

ORAL PHYSIOTHERAPY

Dr. Hend M. Alharbi, BDS, MSc
2015

- HOME CARE
- ORAL HYGIENE
- ORAL PHYSIOTHERAPY
- PERSONAL ORAL HYGIENE
- PERSONAL PLAQUE CONTROL

All terms to describe methods used by the patient to remove plaque

- **Personal oral hygiene**
(performed by the patient)
- **Professional debridement**
(performed by the dentist or hygienist)

Personal Oral hygiene

- Efforts to remove the **SUPRAGINGIVAL PLAQUE**.
- Supragingival plaque is the etiologic agent of gingivitis.

HOME CARE TECHNIQUES

Toothbrushing

- **Manual brushing techniques**
- **Electromechanical toothbrushes**

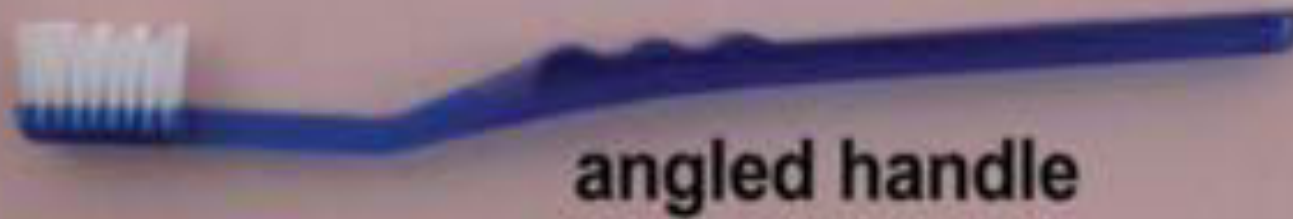
Interdental Cleaning Aids

- **Interdental Cleaning Aids**
- **Dental floss**
- **Floss holders**
- **Automated interdental cleaners**
- **Toothpicks and woodsticks**
- **Interdental brushes**

Toothbrushing

- **Manual toothbrushes**
 - ✓ Bristles with rounded tips
 - ✓ Soft to prevent damage to the teeth and gingiva
 - ✓ Differences among manual brushes are likely to be insignificant compared with the parameters of time spent brushing, frequency of use, and operator dexterity.





- The desired diameter of the bristles is often stated to be around 0.007 inch.
- Promoted many years ago by **Bass**, a physician and former dean of the Tulane College of Medicine who developed an interest in oral hygiene.

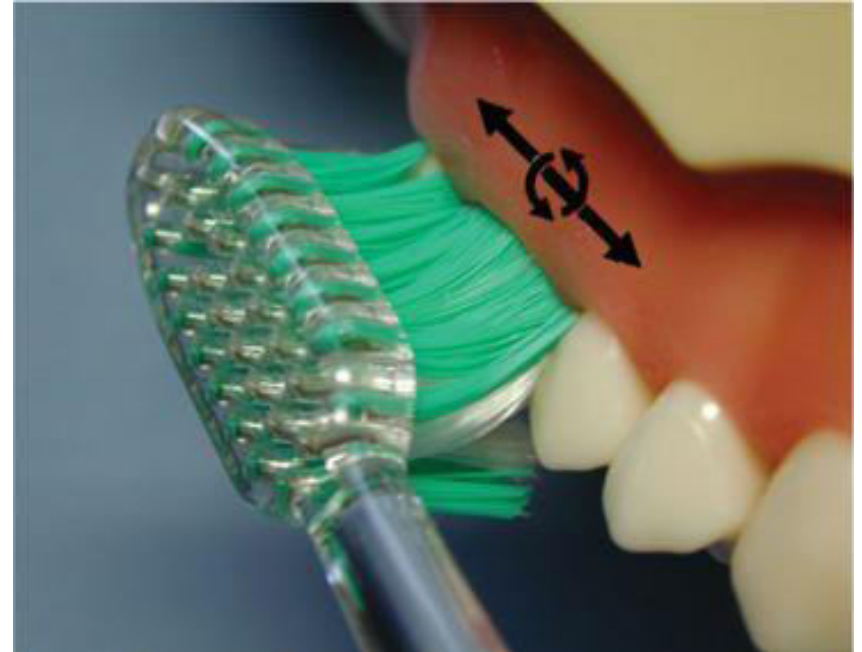


Manual brushing techniques

- Toothbrushing techniques can be grouped by the type of stroke used:
 1. Bass technique.
 2. Stillman technique.
 3. Charters technique

