L2
CH. 1
EXAMINATION &
DIAGNOSIS OF THE
MOUTH AND OTHER
RELEVANT
STRUCTURES.

Tuesday 27\9\2016
1:00 pm-2:00 pm

Lecture outline:

INITIAL PARENTAL CONTACT WITH THE
DENTAL OFFICE
THE DIAGNOSTIC METHOD
PRELIMINARY MEDICAL AND DENTAL
HISTORY
CLINICAL EXAMINATION
TEMPOROMANDIBULAR EVALUATION
UNIFORM DENTAL RECORDING
To develop a treatment plan. T.P. to correct existing oral problems (or halt their progression) and to prevent anticipated future problems.

Anticipatory guidance is the term often used to describe the discussion and implementation of such a plan with the patient and/or parents. Each pediatric patient should be given an opportunity to receive complete dental care. If parents reject a portion or all of
the recommendations, the dentist has at least fulfilled the obligation of educating the child and the parents.

Guidelines on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance, and Oral Treatment for Children, Revised May 2000

Birth-12 Months
12-24 Months
2 - 6 Years
6 - 12 Years
12-18 Years

Birth-12 Months
1. To assess oral growth and development and/or pathology.
2. Provide OH counseling for parents including the caregiver.
3. Remove supra- and subgingival stains or deposits as indicated.
4. Assess the child's systemic and topical fluoride status.
5. Assess appropriateness of feeding practices.
6. Provide dietary counseling related to oral health.
7. Provide age-appropriate injury prevention counseling for orofacial trauma.
8. Provide counseling for non-nutritive oral habits (e.g., digit, pacifiers).
9. Provide diagnosis and required treatment and/or referral for any oral diseases or injuries.
11. Consult with the child's physician as indicated.
12. Based on evaluation and history, assess the patient's risk for oral disease.
13. Determine interval for periodic reevaluation.

**12-24 Months**

1. Repeat birth to 12-month procedures every 6 months or as indicated by the individual patient's needs/susceptibility to disease.
2. Review patient's fluoride status.
3. Provide topical fluoride treatments every 6 months or as indicated by the individual patient's needs.

2 - 6 Years
1. Repeat 12- to 24-month procedures every 6 months or as indicated by the individual patient's needs/susceptibility to disease. Provide age-appropriate OHI.
2. Complete a radiographic assessment of pathology and/or abnormal growth and development, as indicated by the individual patient's needs.
3. Scale and clean the teeth every 6 months or as indicated by the individual patient's needs.
4. Provide topical fluoride treatments every 6 months or as indicated by the individual patient's needs.
5. Provide P&F sealant for primary and permanent teeth as indicated by the individual patient's needs.
6. Provide counseling and services (athletic mouth guards) as needed for orofacial trauma prevention.
7. Provide assessment/treatment or referral of developing malocclusion as indicated by the individual patient's needs.
8. Provide diagnosis and required treatment and/or appropriate
referral for any oral disease, habits, or injuries as indicated.
9. Assess speech and language development, and provide appropriate referral as indicated.

6 - 12 Years
1. Repeat 2- to 6-year procedures every 6 months or as indicated by the individual patient's needs/susceptibility to disease.
2. Provide substance abuse counseling (e.g., smoking, smokeless tobacco).

12-18 Years
1. Repeat 6- to 12-year procedures every 6 months or as indicated by the individual patient's needs/susceptibility to disease.
2. At an age determined by the patient, parent, and dentist, refers the patient to a general dentist for continuing oral care.

INITIAL PARENTAL CONTACT WITH THE DENTAL OFFICE
The parent usually makes the first contact with the dental office by telephone. This
initial conversation between the parent and the office receptionist is very important. It provides the first opportunity to attend to the parent's concerns by pleasantly and concisely responding to questions and by offering an office appointment. The receptionist must have a warm, friendly voice and the ability to communicate clearly. The receptionist's responses should assure the parent that the well-being of the child is the chief concern. The information recorded by the receptionist during this conversation constitutes the initial dental record for the patient. Filling out a patient information form is a convenient method of collecting the necessary initial information.

