maintenance recommendations?

What do you compare results of maintenance appointments to?

If you still have problematic pockets at maintenance appointment and you root plane and scale the area again, when should you recheck this site?

Implant Teeth

Compare to natural teeth:

What structures are not present or on surface of implant

How does the micro flora compare

Definitions of peri-implant tissues

Peri-mucositis

Peri-implantitis

Are the same bacteria which are pathogenic to natural teeth detrimental to implants?

Is smoking a risk factor to implants?

Name items which you can use which will not physically damage surface of implant when cleaning?

Can you use manual and ultrasonic powered Scalers, air polishing units, or titanium tipped instruments? Why or why not?

What does Osseointegration mean?

How is Osseointegration determined clinically?

List changes from baseline data that indicate need for further evaluation of implants:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

CHRONIC DESQUAMATIVE GINGIVITIS – D 2-3 HO

What does desquamate mean?

Pemphigoid –

Pemphigus

Lichen planus-

Which one may be life threatening and why?

How do you treat CDG?

GINGIVAL RECESSION

How do you get it?

Most common cause

Clinically characteristics

Etiology of Gingival recession

What are indications for treating gingival recession?

What does atrophy mean?

Gingival Enlargement or Overgrowth

Definition-

What medications can cause this?

Dilantin hyperplasia- clinical appearance

What is most important therapy for RDH concerning Dilantin Hyperplasia to be stressed to the patient?

Acute Periodontal Diseases

Acute Necrotic Ulcerative Gingivitis (ANUG)

Most commonly affected area-

Common signs or symptoms-

Treatment – do you use antibiotics?

Most prevalent in what age

Difference between ANUG and ANUP

Acute (Primary) Herpetic Gingivostomatitis (AHGS)

Herpetic Simplex 1 - what tissue does it bind to for long dormant periods?

Know difference between primary and secondary attacks

Systemic findings-

Duration

Clinical signs and symptoms important to dental hygienist

Is it viral or bacterial?

Oral mucosa involvement

Periodontal Abscesses and Pericoronitis

Difference between gingival abscess and periodontal abscess

Define Fistula of the periodontium

Basic principle of treating perio abscess

Periodontal Abscess characterized by 1. _____ 2. _____

What causes multiple recurrent periodontal abscesses in an individual?

What is likely outcome in management of periodontal abscess?

Pericoronitis- definition

Signs and symptoms

Treatment