

**adha** 94TH ANNUAL  
CONFERENCE  
JUNE 14-19, 2017  
JACKSONVILLE, FL




## **CE Course Handout**

# **Stop the Peri-go-Round: Problem Solving Strategies to Help Patients Own Their Infection and Say Yes to Treatment**

**June 17th, 2017**




American  
Dental  
Hygienists'  
Association




**STOP the Peri-Go-Round!**


Edie Gibson, RDH, MS

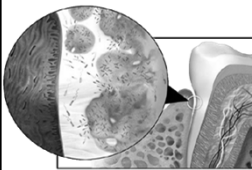
14TH ANNUAL CONFERENCE  
JUNE 14-15, 2017 INDOORVILLE, IL




Who am I?  
Dental Hygienist  
I inspire out of the box  
thinking!







biofilm




*Thank You!*






Agenda


Perio protocol?



A dirty word!



Plaque  
Tooth Surface




Agenda

Perio protocol?

Watch and Wait  
or *REGEN*erate?

Engaging clients  
& overcoming  
objections








Why do I  
need you?

Model of care?



edie gibbon

Standard of care  
Risk management  
Ethically  
Legally  
Morally



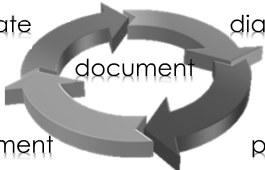
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infection



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ADPIED



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Periodontal disease  
chronic  
inflammatory  
bacterial

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Periodontal disease is the most common chronic inflammatory condition in people worldwide.

Chapple R, Garcia B, Begg N et al. Diabetes and periodontal disease: consensus report of the Joint IBD/IDP Workshop on Periodontitis and Systemic Diseases. J Clin Periodontol. 2013;40(4 Suppl):43-56-51,2.

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Perio Protocol?  
*Disease Management*

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Periodontal disease  
site specific  
episodic  
progressive

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Estimated U.S. Periodontal Disease Prevalence by State  
In U.S. adults ages 30 to 79

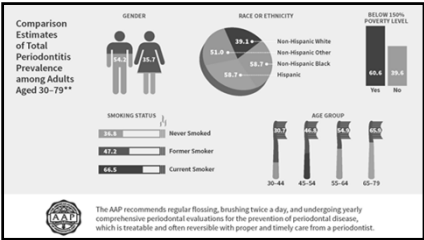


PERCENT (%)\*

79.5 - 82.9
65.0 - 68.4
61.4 - 65.9
46.0 - 47.9
47.9 - 52.9

Source: National Center for Chronic Disease Prevention and Control, 2010

Over 1/2!



*Case Type- 0*

- Clinically healthy
- No CAL or bone loss
- No BOP

*Case Type- 1*

- Early/chronic gingivitis
- No CAL or bone loss
- ≤ 4mm pseudo pockets possible

Is recession a...

**GUM disease**

or

**BONE disease**





Perio Disease Case Types-AAP 2014

1110

*NEW codes*

**D4346-**



Scaling in presence of generalized moderate or severe gingival inflammation  
Full mouth *after oral eval*



*NEW codes*

**D4346-**

It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, moderate-severe BOP





*Case Type- II*

- Established gingivitis/early perio
- BOP; 1-2mm CAL; ≤ 5 bone loss
- no furc's; redness; suppuration

*NEW codes*

**D4346-**



The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces



*NEW codes*

**D4346-**

Should not be reported in conjunction with prophylaxis, SRP, or debridement procedures





*Case Type- II*

- X-ray- <10% loss (slight crestal)
- Early attachment loss
- SRP and/or antibiotic tx

*NEW codes*

**D4346-**



when there is generalized, moderate, or severe gingival inflammation in the absence of periodontitis.



*NEW codes*

**D6081-**



Scaling and debridement in presence of inflammation or mucositis of single implant  
Cleaning of surface without flap



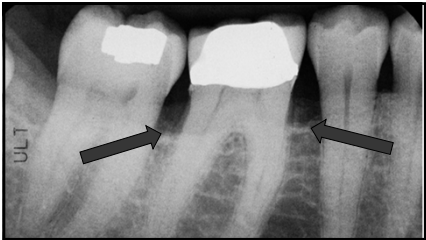
NEW code?

