

PRACTICAL CLINICAL COURSES

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Career Development Program

V1135 Oral and Maxillofacial Digital Radiography - Simplified

Gordon J. Christensen, DDS, MSD, PhD

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Sources of Products Discussed in

V1135 Oral and Maxillofacial Digital Radiography-Simplified

Presented by: Gordon J. Christensen, DDS, MSD, PhD & Karen Preston, RDH

1. **Digital Sensor Holders**
Schick Technologies
30-30 47th Avenue
Suite 500
Long Island City, NY 11101
(877)724-4254
(718)937-5765
www.schicktech.com
2. **Digital X-Ray Sensor Sheaths**
Patterson Dental Supply Inc.
1031 Mendota Heights Road
St. Paul, MN 55120
(800)328-5536
(615)686-1600
www.pattersondental.com
3. **Edge-Ease**
Patterson Dental Supply Inc.
1031 Mendota Heights Road
St. Paul, MN 55120
(800)328-5536
(615)686-1600
www.pattersondental.com
4. **ProMax 3D**
PLANMECA USA
100 North Gary Avenue
Suite A
Roselle, IL 60172
(630)529-2300
www.planmecausa.com
5. **Quantum Radiation Monitoring Badge**
Quantum Products Badges
P.O. Box 19755
Irvine, CA 92623
(800)359-9686
www.quantumbadges.com
6. **Rinn Digital Sensor Loops**
Dentsply Rinn
1212 Abbott Drive
Elgin, IL 60123-1819
(800)323-0970
(847)742-1115
www.rinncorp.com
7. **Schick CDR Wireless**
Patterson Dental Supply Inc.
1031 Mendota Heights Road
St. Paul, MN 55120
(800)328-5536
(615)686-1600
www.pattersondental.com
8. **Schick CDR Wireless**
Schick Technologies
30-30 47th Avenue
Suite 500
Long Island City, NY 11101
(877)724-4254
(718)937-5765
www.schicktech.com
9. **Schick SDX**
Schick Technologies
30-30 47th Avenue
Suite 500
Long Island City, NY 11101
(877)724-4254
(718)937-5765
www.schicktech.com
10. **Sirona Galileos System**
Sirona Dental Systems LLC
4835 Sirona Drive
Charlotte, NC 28273
(800)659-5977
(704)587-0453
www.cereconline.com
11. **Soothe-Guard Protective Aprons**
Dentsply Rinn
1212 Abbott Drive
Elgin, IL 60123-1819
(800)323-0970
(847)742-1115
www.rinncorp.com
12. **Thyroid Collars**
Pacific Northwest X-Ray Inc.
P.O. Box 625
Gresham, OR 97030
(800)827-9729
(503)667-3000
www.pnwx.com
13. **Uni-Grip**
Dentsply Rinn
1212 Abbott Drive
Elgin, IL 60123-1819
(800)323-0970
(847)742-1115
www.rinncorp.com
14. **Universal Sensor Sheaths**
Schick Technologies
30-30 47th Avenue
Suite 500
Long Island City, NY 11101
(877)724-4254
(718)937-5765
www.schicktech.com
15. **XCP-DS System**
Dentsply Rinn
1212 Abbott Drive
Elgin, IL 60123-1819
(800)323-0970
(847)742-1115
www.rinncorp.com

16. **X-Ray Aprons**

DUX Dental

600 East Hueneme Road

Oxnard, CA 93033-8600

(800)833-8267

(805)488-1122

www.duxdental.com

Product names, the products themselves, and company names change rapidly. Please contact the companies shown to confirm current information.

**Gordon J. Christensen Practical Clinical Courses, 3707 North Canyon Road, Suite 3D, Provo, UT 84604
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PROGRAM

V1135 Oral and Maxillofacial Digital Radiography - Simplified

CLINICIAN RESPONSIBLE

Karen Preston, BS, RDH
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CEO, Practical Clinical Courses
CEO, CR Foundation
Practicing Prosthodontist, Provo, Utah

GOALS & OBJECTIVES

At the completion of this video presentation, participants should be able to accomplish the following:

1. List commonly used radiographs in general dentistry.
2. List less frequently used radiographs in general dentistry.
3. Describe typical staff responsibilities in radiography.
4. Describe differences between analog and digital radiography.
5. List advantages of digital dental radiography.
6. Compare radiation exposure provided by dental radiographs to everyday unavoidable radiation in the environment.
7. Describe radiation protection for patients.
8. Describe radiation protection for dental staff.
9. Describe the advantages of panoramic radiographs.
10. Compare intraoral and extraoral radiographs.
11. Discuss radiograph sensor positioning devices.
12. List disadvantages of digital dental sensors.
13. Describe the technique for periapical radiographs of maxillary molars.
14. Describe the technique for periapical radiographs of maxillary premolars.
15. Describe the technique for periapical radiographs of maxillary canines.
16. Describe the technique for periapical radiographs of maxillary incisors.
17. Describe the technique for periapical radiographs of mandibular molars.
18. Describe the technique for periapical radiographs of mandibular premolars.
19. Describe the technique for periapical radiographs of mandibular canines.
20. Describe the technique for periapical radiographs of mandibular incisors.