THE DIAGNOSTIC METHOD
The dentist must collect and evaluate the facts associated with the patient's or parents' chief concern and any other identified problems that may be
unknown to the patient or parents. Some pathognomonic signs may lead to an almost immediate diagnosis. They provide a diagnosis only for a single problem area. On the other hand, a comprehensive diagnosis of all the patient's problems or potential problems may sometimes need to be postponed until more urgent conditions are resolved.

THE DIAGNOSTIC METHOD
• Medical and dental history taking
• Inspection
• Palpation
• Auscultation
• Exploration
• Radiography
• Percussion
• Transillumination
• Vitality tests
• Study casts
• Laboratory tests
• Photography

PRELIMINARY MEDICAL AND DENTAL HISTORY

Familial history: information in some hereditary disorders.

The child's social and psychologic development: a child's learning, behavioral, or communication problems.

Remember to keep the questions age appropriate to the child.

Hospitalized previously for general anesthetic and surgical procedures: a traumatic psychologic experience and the child's fear of strangers in clinic attire.

Strengthens the confidence of the parents.

Systemic disease or anomaly, the dentist should consult the child's physician to learn the status of the condition, the long-range prognosis, and the current drug therapy.

Current illnesses: consulting the child's physician.
PRELIMINARY MEDICAL AND DENTAL HISTORY
Laboratory tests.
Special precautions.
Communicable infectious conditions.
Current recommended childhood immunization schedule.
Dental patients with special medical, physical, or behavioral problems.
Medical history
Dental history
Current oral hygiene habits and previous.
Current fluoride exposure.

CLINICAL EXAMINATION
Examining the structures in the oral cavity, patient's size, stature, gait, or involuntary movements.
Clinical examination, whether the first examination or a regular recall examination, should be all inclusive.
Attention to the patient's hair, head,
face, neck, and hands should be among the first observations made by the dentist after the patient is seated in the chair.

The patient's hands: temperature, cold, clammy hands or bitten fingernails, anxiety, sucking habit. Clubbing of the fingers or a bluish color in the nail beds suggests congenital heart disease.

CLINICAL EXAMINATION
Inspection and palpation of the patient's head and neck
Hair or skin: lice, ringworm, or impetigo
Referral: contagious.
Variations in size, shape, symmetry, or function of the head
and neck structures should be recorded. Abnormalities of these structures may indicate various syndromes or conditions associated with oral abnormalities.

TEMPOROMANDIBULAR EVALUATION
One should evaluate temporomandibular joint (TMJ) function by palpating the head of each mandibular condyle and observing the patient while the mouth is closed (teeth clenched), at rest, and in various open positions.
TMJ disorders in children managed effectively by the following conservative and reversible therapies: patient education, mild physical therapy, behavioral therapy, medications, and occlusal splints.
Extraoral examination: palpation of the patient's neck and submandibular area,
tenderness or enlargement.
Speech: positions of the tongue, lips, and paraoral musculature during speech, while swallowing, and while at rest.

Intraoral examination: First evaluate condition of the oral soft tissues and status of developing occlusion, charting carious lesions, breath odors and saliva. Buccal tissues, lips, floor of mouth, palate, and gingivae, periodontal screening and recording program (PSR). Initiation of periodontal screening in children following eruption of permanent incisors and first molars.

Tongue and oropharynx: rheumatic fever, immediate referral, throat culture specimen.

Occlusion: Monitoring of the patient's facial profile and symmetry; molar, canine, and anterior segment
relationships; dental midlines; and relation of arch length to tooth mass.

