

THE DENTIST'S GUIDE

TO CONTINUING EDUCATION

Dental Lasers

CO₂, Nd:YAG
Diode, Erbium
Which One is Right For You?

The Florida Probe

Teaching and Motivating Patients

Continuing Education Course Reviews

Atlas Implants to Stabilize Lower Dentures
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The Safe Side of Engine Driven Endodontics

Periodontal Disease

Teaching & Motivating Patients with the Florida Probe



The effects of periodontal disease should be sufficient motivation for patients to brush, floss and seek regular dental care. However, even if patients understand that the potential consequences of skipping dental visits and neglecting basic home care include tooth loss, infection, bad breath and bleeding gums, this knowledge does not seem to motivate them much farther than the front door of their dentist's office. In other words, they don't accept the prescribed treatment. Even the increased awareness of peri-systemic links to pre-term parturition, cardiovascular disease and diabetes have not resulted in the better home care that we advise, or the acceptance of the periodontal treatment we recommend.

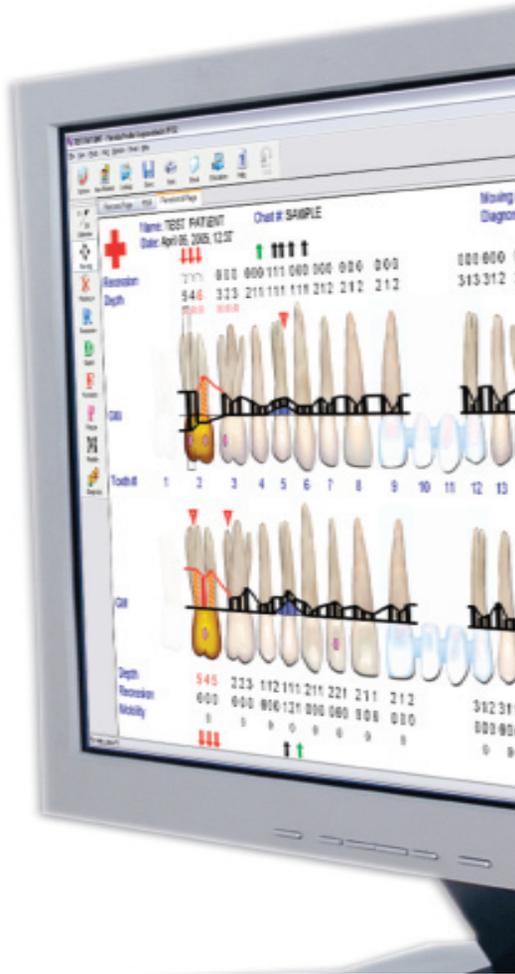
There are numerous reasons for this lack of motivation. Similar to high blood pressure, periodontal disease, in the early stages, is not usually painful or problematic. Without the convincing evidence of pain or swelling, a patient's attitude is often, "If it ain't broke, don't fix it." The challenge we face is to convince patients that something is "broke." To a lesser degree (hopefully), dentists also seem unconvinced or unmotivated about the urgency to treat periodontal disease. Again, there are

several theories as to why this is so, including a fear that their patients will feel "sold" and the uncertainty about whether the pocket charting from hygienist to hygienist is accurate.

Interestingly enough, restorative dentistry went through the same pains in the years before the intra-oral camera. Patients with large, corroded, chipped and broken amalgams did not feel the need to have these restorations replaced. The oral camera changed that forever. Now, often before the dentist even enters the room, the hygienist has oral camera pictures of suspicious teeth on his/her screen. After a patient sits there for several minutes looking at the fractures, corrosion and food-catching margins, they begin to self-diagnose. It is not uncommon for the dentist to walk into the operatory and have the patient say, "Hey Doc, looks like I'm going to need a new crown on that tooth." We must also acknowledge the number of times an oral camera makes the dentist aware of a problem he or she would not have seen without this technology.

What periodontal disease needs is the equivalent of the oral camera in order to convince patients (and dentists) about the existence of periodontal disease





assistant for other more profitable tasks; however, one aspect of this computerized probe which should be emphasized even more, is its role in helping patients to become involved in the diagnosis of their disease.

As the hygienist walks the probe around a pocket, the probe both records and announces that depth. When a deeper pocket is identified, the probe responds with a sound effect of “Beep!” or a voice calling out, “Warning!” The hygienist can also press the footpedal to elicit the “Bleeding” or “Pus” voice call-out. The pocket depths and the warning settings are adjustable and can be turned on and off to correlate with the dentist’s office practices. The result is that the computer becomes an official, unbiased second opinion. Like the oral camera, the talking probe convinces the patient that disease does exist. It also automatically calculates and compares differences from previous exams, convincing the patient (and the dentist) that disease is present.

When the probing is finished, the completed chart and comparisons from previous chartings are available in picture form on the screen. Like the oral camera, the picture makes much more sense to patients than technical terms or numbers. A pocket depth of “7” does not mean that much to a patient, but a picture of their tooth with the gums receded half way to the end of the root sure catches their attention. The images and the verbal announcements combine to dramatically increase patient acceptance of the periodontal procedures they need. Typically SRP’s increase 15-35% within the first month of using the Florida Probe. To further motivate the patient, a printout of the chart can be sent home with the patient showing the areas of concern.

In the end, it doesn’t matter how good a dentist’s skills are if he or she never has the chance to treat the patient. The first step in providing excellent dentistry is to provide an excellent exam. The second step is to educate and motivate the patient to accept needed treatment. When these two things are accomplished, dentists then have a chance to exercise their skills. Education and motivation to accept needed treatment is perhaps the most important benefit dentists can provide for their patients. In the process of implementing Florida Probe’s technology, dentists will find significant benefits for their offices as well. The bottom line is that patients win because they receive the treatment they need and the dental practice wins because it enjoys greater productivity and profitability.

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and to provide additional motivation to accept needed treatment. A technology called the Florida Probe is this answer. The Florida Probe, a computerized automatic probing and charting system, was originally designed to increase accuracy in periodontal research. Using a pre-set standard of 15 grams of pressure, the Florida Probe has proven more reliable and more accurate than standard hand probing methods.

Sometimes referred to as a “computerized assistant,” it has also proven to be user-friendly and quick, since a single operator can both probe and chart at the same time. Many articles have been written which go into more detail about the cost-effectiveness and practicality of using the Florida Probe to free the