OVERVIEW

V1135 Oral and Maxillofacial Digital Radiography - Simplified

The change from analog to digital radiography has been a slow, but very positive move. The change has been going on for over 20 years, and still some practitioners do not use digital radiography. This presentation is oriented toward digital radiography for daily use in typical dental practices. This video includes information about:

- Commonly used radiographs in dental practice
- Other oral and maxillofacial radiographs
- Staff responsibilities for radiography
- Digital vs. analog radiography
- Radiation exposure for oral and maxillofacial radiography compared to daily radiation dose
- Radiation protection for patients
- Radiation protection for staff
- Extraoral radiographs
- Panoramic radiographs
- Panoramic radiograph techniques
- Extraoral bitewing radiographs
- Intraoral radiographs and full-mouth periapical series
- Intraoral radiograph positioning devices
- Intraoral radiograph sensors
- Taking bitewing radiographs
- Taking maxillary molar periapical radiographs
- Taking maxillary premolar periapical radiographs
- Taking maxillary canine periapical radiographs
- Taking maxillary central and lateral incisor periapical radiographs
- Taking mandibular molar periapical radiographs
- Taking mandibular premolar periapical radiographs
- Taking mandibular canine periapical radiographs
- Taking mandibular central and lateral radiographs
- Infection control for digital radiography
- The future of oral and maxillofacial radiography

The video is oriented toward information that can easily be implemented into daily practice.

REFERENCES

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6. Svanaes DB, Moystad A, Larheim TA. Approximal caries depth assessment with storage phosphor versus film radiography. Evaluation of the caries-specific Oslo enhancement procedure. *Caries Res.* 2000 Nov-Dec; 34(6):448-53.
7. Burger CL, Mork TO, Hutter JW, Nicoll B. Direct digital radiography versus conventional radiography for estimation of canal length in curved canals. *J Endod.* 1999 Apr; 25(4):260-3.
8. Palomo JM, Rao PS, Hans MG. Influence of CBCT exposure conditions on radiation dose. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod.* 2008 Jun; 105(6):773-82. Epub 2008 Apr 18.
9. Sumer AP, Sumer M, Güler AU, Biçer I. Panoramic radiographic examination of edentulous mouths. *Quintessence Int.* 2007 Jul-Aug; 38(7):e399-403.
10. American Dental Association Council on Scientific Affairs. The use of dental radiographs: update and recommendations. *J Am Dent Assoc.* 2006 Sep; 137(9):1304-12.
11. Bhaskaran V, Qualtrough AJ, Rushton VE, Worthington HV, Horner K. A laboratory comparison of three imaging systems for image quality and radiation exposure characteristics. *Int Endod J.* 2005 Sep; 38(9):645-52.

POST-TEST

V1135 Oral and Maxillofacial Digital Radiography - Simplified

1. Digital periapical radiographs:
 - a. require wired sensors.
 - b. allow more possibility to direct radiation perpendicular to the image than analog radiographs.
 - c. require less radiation than analog radiographs.
 - d. may not be printed into hard copy form.
2. Placing lead aprons on patients receiving oral periapical radiographs:
 - a. is a Federal requirement.
 - b. is an elective procedure.
 - c. is necessary because of the significant radiation exposure required by digital radiographs.
 - d. is never requested by patients.
3. Staff members making digital radiographs:
 - a. should always wear radiation exposure badges.
 - b. should wear thyroid protection shields.
 - c. are exposed to a significant amount of radiation by digital radiographs.
 - d. are not required to wear radiation exposure badges.
4. Panoramic digital radiographs:
 - a. show only a small amount of the anatomy usually considered to be associated with dentistry.
 - b. can provide excellent screening observation.
 - c. require far more radiation than a full-mouth series of digital radiographs.
 - d. replace all other forms of typical oral radiographs.
5. Extraoral digital bitewing radiographs:
 - a. show only the coronal portions of the teeth.
 - b. are highly diagnostic for initial dental caries.
 - c. are very useful for educating patients about their oral condition.
 - d. require more radiation than panoramic radiographs.
6. Extraoral digital bitewing radiographs:
 - a. show more oral anatomy than intraoral digital bitewings.
 - b. require a minimal amount of radiation.
 - c. may be produced on radiographic machines that have a special feature reducing overlap of tooth contacting areas when compared to conventional bitewing radiographs.
 - d. all of the above.
7. A full-mouth series of periapical radiographs:
 - a. should be made every 2 years.
 - b. usually has two images for each posterior segment.
 - c. usually has three images for each posterior segment.
 - d. can always be made using the long-cone technique.

POST-TEST (CONT'D)

V1135 Oral and Maxillofacial Digital Radiography - Simplified

- 8. Guidelines related to frequency of recall radiographs:
 - a. suggest that frequency of radiographs should be related directly to the patient's oral condition.
 - b. are the same for every adult patient.
 - c. suggest bitewing radiographs for every child each 5 years.
 - d. suggest panoramic radiographs for every adult every 3 years.

- 9. Edentulous patients should have digital radiographs:
 - a. when a denture sore spot is observed.
 - b. when they are considered necessary.
 - c. once every 5 years.
 - d. none of the above.

- 10. Intraoral digital radiographs should be made by:
 - a. aiming the radiation beam perpendicular to the facial surface of the teeth being radiographed.
 - b. aiming the radiation beam directly passing through as many contact areas as possible.
 - c. aiming the radiation beam perpendicular to the facial surface of the gingiva and therefore, the underlying bone.
 - d. all of the above.

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