

"Approaching Periodontal  
Disease with LOVE"



With Love,  
Clinical Services Team



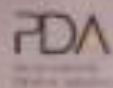
PDA  
Periodontal Disease Academy



Today's Lesson:



love periodontal disease







# Fear

# Love





Are you looking through the  
lens of LOVE?





The Mountain is **You.**



Book by: Brianna Wiest



# We save lives.





# Look beyond the mouth...

Rectangular Snip

Medical/Social history  
Patient Vitals  
Clinical Router  
Radiographs  
Intra-oral Imaging  
Full Periodontal Chart





# Medical History & Vitals:

Bad breath

Dry mouth

Food collection between teeth

Swollen gums, tender, bleeding

Periodontal treatment

Smoking

Diabetic

Current a1c

High blood pressure





# The Clinical Router

Rectangular Snip

F.O.R.E Minute Rule

Chief Complaint

Fears, Apprehensions, and Desires





# Periodontal Chart





## CALCULATING CAL WHEN THE GINGIVAL MARGIN IS AT THE NORMAL LEVEL

When the gingival margin is slightly coronal to the CEJ, no calculations are needed since the probing depth and the clinical attachment level are equal.

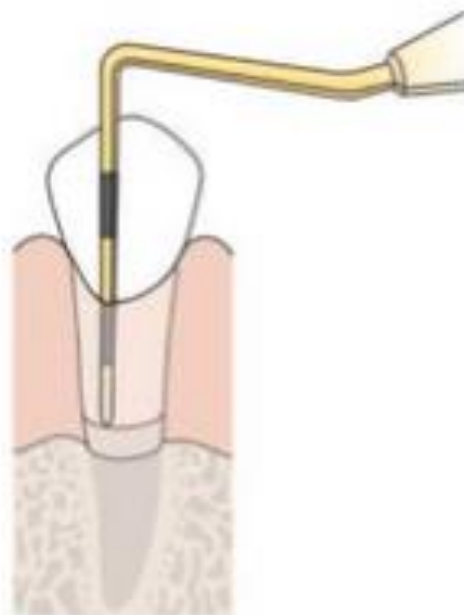
### Example:

Probing depth measurement: 6 mm

Gingival margin level: 0 mm\*

Clinical attachment loss: 6 mm

\* = gingival margin is at the normal level; therefore no gingival tissue needs to be added or taken away (0).





## CALCULATING CAL IN THE PRESENCE OF RECESSION OF THE GINGIVAL MARGIN

When recession of the gingival margin is present, the CAL is calculated by **adding** the probing depth to the gingival margin level.

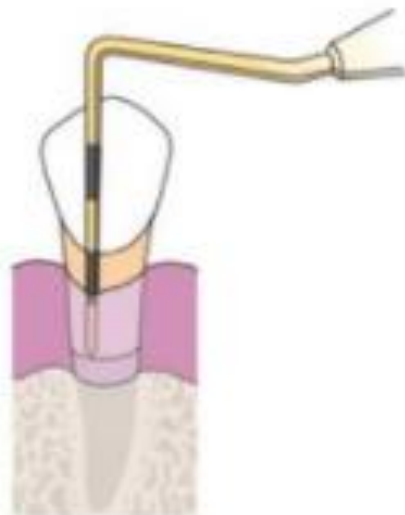
### Example:

Probing depth measurement: 4 mm

Gingival margin level: +2 mm\*

Clinical attachment loss: 6 mm

\* = 2 mm of tissue needs **to be added** for the gingival margin to be at its normal level.





## CALCULATING CAL WHEN THE GINGIVAL MARGIN COVERS THE CEJ

When the gingival margin is coronal to the CEJ, the CAL is calculated by **subtracting** the gingival margin level from the probing depth.