**D4346**

**NO BONE LOSS**



4341-4342



*Case Type- V*

- Refractory perio
- BOP; ≥7mm bone loss; pt < 30 yrs. old
- Advanced furc's; redness; suppuration

*Case Type- III*

- Moderate/chronic perio
- BOP; 3-4mm CAL; ≤ 6 bone loss
- early furc's; redness; suppuration

*Case Type- IV*

- Advanced perio
- Severe CAL 5≥ mm ; ≥7mm bone loss
- Advanced furc's; redness; suppuration

*Case Type- V*

- X-ray- > 30% bone loss; aggressive perio
- Recurrent disease; fails to respond to tx
- SEE SPECIALIST

*Case Type- III*

- X-ray-30% attachment loss; possible furc. and/or mobility
- Horizontal and/or vertical bone loss
- SEE SPECIALIST- REGENERATION TX!

*Case Type- IV*

- X-ray- ≥ 30% attachment loss; probably furc; mobility
- Major horizontal and/or vertical bone loss
- SEE SPECIALIST- REGENERATION TX!


PT classification simplified

Health 1110
No bleeding upon probing
No loss of attachment
Pocket depths < 3mm
No bone loss

Buffer Perio-Implant Protocol ©2015 edie gibbon

PT classification simplified


Gingivitis 4346
Generalized inflammation
Moderate-severe BOP
Generalized suprabony pockets
No bone loss



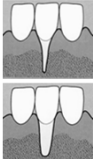
Agenda

Perio past and present


Watch and Wait  
or *REGE*nate?




Miller Recession Classification II



\*at or past  
MGJ




\*no IP bone loss




PT classification simplified

Disease 4341/4342
BOP, changes in 3C's
loss of attachment
Pocket depths > 4-5mm
Bone loss



Butler Perio-Implant Protocol ©2015


Miller Recession Classification




Class I



Class II




Class III

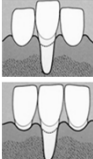


Class IV


\*courtesy of Shreshth Raghav




Miller Recession Classification III



\*into  
MGJ




\* IP bone loss



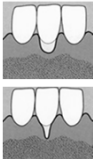
PT classification simplified

Maintenance 4910
Possible BOP
History of attachment loss
Gen. 1-3mm; isolated 4-5mm+
History of bone loss




Butler Perio-Implant Protocol ©2015


Miller Recession Classification I



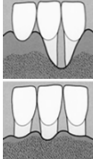
\*defined  
MGJ





\*no IP bone loss



Miller Recession Classification IV








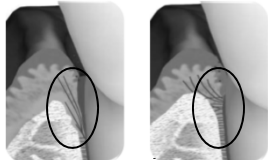
Repair vs. Regeneration

vs



The image shows a 3D white figure holding a large wrench on the left, and a starfish on the right. The word 'vs' is placed between them.

Repair vs *REGE*neration




Repair      *REGE*neration

The image shows two diagrams of a tooth cross-section. The left diagram is labeled 'Repair' and shows a gap between the root and the crown. The right diagram is labeled '*REGE*neration' and shows the gap filled with new tissue.

Biologically


Mimic the natural process of periodontal development (EMP)



The image shows a diagram of a tooth with a label 'EMP' pointing to the periodontal tissue.

Repair

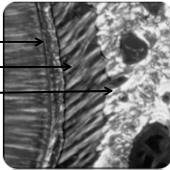
healing after periodontal therapy  
inflammation resolved  
long junctional epithelial  
recession may result



The image shows a 3D white figure holding a large wrench.


Regeneration

Cementum —  
PDL —  
Alveolar bone —



The image shows a diagram of a tooth cross-section with labels for 'Cementum', 'PDL', and 'Alveolar bone' pointing to their respective layers.

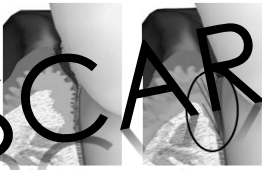
Enamel Matrix Proteins-EMPs



The image shows a diagram of a tooth with a label 'Enamel Matrix Proteins-EMPs' pointing to the enamel layer.