Finally, teeth should be inspected carefully for evidence of carious lesions and hereditary or acquired anomalies, counted and identified individually, supernumerary or missing teeth. During clinical examination for carious lesions each tooth should be dried individually and inspected under a good light. Alert to signs and symptoms
of child abuse and neglect.

RADIOGRAPHIC EXAMINATION
When indicated, radiographic examination for children must be completed before comprehensive oral health care plan can be developed, and subsequent radiographs are required periodically to allow detection of incipient carious lesions or other developing anomalies. A child should be exposed to dental ionizing radiation only after dentist has determined radiographic requirement, if any, to make an adequate diagnosis for the individual child at the time of the appointment. Obtaining isolated occlusal, periapical, or bite-wing films is sometimes indicated in very young children (even infants) because of trauma, toothache, suspected developmental disturbances, or proximal caries. Carious lesions appear smaller on radiographs than they actually are.

EARLY EXAMINATION
Historically, dental care for children has been designed primarily to prevent
• Oral pain
• Oral infection,
• Occurrence and progress of dental caries,
• Premature loss of primary teeth,
• Loss of arch length,
• Development of an association between fear and dental care.
• Goals of pediatric dental care therefore are primarily preventive.

Some dentists, especially pediatric dentists, like to counsel expectant parents before their child is born, good nutrition during pregnancy, medication, her all carious lesions restored, high levels of Streptococcus mutans can lead to transmission by the mother to the infant, reinforce good nutritional recommendations provided by medical colleagues.

INFANT DENTAL CARE
Oral examination, anticipatory guidance including preventive education, and appropriate therapeutic intervention for infant enhance opportunity for a lifetime of freedom from preventable oral disease.

RECOMMENDATIONS:
1. Infant oral health care begins ideally with prenatal oral health
counseling for parents. An initial oral evaluation visit should occur within 6 months of the eruption of the first primary tooth and no later than 12 months of age.

2. At the infant oral evaluation visit, the dentist should do the following:
   a. Record a thorough medical and dental history, covering the prenatal, perinatal, and postnatal periods.
   b. Complete a thorough oral examination
   c. Assess the patient's risk of developing oral and dental disease, and determine an appropriate interval for periodic reevaluation based on that assessment
   d. Discuss and provide anticipatory guidance regarding dental and oral development, fluoride status, nonnutritive oral habits, injury prevention, oral hygiene, and effects of diet on dentition

3. Dentists who perform such services for infants should be prepared to provide therapy when indicated or should refer the patient to an appropriately trained individual for necessary treatment.

INFANT DENTAL CARE

Infant of any age, even a newborn, at least 1 year of age. It is not always necessary to conduct the infant oral examination in the dental operatory, but it should take place where there is adequate light for a visual examination.

Direct observation and digital palpation. Gently restrain the child and that it is normal for the child to cry during the procedure. The infant is held on the lap of a parent, usually the mother. Provides emotional support to the
child and allows the parent to help restrain the child. Lighting for visibility and gauze for drying or debriding tissues. Sometimes a tongue depressor and a soft-bristled toothbrush are also useful. A systematic and gentle digital exploration of the soft tissues without any. If hand instruments are needed, the dentist must be sure to have a stable finger rest before inserting an instrument into the child's mouth.

Regular recall examinations often contribute to the youngsters' becoming excellent dental patients without fear at very young ages.

**Obtaining accurate data in a child is very difficult, why??**
Chief Complaint

- pain
- swelling
- esthetics
- referred

chronological

- Patient evaluation
- Vital statistics
- Chief complaint
- History
- Examination

Provisional diagnosis
Provisional diagnosis: is a general diagnosis based on clinical impression without any laboratory investigation.

- Patient evaluation
- Vital statistics
- Chief complaint
- History
- Examination
- Provisional diagnosis
- Investigation

Final diagnosis
- Patient evaluation
- Vital statistics
- Chief complaint
- History
- Examination
- Provisional diagnosis
- Investigation
- Final diagnosis
- Treatment planning