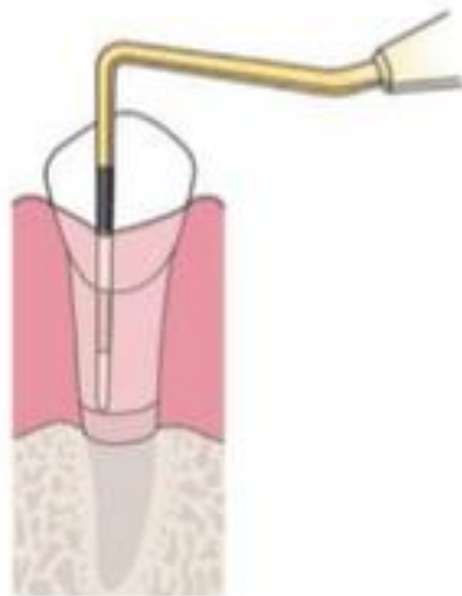
### Example:

Probing depth measurement: 9 mm

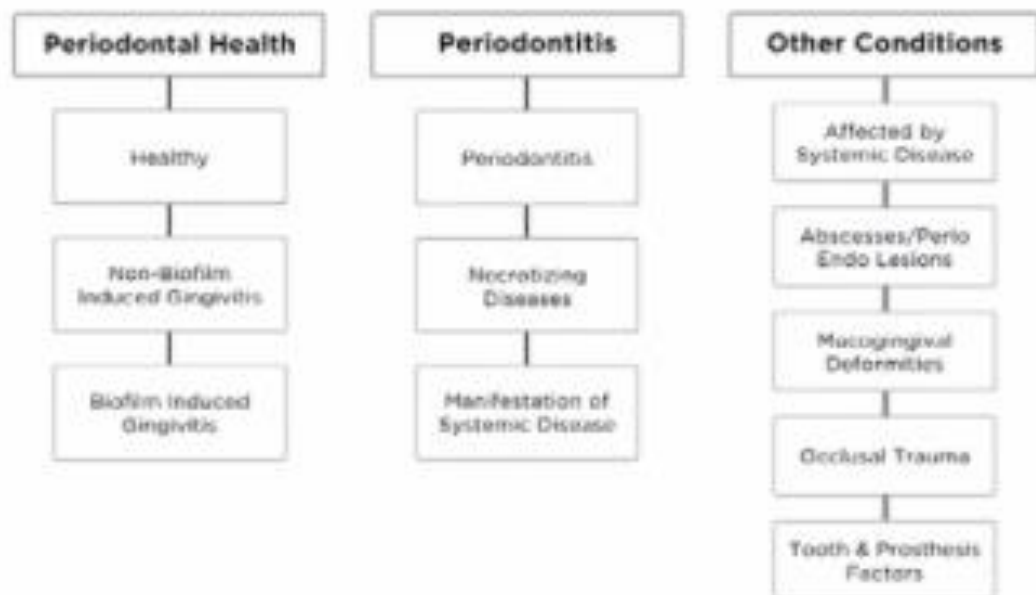
Gingival margin level: -3 mm\*

Clinical attachment loss: 6 mm

\* = 3 mm of tissue needs **to be taken away** for the gingival margin to be at its normal level.









# Gingivitis

## INCIPENT GINGIVITIS

- <10% OF MOUTH IS AFFECTED
- MILD ERYTHEMA
- BROKEN LINE OF BLEEDING
- CAN PROGRESS TO MILD GINGIVITIS

## MILD GINGIVITIS

- BOP IS GREATER THAN 30%
- MINOR TISSUE CHANGES

## MODERATE GINGIVITIS

- BOP IS GREATER THAN 30%
- ERYTHEMA, EDEMA, AND ENLARGEMENT

## SEVERE GINGIVITIS

- BLEEDING SCORES GREATER THAN 30%.
- OVERT ERYTHEMA AND EDEMA
- BLEEDING WHEN TOUCHED RATHER THAN PROBING



# THE POWER: STAGING & GRADING





IMPROVED CLINICAL  
UNDERSTANDING

PROPER DIAGNOSIS &  
PROGNOSIS

IMPROVED PATIENT  
COMMUNICATION



Below are the most current periodontitis staging and grading classifications established at the 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions.<sup>2,3</sup>

