CORONAL POLISHING FOR THE DENTAL ASSISTANT
TOPICS OF REVIEW

- JURISPRUDENCE
- ORAL ANATOMY
- ARMAMENTARIUM
- STAINS AND DEPOSITS
- INFECTION CONTROL
- TECHNIQUE
- PRECAUTIONS
- FLUORIDE
JURISPRUDENCE
IT’S THE LAW, KNOW IT AND UNDERSTAND IT AND PRACTICE IT

• ASSISTANTS MUST BE CERTIFIED BY THE STATE BEFORE THEY CAN POLISH.

• DENTIST MUST BE ON THE PREMISES AND CHECK PATIENT BEFORE AND AFTER.

• AN ASSISTANT CAN NOT USE A DENTAL SCALER OR FINISHING STRIPS.

• AN ASSISTANT CAN NOT USE A PROPHY CUP WITH A BRUSH, OR A BRUSH ON THE END OF A PROPHY ANGLE
ORAL ANATOMY

• A TOOTH IS IDENTIFIED BY ITS SURFACES: Mesial, Distal, Incisal, Occlusal, Buccal and Lingual

• A TOOTH’S CROWN IS DIVIDED INTO 1/3’s, OCCLUSAL, MIDDLE, AND GINGIVAL.

• THERE ARE 32 PERMANENT AND 20 DECIDUOUS TEETH

• PLAQUE ACCUMULATES MOSTLY AT THE GINGIVAL 1/3 OF A TOOTH’S CROWN
ARMAMENTARIUM

- A **rheostat** is used to control speed of a hand piece
- **Prophy cups** come in different sizes, strengths and textured.
- **Prophy paste** comes in different consistencies - fine, medium, course and course plus
ARMAMENTARIUM

- A **HUMECTANT** in the prophy paste keeps it moist
- **WATER** in the paste cools the tooth
- DO NOT USE lab pumice, corundum or rouge
- **COURSE PASTE AND PLUS PASTE** have large abrasive particals and can scratch the tooth
- BE AWARE AND BE SELECTIVE WITH YOUR PROPHY PASTE
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
- **BACTERIA** GROWS IN THE PELLICLE AND FORMS PLAQUE
- **PLAQUE CAUSES** CARIES AND PERIODONTAL DISEASE
- **PLAQUE MINERALIZES AND FORMS** CALCULUS
DEPOSITS AND STAINS

- THERE ARE **TWO TYPES OF STAIN**, Extrinsic and Intrinsic
- **EXTRINSIC STAINS** are located on top of the tooth and can be removed with polishing
- **Extrinsic stains** can be brown, yellow, and orange, these stains can be caused by smoking, coffee, tea, and some foods
- **Black Line stain** is the hardest stain to remove because it is usually stained calculus
DEPOSITS AND STAINS

- **INTRINSIC STAINS** are located within the tooth and cannot be removed by polishing.
- **Intrinsic stains** can be caused by tetracycline, blood disorders, fluoride, or poor oral hygiene.
- **Green stain** is found typically in “dirty” mouths and can cause demineralization. The stain will start as extrinsic but can become intrinsic.
Diseases can be transmitted in the dental office both by \textbf{DIRECT AND INDIRECT transmission}.

\textbf{Direct transmission} requires two people to have intimate contact.

Blood spatter in the eye, however, would be considered direct transmission.

\textbf{OSHA requires} eye protection to prevent splatter during polishing.
INFECTION CONTROL

- **Indirect transmission** is caused by contaminated instruments, charts and equipment that spread disease from one person to another.
- **Sterilizing instruments** prevents most indirect transmission as do disposable items.
- **STERILIZATION** MEANS ALL LIVING ORGANISMS ARE KILLED INCLUDING SPORES.
- Hardest virus to kill is Hepatitis B.
TECHNIQUE

- A **modified pen grasp** is used when holding a slow speed hand piece
- **Fulcrums** are critical when polishing
- Fulcrums can be **intraoral or extraoral**. It is preferred intraoral.
- The **ring finger** is used when fulcruming intraorally
- **Always fulcrum** on a firm surface (tooth, bridge, chin) not on a lip or loose tooth
TECHNIQUE

- Before polishing familiarize yourself to the rheostat
- The rheostat is activated after the rubber cup enters the mouth and before it touches the tooth
- The rubber cup should be at a 15-degree angle when polishing
- Operate the handpiece at a slow speed, enough to enable rubber cup to move easily over the tooth
- Too much pressure with the rubber cup will cause trauma to tooth, including pulpitis, loss of tooth surface and restoration damage
TECHNIQUE

• When polishing follow a routine-all uppers then lower or all facials then linguals etc.

When ready to polish, remember THREE STEPS

１. What tooth are you going to start polishing first (go to tooth)

２. Establish fulcrum (intra/extra oral- stability)

３. Polish (start cup, stabilize speed, touch and polish)

Remembering to always use short strokes from the gingiva to the occlusal

Floss teeth after polishing to remove excess paste and residual plaque
TECHNIQUE

• UTILIZE CLOCK POSITIONING WHEN POLISHING
• BE OPEN TO MOVING AND HAVING YOUR PATIENT ADJUST THEIR HEAD TO HAVE BETTER ACCESS
• WHEN POLISHING MAKE SURE THE RUBBER CUP ROLLS INTO EMBRASURES TO REMOVE PLAQUE
• SLIGHT PRESSURE IS APPLIED TO RUBBER CUP TO FLARE CUP SO IT ENTERS THE SULCUS AND EMBRASURE AREAS
PRECAUTIONS

- **Precautions** are needed for patients with
  - severe gingivitis,
  - amelogenis imperfecta,
  - herpes simplex,
  - decalcification, and
  - newly erupted teeth.

- Caution with **selection of prophyl pastes**

- Be aware of **medical conditions** that limit polishing
FLUORIDE

- **Indications** for topical fluoride application
  - High risk of caries
  - Poor oral hygiene
  - Desensitively
  - Cavity liner

**ADA recommends fluoride varnish** for caries prevention
Varnish is a NaF(sodium fluoride 5% concentration)

and is the only professional topical fluoride to be used for children under the age of 6
FLUORIDE APPLICATION

- Varnish is the fluoride **most used** in dental offices.
- Be aware of the **varnish** used in your office and its **instructions on use**.
- Most varnishes can be placed in a **wet field**, however some do require **dry field**.
- Be aware of **patient instructions** following application. Some varnishes the patient can eat and drink immediately following the application.
- **NEVER** use suction to dispose of excess fluoride and **NEVER** dispense excess fluoride down the drain.
QUESTIONS

LET HAVE SOME FUN!!!