CORONAL POLISHING FOR DENTAL ASSISTANTS
The Most Important Things to remember in Each Topic!

• Topics include
  – Jurisprudence
  – Oral Anatomy
  – Armamentarium
  – Stains and Deposits
  – Infection Control
  – Technique
  – Precautions
  – Fluoride Application
Jurisprudence

- Assistants must be certified by the state before they can polish,
- Candidates have three chances to pass the State test before retaking the course,
- Dentist must be on the premises and check the patient before and after.
- Cannot use scaler, finishing strips to polish.
Oral Anatomy

- There are 32 permanent and 20 deciduous teeth,
- A healthy sulcus is 1-3 mm deep,
- A tooth’s crown is divided into 1/3’s, occlusal, middle, gingival. Plaque accumulates most at gingival 1/3
Armamentarium

• A humectant in prophy paste keeps it moist,
• Water in paste cools the tooth,
• Abrasives for teeth include fine pumice (not lab pumice), calcium carbonate, superfine silex.
• Do not use lab pumice, corundum, rouge.
• Course paste has large abrasive particles and can scratch the tooth.
Deposits and Stains

• The pellicle is the glue that holds plaque on the tooth, it comes from saliva,
• The pellicle forms immediately after polishing and can stain but it is not harmful,
• Bacteria grows in the pellicle and forms plaque,
• Plaque causes caries and periodontal disease.
• Plaque mineralizes and forms calculus.
Stains and Deposits

• Two types of stain, extrinsic and intrinsic.
• **Extrinsic** stains are on top of the tooth and can be removed with polishing,
• Extrinsic stains are brown, yellow, caused by smoking, certain foods,
• Black line stain is the hardest to remove because it is stained calculus,
Stains and Deposits

• **Intrinsic** stains are in the tooth and cannot be removed with polishing,
• Intrinsic stains can be caused by tetracycline, blood disorders, fluoride, etc
• Green stain is found in “dirty” mouths and can cause demineralization. It starts as extrinsic but can become intrinsic.
Infection Control

• Rubbing alcohol is not an acceptable disinfectant,

• Sterilization means all living organisms are killed including spores.

• Instruments should be autoclaved at 250 ° F. , with 15psi for 20 min.

• The hardest virus to kill is hepatitis B
Technique

• Use a modified pen grasp when holding the handpiece,
• Fulcrum on a firm surface (tooth, bridge pontic, etc), not the lip or a loose tooth if possible.
• Fulcrum with the ring finger.
Technique

• The rubber cup should be at a 15 degree angle
• Activate the rheostat with the toe,
• Do not activate until the rubber cup is in the mouth but before it touches the tooth.
Technique

- Operate the handpiece at the lowest possible speed,
- Use short strokes with the rubber cup, moving from the gingiva to the occlusal surface.
Technique

• To polish surfaces towards you, sit in the 9:00 position,
• To polish surfaces away from you, sit in the 12:00 position,
• Use floss to remove plaque and paste from the interproximal surfaces.
• Coat crowns, veneers with nonpetroleum jelly before staining patient.
Technique

• Follow a routine when polishing, usually begin with tooth #1.

• Be sure the rubber cup rolls around the line angle into the embrasure,

• Be sure the rubber cup goes slightly into the sulcus.
Precautions

• Patients with severe gingivitis should not be polished,

• Enamel on newly erupted teeth is soft, be careful,

• Carefully polish patients with amelogenesis imperfecta, their enamel can chip off.
Fluoride Application

• APF (acidulated phosphate fluoride) is most often used but can etch porcelain making veneers, crowns dull looking.
• Patients should not eat or drink for 30 minutes after receiving fluoride.