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# PREVENTIVE DENTISTRY

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Postgraduate Dental Handbook Series, Volume 2

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Volume Editors

Dominick P. DePaola, DDS, PhD

H. Gordon Cheney, DDS, MPH



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## **Volume Editors**

**Dominick P. DePaola, DDS, PhD**  
School of Dentistry  
Fairleigh Dickinson University  
New Jersey

**H. Gordon Cheney, DDS, MPH**  
Medical College of Virginia  
School of Dentistry  
Virginia

## **Series Editor**

**Alvin F. Gardner, DDS, MS, PhD, FICD**  
Washington, DC

## **Special Advisor**

**Philip V. Knoettner, DMD**  
Concord, Massachusetts

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## CONTRIBUTORS

**Michael C. Alfano, DMD, PhD**  
Associate Professor  
Department of Periodontics  
and Oral Medicine  
Director, Oral Health  
Research Center  
Fairleigh Dickinson University,  
School of Dentistry  
Hackensack, New Jersey

**Myron Allukian, Jr., DDS, MPH**  
Assistant Deputy Commissioner  
and Director  
Bureau of Community Dental  
Programs  
Department of Health and  
Hospitals  
Boston

**Robert E. Barkley, DDS**  
Private Practice  
Macomb, Illinois  
(deceased)

**George P. Barnes, DDS, MSD**  
Colonel, Dental Corps  
Dental Project Office, Health  
Care Studies Division  
Academy of Health Sciences,  
United States Army  
Fort Sam Houston, Texas

**H. Gordon Cheney, DDS, MPH**  
Associate Professor and  
Chairman  
Department of Community  
Dentistry  
Virginia Commonwealth  
University  
Medical College of Virginia,  
School of Dentistry  
Richmond

**Victoria C. Cheney, RDH, MPH**  
Practicing Dental Hygienist  
Richmond, Virginia

**Dominick P. DePaola, DDS, PhD**  
Professor of Pharmacology/  
Oral Biology  
Nutrition Director  
Oral Health Research Center  
Director, Division of Oral  
Biology,  
School of Dentistry  
Fairleigh Dickinson University  
Hackensack, New Jersey

**Louis P. DiOrio, DDS, MS**  
Professor of Preventive  
Dentistry  
Ohio State University,  
School of Dentistry  
Columbus

**Samuel F. Dworkin, DDS, PhD**  
Associate Dean, Professor of  
Oral Surgery  
School of Dentistry  
Adjunct Professor, Department  
of Psychiatry  
University of Washington,  
School of Medicine  
Seattle

**Frank H. Farrington, DDS, MS**  
Associate Professor  
and Chairman  
Department of Pedodontics  
Virginia Commonwealth  
University  
Medical College of Virginia,  
School of Dentistry  
Richmond

**Sherwin R. Fishman, DDS, MPH**  
Associate Professor  
Department of Community  
Dentistry  
Virginia Commonwealth  
University  
Medical College of Virginia,  
School of Dentistry  
Richmond

**Darwin Fretwell, DDS**  
 Assistant Professor  
 Department of Community  
 Dentistry  
 Virginia Commonwealth  
 University  
 Medical College of Virginia,  
 School of Dentistry  
 Richmond

**Kenneth A. Freedman, DDS**  
 Project Director, Geriatric  
 Oral Health Program  
 Instructor, University of  
 Illinois, College  
 of Dentistry  
 Urbana  
 Staff Dentist,  
 Parkview and Drexel  
 Homes for the Aged

**Michael P. Glinka, DDS**  
 Private Practice of Pediatric  
 Dentistry  
 Maumee, Ohio

**Robert E. Going, DDS, MS**  
 Professor and Chairman,  
 Department of  
 Restorative Dentistry  
 Temple University,  
 School of Dentistry  
 Philadelphia, Pennsylvania

**Christine L. Modrow, RD, MPH**  
 Instructor in Nutrition  
 Department of Community  
 Dentistry  
 Virginia Commonwealth  
 University  
 Medical College of Virginia,  
 School of Dentistry  
 Richmond

**Eduardo A. Ortiz, Jr., DDS, FAGD**  
 Associate Clinical Professor  
 Department of Restorative  
 Dentistry  
 Virginia Commonwealth  
 University  
 Medical College of Virginia,  
 School of Dentistry  
 Richmond  
 Private Practice  
 Hopewell, Virginia

**Madison R. Price, DDS, FAGD**  
 Assistant Clinical Professor  
 Department of Community  
 Dentistry  
 Virginia Commonwealth  
 University  
 Medical College of Virginia,  
 School of Dentistry  
 Richmond  
 Private Practice  
 Newport News, Virginia

**William H. Radentz, DDS, MSD**  
 Colonel, Dental Corps  
 Director, Dental Services  
 Deputy, Dental Activities  
 Walter Reed Army Medical Center  
 Washington, D.C.