Repair

SCAR!




Periodontitis      Repair

The image shows two diagrams of a tooth cross-section. The left diagram is labeled 'Periodontitis' and shows a large gap between the root and the crown. The right diagram is labeled 'Repair' and shows the gap filled with new tissue.

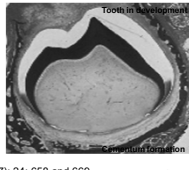
Mechanically

Block the down growth of long junctional epithelium (GTR)



The image shows a diagram of a tooth with a label 'GTR' pointing to the junctional epithelium.

Where do EMP's come from?





The image shows a diagram of a tooth with a label 'Tooth in development' pointing to the enamel layer.

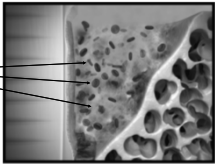
Hammarström L. J Clin Periodontol. (1997); 24; 658 and 669




EMPs- Amelogenins



EMPs at work-*hours*



blood coagulum  
\*fibrin and erythrocytes




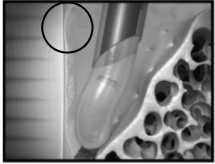
EMPs at work-*weeks*



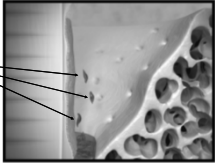
cementoblasts




EMPs at work



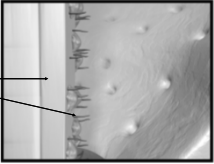
EMPs at work-*days*




mesenchymal




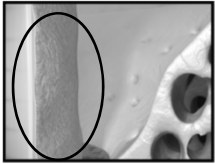
EMPs at work-*months*



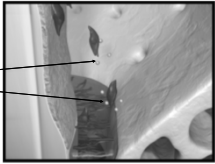
New cementum  
New PDL fibers




EMPs at work-*seconds*



EMPs at work-*weeks*



cytokines  
autocrines



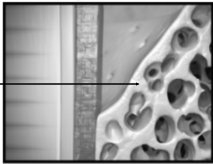
EMPs at work-*months*




New PDL



EMPs at work-year



New alveolar bone



Practice Philosophy



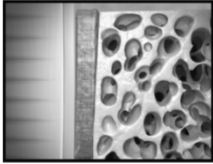
Define your practice




BMW 328i




EMPs at work-1+ year




REGENeration complete




Define your practice



Ford Pinto




Differentiate your practice




Agenda


- Perio past and present
- Watch and Wait or REGENerate?
- Engaging clients & overcoming objections



Define your practice





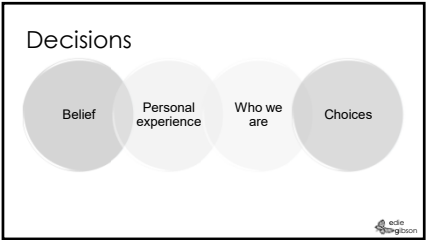
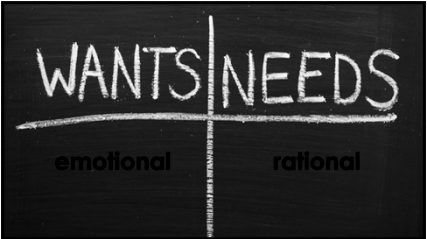
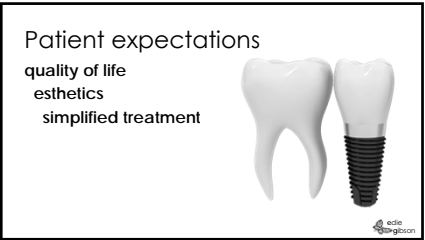
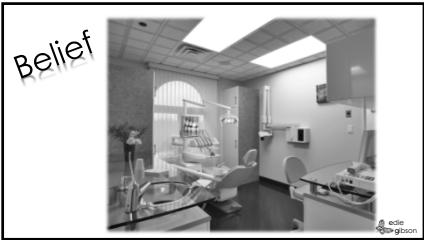
Tesla