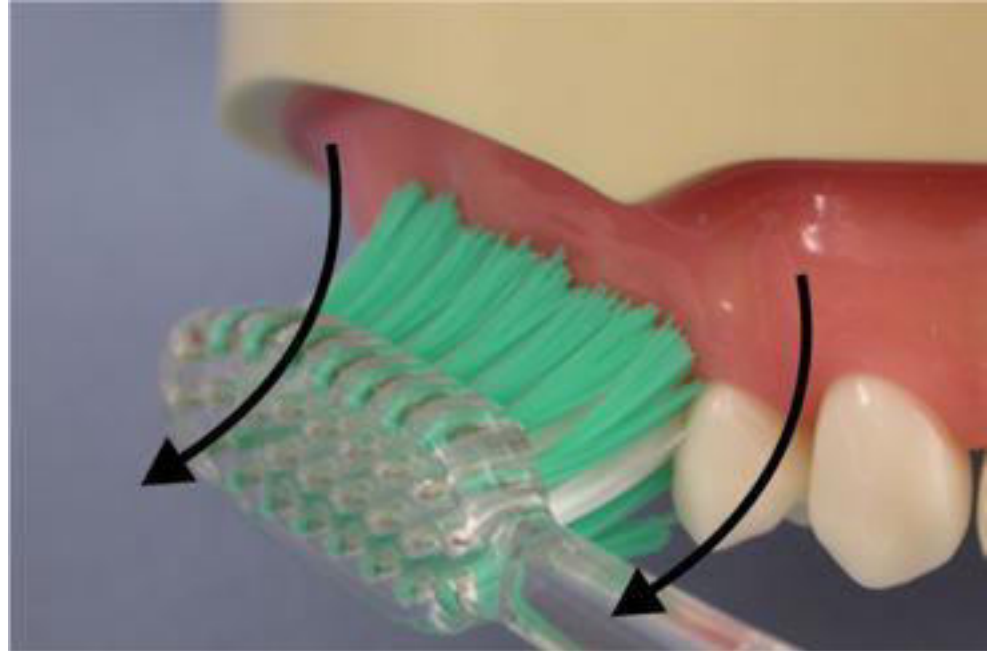
Bass technique

- Sulcular brushing
- Bristles are angled toward the gingival margin at a 45-degree angle and gently introduced into the sulcus
- The brush is then moved in a short vibratory stroke



Stillman technique

- **Roll technique**
- Bristles rested partially on the cervical area of the tooth & partially on the gingiva.
- The head of the brush is then "rolled" so that the bristles move occlusally.
- Pressure is applied to gingival tissue.



Charters technique

- Brush placed against the surface of the teeth with the bristles pointing away from the gingival margin.
- Bristles are perpendicular to the long axis of the teeth
- The bristles are then gently forced into the interproximal embrasures



Electromechanical toothbrushes

- The first electric brushes became commercially available in the 1960s.
- The new generation of EMBs appears to be **more effective** in plaque removal than manual brushing. Particularly in interproximal areas.
- Most studies have shown that EMBs remove plaque **more rapidly** but **not significantly effective** than manual brushes

Electromechanical toothbrushes

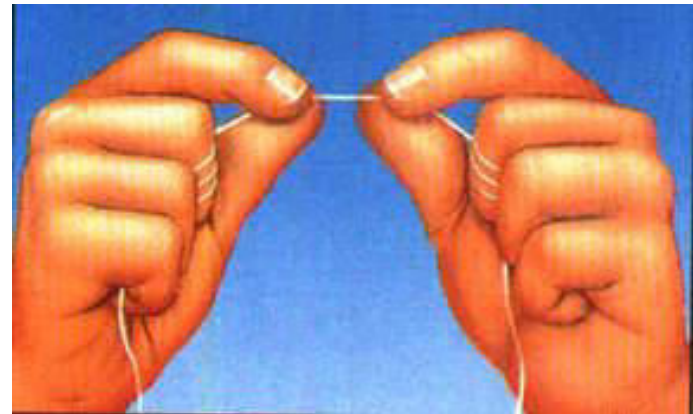


Interdental Cleaning Aids

- Manual toothbrushing does not generally have much of an effect on interdental plaque and gingivitis.
- Brushing reduced gingival bleeding by 35%, whereas the combination of brushing and floss reduced bleeding by 67%.