**Kenneth C. Troutman, DDS,  
 MPH, FACD**  
 Associate Chief, Pediatric  
 Dentistry  
 Harbor General Hospital  
 Torrance, California  
 Associate Professor  
 Pediatric Dentistry  
 University of California  
 at Los Angeles  
 School of Dentistry  
 Los Angeles

**M. Jean Tullner, RDH**  
 Public Health Dental Hygienist  
 Walter Reed Army Medical Center  
 Washington, D.C.

**Stephen H.Y. Wei, DDS, MDS**  
 Professor and Head  
 Department of Pedodontics  
 The University of Iowa,  
 School of Dentistry  
 Iowa City

**Jon Wergin, PhD**  
 Assistant Professor  
 Educational Planning and  
 Development Program  
 Virginia Commonwealth  
 University  
 Medical College of Virginia  
 Richmond

**Joseph K. Wittmann, PhD**  
Associate Professor  
Department of Community  
Dentistry

Director of Educational  
Evaluation,  
Planning and Research  
Virginia Commonwealth  
University  
Medical College of Virginia,  
School of Dentistry  
Richmond

**Steven B. Zucker, DMD MEd**  
Assistant Professor  
Department of Community  
Dentistry  
Virginia Commonwealth  
University  
Medical College of Virginia,  
School of Dentistry  
Richmond

## FOREWORD

The past decade has seen an increased interest for new knowledge in the art and science of dentistry by dental practitioners. It is the goal of the postgraduate dental handbook series to present critical analyses based on clinical and research experience and to correlate basic dental sciences having clinical applications with clinical dental sciences. It also aims to provide the most current concepts in clinical dentistry which are of direct value to dental practitioners, dental specialists, dental students, and dental hygienists throughout the world. By bringing together all of our knowledge, the volumes in the postgraduate dental handbook series will fill a critical need felt alike by many dental clinicians and dental investigators.

Dominick P. DePaola, D.D.S., Professor of Oral Biology and Director, Division of Oral Biology, Fairleigh Dickinson University, and H. Gordon Cheney, D.D.S., Associate Professor and Chairman, Department of Preventive Dentistry, School of Dentistry, Virginia Commonwealth University, have prepared this monograph on preventive dentistry for the clinical dental practitioner. In the health sciences and in health services delivery the prevention of oral disease has long been a respected and acceptable goal. The dental profession must maintain a consistent dedication to preventive dentistry as a goal of dental practice.

It is hoped that this excellent treatise on postgraduate preventive dentistry will be extremely useful in helping the dental practitioner to keep abreast of current concepts. Scientific knowledge in preventive dentistry is advancing so rapidly that it is quite difficult for any one book to encompass all that is vitally important and relevant. However, this monograph should serve as a foundation as it includes basic information accumulated or experienced by the author/editors and the various contributors. It is extremely well organized, and the presentation is clear and enjoyable. The subject of preventive dentistry is dealt with at a highly practical level in order that this important work can be used profitably by the general practitioner of dentistry. The pertinent clinical examples presented are numerous and varied; all are set in terms of realistic dental situations, allowing the dental practitioner to acquire useful factual information. We believe this serious work is a substantial accomplishment. For all those who practice dentistry, regardless of their specialty, this monograph will serve as a primary source for an organized and applicable knowledge of preventive dentistry.

Thanks are due to the editors and expert contributors for sharing with other dental practitioners their knowledge and experiences.

Alvin F. Gardner, Series Editor

## PREFACE

Through the years prevention has been the focus of attention for dental educators. In fact, it could be said that the dental profession has led professional health care providers in the philosophy of preventive care. It has become apparent, however, that although a major emphasis has been placed on preventive procedures in the dental education environment, the information filtering down to the practitioner has not met with an overwhelming response. The ballyhooing and "bandwagoning" which accompanied the preventive movement *did* entice many practitioners to attempt preventive procedures as part of office practice. However, these efforts too often proved futile. Perhaps the failures were due in large part to the fact that practitioners did not recognize that the benefits of preventive dentistry, and preventive medicine for that matter, are not short-term, but rather can only be assessed and evaluated on a long-term basis.