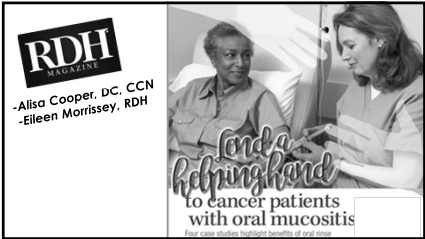
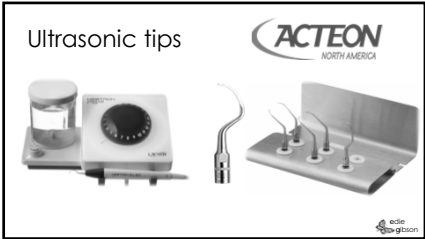
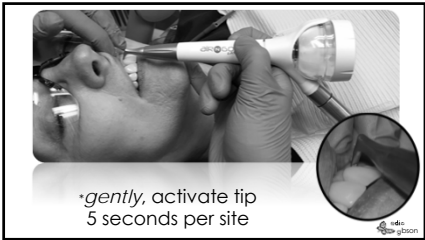


Perception

It's not what you look at  
It's what you see







Dynamic guided surgery

# Navident




\*\*\*  
**Successful Case  
Presentation**  
Treatment Acceptance Simplified



**1. Build the relationship**  
List the services you provide for your patients  
What makes your services special?  
What added value touches do you provide that makes your practice unique?  
What do you do that goes beyond the expected?  
Make sure that every aspect of your practice projects the image you want your patients and your potential patients to see

**Go!**




Neurosurgery




**6 simple steps**

- Build the relationship
- Establish the need
- Educate and motivate
- ASK for commitment
- Make FA
- Schedule!




Dr. John Jameson




**Hygienist role as Educator**

- Think comprehensively
- Inform patients of restorative needs
- Inform patient of perio health
- Plant seeds for future harvest
- Turn needs into desires





# Navident




3.0mm  
0.2°  
7.9mm

**1. Build the relationship**



**Hygiene checklist**

Build relationships through patient ed.	Involve pts. in their evaluations
Inform pts. of perio status & needed tx.	Give option of seeing specialist
Educate about perio disease	Use IO camera
Plan pts. presentations in morning huddle	Use power words
	Evaluate perio tx acceptance rate



2. Establish the need  
Involve the patient!



edie  
gibson

Show and tell



edie  
gibson



Overcoming Objections  
How to get the yes!

edie  
gibson

3. Educate and motivate  
Organize your presentation  
Use of visual aides (technology)  
re-educate and motivate!



edie  
gibson

Show and tell



edie  
gibson

4 insights



*"Patients are more inclined to accept treatment when they comprehend that they have been diagnosed with disease." 2015*

Implementing Dental  
Hygiene Diagnosis  
in Practice



Darlene Swigart, RDH, BS  
JoAnn Gurenlian, RDH, PhD



edie  
gibson

4. ASK for commitment  
Perceived needs and wants  
Uncover barriers



edie  
gibson

Handling Objections

Four insights about objections:  
identify objections by asking ???  
objections are requests for more info  
objections mean interest  
objections are necessary to close

edie  
gibson

Handling Objections

Step ONE-


Hear the objection


don't interrupt!

encourage expression

show concern, empathize

VALIDATE!






Listening skills


passive

not involved

multi-tasking

distracted





Handling Objections


Step FOUR-


feel, felt, found

"I understand how *you feel*

many have *felt* the same way

until they *found* out ....."





Handling Objections


Step TWO-


Actively listen

reflect and restate

clarify, reinforce

move forward





Handling Objections


Step THREE-


Reinforce the importance of objection

don't disagree

don't argue

don't talk down





Handling Objections


Step FIVE-


confirm answer

get patient involved

ask questions

wait for response





Listening skills

active

body language

tone

eye contact

reflective

mirroring





Handling Objections


Step FOUR-


Answer the objection

provide more info

stress end results & benefits

turn objection into benefit






Handling Objections


Step SIX-

move forward

change direction of conversation

move towards commitment and close





Handling Objections

Step SEVEN-  
CLOSE!

for success

Identify cases early

Summary

hear  
answer  
offer solutions  
CLOSE!

for success

educate your clients

for success

establish a perio and regenerative protocol

Keep in touch with me...

Edie Gibson, RDH, MS

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