| Staging <sup>2,3</sup> |   |  |   |   |
|------------------------|---|--|---|---|
| Staging classification | Stage I<br>Initial periodontitis  | Stage II<br>Moderate periodontitis   | Stage III<br>Severe periodontitis with potential for additional tooth loss          | Stage IV<br>Advanced periodontitis with potential loss of dentition   |
|                        |  |  |  |    |
| Severity               | Interdental CAL at site of greatest loss  | 1 to 2 mm  | 3 to 4 mm   | ≥5 mm   |
|                        | Radiographic bone loss (RBL)  | Coronal third (<15%)   | Coronal third (15% to 33%)  | Extending to mid-third of root and beyond   |
|                        | Tooth loss due to periodontitis   | No tooth loss  |   | ≥4 teeth  |
| Complexity             | Local   | Maximum probing depth ≤4 mm<br>Mostly horizontal bone loss                         | Maximum probing depth ≤5 mm<br>Mostly horizontal bone loss                          | Probing depth ≥6 mm<br>Vertical bone loss ≥3 mm<br>Furcation involvement Class II or III<br>Moderate ridge defects  |
|                        |   |  |   | Need for complex rehabilitation due to:<br>Masticatory dysfunction<br>Secondary occlusal trauma (tooth mobility degree ≥2)<br>Severe ridge defects<br>Bite collapse, drifting, flaring<br>≤20 remaining teeth |

## Grading<sup>2,3</sup>

### GRADE

A

#### Slow rate of progression

- No radiographic bone loss/CAL over 5 years
- <0.25 bone loss/age
- Heavy biofilm deposits with low levels of destruction
- Non smoker
- Normoglycemic/no diagnosis of diabetes

### GRADE

B

#### Moderate rate of progression

- <2-mm bone loss/CAL over 5 years
- 0.25 to 1.0 bone loss/age
- Destruction commensurate with biofilm deposits
- <10 cigarettes/day for smokers
- HbA1c <7.0% in patients with diabetes

### GRADE

C

#### Rapid rate of progression

- ≥2-mm bone loss/CAL over 5 years
- >1.0 bone loss/age
- Destruction exceeds expectations given biofilm deposits; molar/incisor pattern; lack of expected response to standard bacterial control therapies and/or early onset disease
- ≥10 cigarettes/day for smokers
- HbA1c ≥7.0% in patients with diabetes

**References:** 1. Periodontal disease fact sheet. American Academy of Periodontology. Accessed March 2, 2021. <https://www.aaop.org/newsroom/periodontal-disease-fact-sheet> 2. Tonetti MS, Greenwell H, Kornman KS. Staging and grading of periodontitis: framework and proposal



# Communicate with LOVE

Rectangular Snip


detach from the outcome

speak from the heart


be authentic. be you.




# Listen with LOVE

 **listen** to their story. Rectangular Snip

- what story are they telling themselves?
- what is the root cause for hesitation/success?
- what is their belief? go there.

 **listen** for the gap--the space between where they are and where they want to be.

- where do they feel stuck?
- what limiting beliefs do they have?
- what support do they need?

 **think** in possibility and tie it down.

- if we got this right, what would happen?
- how would your life be impacted?
- tie it down. get them in yes mentality.





# Communicate with LOVE

| Instead of saying this...                 | Say this...  |
|---|--|
| A little bit of bleeding                  | Incipient bleeding and infection   |
| Some bleeding and irritation              | Active bacterial infection   |
| Deep cleaning                             | Non-surgical treatment   |
| We recommended                            | Doctor has prescribed.   |
| Would you like to schedule your cleaning? | Is there anything you would like me to do to treat your infection today? |



# Mindset>Skillset



- 1.) Lead with love.
- 2.) Own your care--do the work.
- 3.) Detach from the outcome.
- 4.) Get them thinking in possibility.



We are here to help.







THE  
**HEALTHY  
HYGIENE**  
PLAN

**EXCITING NEWS!**

**ALL HYGIENISTS WILL  
RECEIVE 100% OF THEIR  
BASE WAGE EARNINGS AND  
VARIABLE COMPENSATION**