In *Preventive Dentistry* we have a number of objectives. The first is to create a book which can be utilized by the general practitioner because current texts are geared for the most part toward the dental educator and, hence, the dental student. Therefore, we have included a good deal of "how to." The second objective is to present information simply so that it can be easily implemented in a practice. Many tables and charts appear throughout the book in an effort to make easier the gathering of information and to facilitate its use. The third objective is to discuss a broad range of preventive services for not only the "well" patient, but also for "special" patients. For example, what kinds of preventive modalities are available to treat the handicapped patient, the geriatric patient, the pregnant patient, as well as the pediatric and adult patient populations. The fourth objective is to present to the dental practitioner specific methodologies where prevention can be implemented not only in his private practice, but also in a community-based program of which he may be a part. Many practitioners are asked by nursing homes, geriatric-oral health care facilities, school systems, and the like to teach the populations in these institutions about dental care and about the prevention of oral disease. It is easy enough to talk about implementing a program in a nursing home, for example, but it is another matter to sit down and actually develop and implement a program. Therefore, we have presented material, via a model program of preventive dentistry, on the implementation of a community-based program.

It will undoubtedly become apparent to the reader that we have not included a section on the etiology of oral disease. This is so because there are many texts and review articles which cover the subject in far better detail than could be covered in this handbook. The etiology of



oral disease is multifactorial, and thus the preventive modalities which are described in the text are designed to cover as many of the etiologic factors as can be currently identified.

As in any book with multiple authors, there is some discontinuity between chapters and variations among different authors' viewpoints. However, in editorial commentary at the start of each section, we have tried to summarize the various views and the way they relate to the rest of the text. It is our hope that this handbook will be useful to the general practitioner who seriously wants to implement an office preventive dentistry program.

We sincerely thank all our contributors for their seriousness of purpose and the thought and time that went into the chapters. We would like particularly to thank our secretaries, Opal Chandler and Mary Noel, without whose help *Preventive Dentistry* would not have been completed.

Dominick P. DePaola  
H. Gordon Cheney

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**COMMUNICATION  
IN A  
PREVENTIVE  
DENTAL  
PRACTICE**



## **Commentary on the Communication Process**

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One of the premises of preventive dentistry is that all people involved in this health process—the dentist, the auxiliaries, and the patient—be active participants. In Chapter 1 Wittemann, Price, and Ortiz demonstrate that an active communication process permeates the entire preventive practice as the dentist and staff contact the patient through specific entry, continuance, and exit behaviors and communications. A superficial discussion or minimum contact with the patient will only result in “a failure to communicate” and its implied ineffectual sequelae.

A major objective of this book is to suggest preventive programs that could be implemented on a variety of patient populations. However, the range of patient populations requires different communication skills. Obviously one cannot talk to the developing child as one would to a geriatric patient or to an institutionalized handicapped patient. Thus Dworkin suggests in Chapter 2 that different persuasive strategies must be used and then reinforced on different developing age groups for maximum success in a preventive program.

Wittemann points out that someone who seeks dental care retains his own identity as a person and only by virtue of disease is he categorized by the dental practitioner as a patient. We must never lose sight of the fact that the person who comes to us for treatment is a human being, not a “patient” or a “case.”

The dental auxiliaries play expanded and unique roles in a preventive dental practice. Wittemann points out clearly that the first contact person is a dental auxiliary. For example, it is an auxiliary, the receptionist, who provides the first impression of the practice to an entering patient. Dworkin mentions that it is not only the dentist, but also his staff that must help persuade people to become preventive patients. In the following section Radentz clearly indicates that a dentist could not operate a successful oral disease control program without the use of auxiliaries, and Barkley in talking about the recall system mentions the major importance of the other members of the dental team in communicating to patients the merits of a preventive practice.

Communication thus becomes a visual and sensory as well as discursive skill. It permeates everything that dentists do for patients except, perhaps, performing some specific clinical techniques, such as applying topical fluoride. Even here, however, one has to let the patient know why it is being done and the relationship of the procedure to oral health. For example, if you put topical fluoride on a patient's teeth without informing him as to why it works and how it benefits his health, you might as well be cutting his hair for all the lasting benefit it will achieve!

Communication skills even extend into development of community dental programs. Here the dentist must communicate with consumers, health personnel, and city, state, and federal administrators, all of whom might assist in planning dental health programs in their community. Community programs will not be developed and implemented unless effective communication takes place between the dentist and the people in the community.

Thus, communicating with the patient in a variety of ways—greeting, educating, motivating, and finally persuading—is the essence of a successful preventive dental practice.



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# **1 Beyond Prevention: A Model for Effective Communication**

Joseph K. Wittemann

Eduardo A. Ortiz, Jr.

Madison R. Price

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One of the most difficult aspects of dental treatment is the establishment of rapport between the dentist, his staff, and the patient. Rapport is defined as a relation marked by harmony, conformity, accord, or affinity. In the dentist-patient relationship it means making appointments, keeping appointments, providing information, accepting recommendations, complying with treatment regimens, and referring new patients for help. It also means caring, respecting, and confronting.

The establishment of rapport depends on the dentist's personality and his professional skills which, combined, produce conditions that lead to specific outcomes. Following is an illustration of this process: