

PRACTICAL CLINICAL COURSES
*A Service of the Gordon J. Christensen
Career Development Program*

V4323
Minimally Invasive Periodontal Therapy

Gordon J. Christensen, DDS, MSD, PhD

Materials Included:
C.E. Instruction Sheet
Products List
Clinician Responsible
Goals & Objectives
Overview
Supplemental Materials
AGD Post-Test

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PRACTICAL CLINICAL COURSES

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PRACTICAL CLINICAL COURSES
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V4323 Minimally Invasive Periodontal Therapy
Presented by: Gordon J. Christensen, DDS, MSD, PhD

- | | | |
|---|--|--|
| 1. 3M Peridex
Solventum
2510 Conway Avenue
St. Paul, MN 55144
(855)423-6725
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Local Retailers | 19. REACH Waxed Tape
Local Retailers |
| 5. Crest Glide Floss
Local Retailers | 13. Oraqix Topical Anesthesia
Dentsply Sirona
13320-B Ballantyne Corporate
Charlotte, NC 28277
(800)877-0020
www.dentsplysirona.com | 20. Spinbrush PRO CLEAN Toothbrush
Local Retailers |
| 6. Crest Pro-Health
Local Retailers | 14. Oxyfresh
Local Retailers | 21. Tooth & Gums Tonic
Dental Herb Company
62 Bridge Street
Lancaster, NH 03584
(800)747-4372
www.dentalherb.com |
| 7. Crest Toothbrushes
Local Retailers | 15. Periodontal Disease Model
Kilgore International, Inc.
595 W. Chicago Street
Coldwater, MI 49036
(517)279-9000
www.kilgoreinternational.com | |
| 8. Crest Toothpaste
Local Retailers | | |

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PROGRAM

V4323 Minimally Invasive Periodontal Therapy

CLINICIAN RESPONSIBLE

Gordon J. Christensen, DDS, MSD, PhD

Founder and CEO, Practical Clinical Courses

Senior Consultant & Previous 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. Discuss the need for periodontal therapy in the general public.
2. Describe the amount of periodontal therapy that is actually accomplished by general practitioners.
3. Discuss reasons for the lack of periodontal therapy.
4. List the concepts included in minimally invasive periodontal therapy.
5. List the suggested sequence for minimally invasive periodontal therapy.
6. Describe the diagnostic appointment for minimally invasive periodontal therapy.
7. Compare the techniques of minimal periodontal therapy and conventional periodontal surgery.
8. Describe the rationale for tongue cleaning.
9. Describe the technique of tongue cleaning.
10. List four rinses for periodontal use.
11. Describe when a systemic antibiotic is indicated in periodontal therapy.
12. Discuss the need for frequent scaling and root planing.
13. Differentiate between chronic and aggressive periodontal disease.
14. Describe the rationale for use of local antibiotics.
15. Discuss use of Atridox.
16. Discuss use of Perio Chip.
17. Discuss use of Arestin.
18. Discuss when a tooth should be removed for periodontal reasons.
19. Discuss the rationale for a periodontal removable partial denture.
20. Describe the location of "rests" for a periodontal removable partial denture.

OVERVIEW

V4323 Minimally Invasive Periodontal Therapy

Periodontal therapy is taught well in most dental schools. However, it is common knowledge that few general dentists actually accomplish periodontal surgery. The reasons for this lack of periodontally oriented therapy in general practice are related to many factors. Among them is the uncertainty for the outcome of periodontal treatment, the pain associated with periodontal therapy, and the contentment most general practitioners have with accomplishment of restorative therapy.

However, research shows that when patients will not permit conventional periodontal treatment, including surgery, conservative procedures can often satisfy the patient's needs. The several aspects of minimally invasive periodontal therapy are:

1. Education about periodontal disease
2. Frequent oral hygiene instruction
3. Tongue cleaning once or twice daily
4. Frequent (2 or 3 months) scaling and root planing
5. Systemic antibiotics for at least 9 months
6. Alternating oral rinses, changed frequently
7. Local antibiotics delivered to non-responding pocket areas after 2 or 3 months of previous points 1-6
8. Providing a periodontal removable partial denture

There is excellent research available on each of the above concepts individually, but there is very little on using all of them together. However, clinical experience shows that the combination of all of the procedures provides significant positive changes in patients with slight to moderate periodontal disease.

This video shows in detail the implementation of minimally invasive periodontal therapy and how to incorporate this concept into general dental practice.

SUPPLEMENTAL MATERIALS

V4323 Minimally Invasive Periodontal Therapy

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13. Oliver RC, Brown LJ, Loe H. Periodontal diseases in the United States population. *J Periodontol*. 1998 Feb;69(2):269-78.

SUPPLEMENTAL MATERIALS (Continued)

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14. Okamoto Y, Tsuboi S, Suzuki S, Nakagaki H, Ogura Y, Maeda K, Tokudome S. Effects of smoking and drinking habits on the incidence of periodontal disease and tooth loss among Japanese males: a 4-yr longitudinal study. *J Periodontal Res* 2006;41(6):560-6.
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18. Reichwage DP, Strickler CM, Castle KM, Marr DL, Jaress AM. The effectiveness of conservative, contemporary, nonsurgical periodontal treatment. *Dent Today*. 2006 Aug;25(8):46, 48-9.
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POST-TEST

V4323 Minimally Invasive Periodontal Therapy

1. Minimally invasive periodontal therapy includes:
 - a. injection of local anesthetic.
 - b. flap reflection and debridement.
 - c. bone augmentation.
 - d. none of the above.

2. In minimally invasive periodontal therapy:
 - a. scaling and root planing are accomplished on the first appointment.
 - b. local antibiotics therapy is always initiated on the first appointment.
 - c. the treatment usually requires one year.
 - d. none of the above.

3. In this video, it was suggested that:
 - a. vitamin therapy should be prescribed during periodontal therapy.
 - b. systemic antibiotics should be administered for one year.
 - c. patients with severe periodontal disease should probably be referred to periodontists.
 - d. local antibiotics cause highly significant tissue reattachment.

4. Tongue cleaning:
 - a. can be affected well with a toothbrush.
 - b. requires significant force on the scraper to remove tongue debris.
 - c. is mandatory for minimally invasive periodontal disease.
 - d. is a painful procedure.

5. The optimum dose for systemic antibiotic for periodontal disease is:
 - a. 40 mg twice per day.
 - b. 30 mg twice per day.
 - c. 20 mg once per day.
 - d. 20 mg twice per day.

6. Local antibiotics are:
 - a. indicated on the first appointment.
 - b. always injected into the periodontal pocket with a canula.
 - c. placed in various ways, including injection with a needle.
 - d. used as an adjunct therapy for some sites.

7. A periodontal removable partial denture is:
 - a. made only of resin for flexibility.
 - b. used for both support of remaining teeth and replacement of missing teeth.
 - c. used over implants.
 - d. supported by rests, only on the posterior teeth.

POST-TEST (CONT'D)

V4323 Minimally Invasive Periodontal Therapy

8. It was suggested in this video that minimally invasive periodontal therapy:
- should usually replace conventional periodontal therapy.
 - should be used when patients will not accept conventional therapy.
 - is paid well from third party payment companies.
 - none of the above.
9. Patient education about periodontal disease and oral hygiene instruction:
- should be accomplished and repeated frequently.
 - will change the oral hygiene characteristics of some patients.
 - should be delivered by dental hygienists.
 - all of the above.
10. Periodontal disease:
- is always painful.
 - is seldom painful.
 - usually progresses rapidly.
 - can be stopped completely with the correct therapy.

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