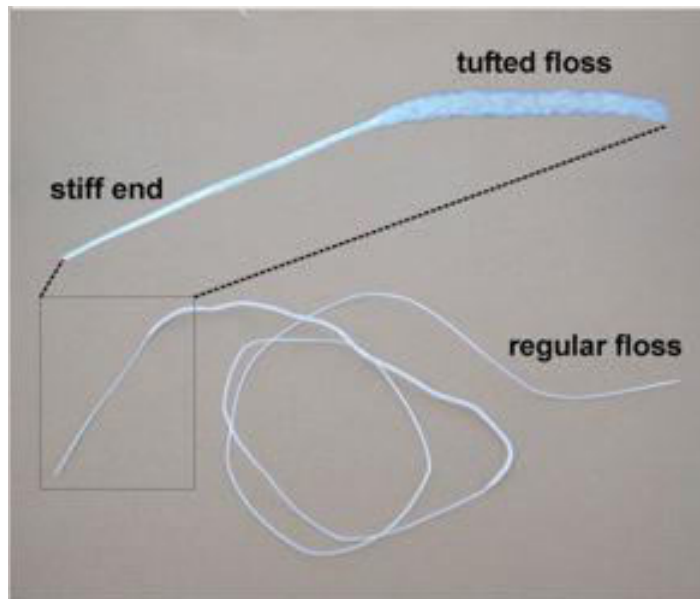
Dental floss

- Removal of subgingival interproximal plaque up to a depth of 2 mm.
- **Waxed and unwaxed floss**
- wax make flossing between tight contacts easier.
- BOTH are *equally effective* in removing plaque.



Dental floss

- **SUPERFLOSS**
- consisting of a terminal segment of stiff plastic
- used for inserting it beneath FPDs and through tight embrasures.

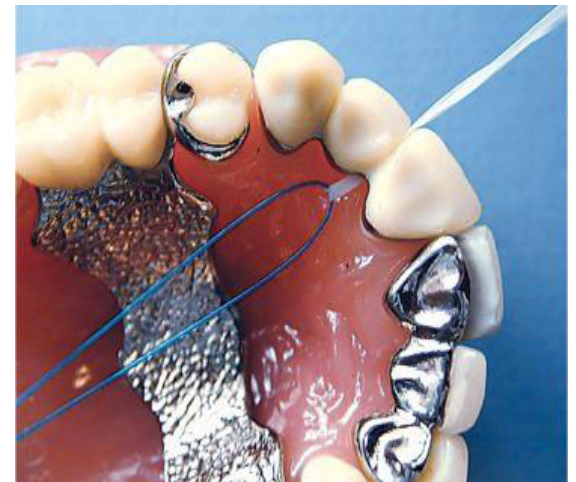
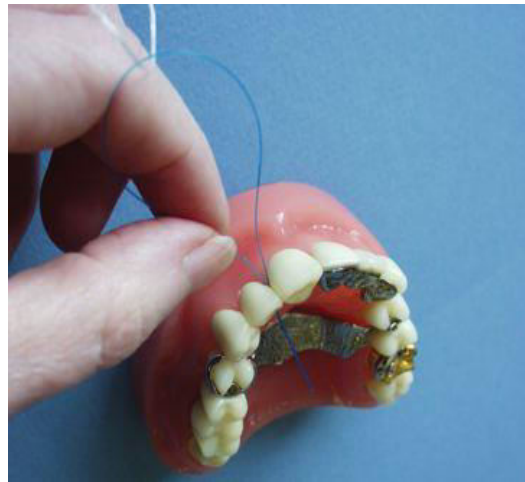


- The floss is guided into each interproximal space and then curved in a C-shape around each tooth surface. The floss is moved in multiple apicocoronal strokes to remove tooth-adherent plaque



Floss threader

- In the case of fixed partial dentures, floss cannot be passed through the interdental contact, because it is closed.



Floss holders

- have a rigid handle with a "yoke" at the end, over which dental floss is stretched.
- The patient holds the handle and passes the floss into each interproximal space.



Toothpicks and woodsticks

- Patients with open interdental embrasures.
- Round toothpick to be inferior to either a triangular toothpick or dental floss.



Interdental brushes

- Handle and a small, replaceable brush head.
- best used in open embrasures



FREQUENCY OF PLAQUE REMOVAL

- Brush twice daily
- Use interdental cleaning aids at least once daily.



TOOTH PASTES



CHEMICAL PLAQUE CONTROL

1. Preventive agents

Affect development of supragingival plaque.

Flourides MW

2. Theraputic agents

Directed against subgingival plaque.

Chlorhixidine gluconate 0.12%

Essential oil, Listerine®

COMPLIANCE AND PATIENT MOTIVATION

Dr. Hend Alharbi

- Degree to which a patient follows a regimen prescribed by a healthcare practitioner.
 1. Simplify the protocol (few oral hygiene devices)
 2. Accommodate the patient's preferences
 3. Send reminders
 4. Keep records of compliance (chart plaque and bleeding and give patient a written copy of the current score, the target score, and the score at last visit)
 5. Provide positive reinforcement (praise progress; start with "small wins" and try for incremental improvement)
 6. Identify potential noncompliers and modify treatment as needed (avoiding surgery in patients with poor plaque control)

Strategies for Improving Home Care Performance

- The first step in addressing insufficient home care is to determine the cause of the problem. There are, essentially, three possibilities:
 1. The patient knows what to do, but is unable to perform (lacks dexterity)
 2. The patient does not know what to do (lacks knowledge)
 3. The patient knows what to do, is able to do it, but simply doesn't comply with the regimen (lacks motivation)