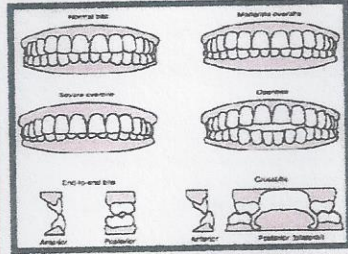


PROFILES
 A) Orthognathic B) Orthognathic
 C) Retrognathic D) Prognathic
 (Div 1 / Div 2)

BLC CLASSIFICATION

- Type I - No bone loss
- Type II - Gingival inflammation, Early bone loss, Pocket depths 4-5mm, Possible localized moderate bone loss
- Type III - Increased destruction - perio structures, Moderate to severe bone loss, Pocket depths 5-7mm, Presence of tooth mobility, Possible localized advanced bone loss
- Type IV - Severe destruction of perio structures, Increased tooth mobility, Pocket depths 7mm or greater, Number of teeth w/ guarded prognosis



Tooth Eruption Chart

REARBITRATION	Upper Teeth	Erupt	Estimate
	Central incisor	6-12 months	6-11 years
	Lateral incisor	6-12 months	7-8 years
	Canine	16-24 months	16-21 years
	First molar	11-18 months	18-21 years
	Second molar	24-30 months	28-32 years
	Lower Teeth		
	Central incisor	6-12 months	6-11 years
	Lateral incisor	10-16 months	10-13 years
	Canine	17-22 months	16-21 years
	First molar	11-18 months	18-21 years
	Second molar	24-30 months	28-32 years
	Third molar	16-24 months	16-21 years
	Permanent dentition		
	Upper Teeth	Erupt	Estimate
	Central incisor	7-9 years	17-21 years
	Lateral incisor	8-10 years	18-21 years
	Canine	11-12 years	18-21 years
	First premolar	10-12 years	18-21 years
	Second premolar	11-12 years	18-21 years
	Third premolar	12-14 years	18-21 years
	First molar	11-12 years	18-21 years
	Second molar	12-14 years	18-21 years
	Third molar	17-21 years	18-21 years
	Lower Teeth	Erupt	Estimate
	Central incisor	7-9 years	17-21 years
	Lateral incisor	8-10 years	18-21 years
	Canine	11-12 years	18-21 years
	First premolar	10-12 years	18-21 years
	Second premolar	11-12 years	18-21 years
	Third premolar	12-14 years	18-21 years
	First molar	11-12 years	18-21 years
	Second molar	12-14 years	18-21 years
	Third molar	17-21 years	18-21 years

MISC TERMS

- Aphtha - white or reddish ulcer
- Exophytic - growing outward
- Exostosis - benign bony growth
- Erythema - red are of variable size
- Fibrotic - excess fibrous tissue
- Patch - circumscribed flat lesion larger than a macule
- Petechiae - hemorrhagic spot
- Polyp - any growth or mass protruding from a mucous surface
- Punctate - marked w/ points or dots - differentiated from surrounding tissue
- Purulent - containing, forming or discharging pus

FURCATION INVOLVEMENT

- Grade I - Can barely get into furcation, Not visible on radiograph
- Grade II - Can get into furcation, but not thru, Visible on radiograph
- Grade III - Probe goes all the way, Gingiva covers
- Grade IV - Probe goes all the way, No gingiva covering

VITALS

- Temp - 98.6° (96.0° - 99.5°)
- Pulse - 60-100 bpm
 - Rhythm: regular, regularly irregular, irregular
 - Volume: full, strong, weak, thready, bounding
- Respirations - 14-20
 - Depth: shallow, normal, deep
 - Rhythm: regular, irregular
 - Quality: strong, easy, weak, labored
- BP
 - Normal: <120/<80
 - Pre-hypertension: 120-139/80-89
 - Hypertension -
 - Stage 1: 140-159/90-99
 - Stage 2: >160/100

CALCULUS CLASSIFICATIONS

- Calc I - Isolated light supra (including narrow band in mandibular anteriors >2mm)
 - Isolated light or generalized sub calculus
 - Light stain (1/3 of clinical crown)
- Calc II - Generalized light/isolated moderate supra calculus
 - Generalized light to moderate spicular to nodular sub calculus
 - Isolated moderate to heavy nodular, ledge or ring sub calculus
 - Light to moderate stain (1/3 clinical crown)
- Calc III - Generalized moderate to heavy supra calc (beyond mandibular anteriors)
 - Generalized moderate to heavy sub calc
- Calc IV - Generalized tenacious moderate to heavy supra and/or sub calculus

PSR PROBING

- Code 0
 - Colored area of probe completely visible in deepest part of sextant
 - No calculus of defective margins
 - Tissues healthy - no bleeding
- Code 1
 - Description
 - Colored area of probe remains completely visible in deepest part of sextant
 - No calculus of defective margins
 - Bleeding after probing
 - Treatment
 - Oral hygiene instructions
 - Supra-subgingival plaque removal
- Code 2
 - Description
 - Colored area of probe remains completely visible in deepest part of sextant
 - Supra or subgingival calculus and/or defective margins
 - Treatment
 - Oral hygiene instructions
 - Supra-subgingival calculus removal
 - Correction of plaque-retentive restorative margins
- Code 3
 - Description
 - Colored area of probe remains partially visible in deepest part of sextant
 - Treatment
 - Comprehensive perio charting of affected area
 - If two sextants are code 3 - complete full mouth periodontal charting
 - Generalized or localized subgingival plaque/calculus removal
- Code 4
 - Description
 - Colored area of probe remains completely disappears, indicating probing depth of greater than 5.5mm
 - Treatment
 - If any sextant is code 4 - complete full mouth periodontal charting is required
 - Examination includes:
 - Probing depths - Mobility/fremitis
 - Gingival recession - MGJ problems
 - Furcation involvement - Radiographs
- Code * (added to sextant score)
 - Furcation involvement
 - Mobility
 - MGJ problems

ANESTHETIC

Mg/ml (x)
 carpule volume (x)
 # carpules

- 1 carpule of 2% lidocaine
 - 1 carpule = 1.7ml
 - 2% = 20 mg/ml

20 mg/ml x 1.7ml x 1 = 34mg lidocaine (per carpule)

CONSISTENCY

- Firm - presence of fibrous CT
- Fluctuant - wave-like motion; liquid
- Hard - Bone/calculated material
- Indurated - ↑ number of cells
- Mobile - moves freely upon palpation
- Soft - cells lacking fibrous CT

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