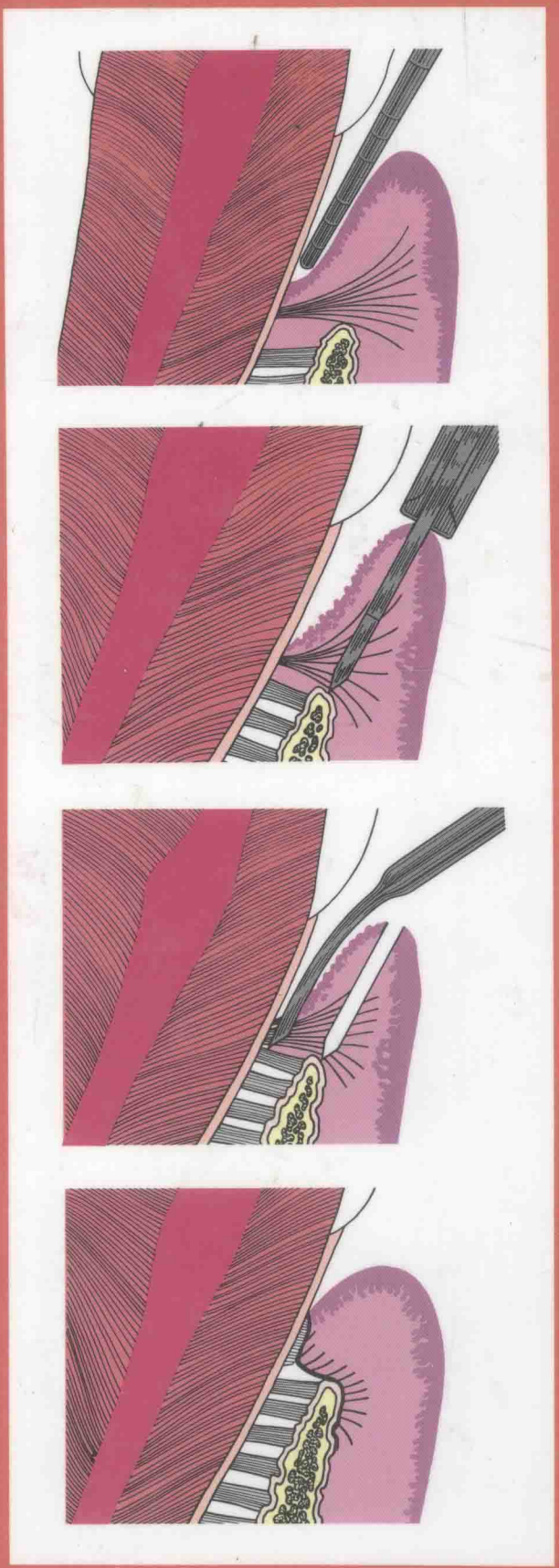
NABERS STALKER

Periodontal Therapy



Periodontal Therapy

Claude L. Nabers, D.D.S.
Past President
American Academy of Periodontology
Past Chairman
American Board of Periodontology
San Antonio, Texas

William H. Stalker, D.D.S.
Private Practice
Diplomate, American Board of Periodontology
San Antonio, Texas

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The authors and publisher have made every effort to ensure that the patient care recommended herein, including choice of drugs and drug dosages, is in accord with the accepted standards and practice at the time of publication. However, since research and regulation constantly change clinical standards, the reader is urged to check the product information sheet included in the package of each drug, which includes recommended doses, warnings, and contraindications. This is particularly important with new or infrequently used drugs.

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Preface

The successful dentist of the 1990s will have periodontics at the core of his (or her) practice. Nevertheless, although many outstanding textbooks on periodontics exist, none addresses the need to incorporate periodontics into the private practice environment. *Periodontal Therapy* was developed to fill that void.

In an era in which fluoride has eliminated much of the need for restorative dentistry, today's dentist must expand his area of expertise to stay busy. The dentist must be capable of evaluating the many new periodontal therapies that are constantly being introduced so that he does not incorporate ineffective therapies into his practice. Today's patient is more aware of periodontal disease, and failure to diagnose periodontal disease is now one of the leading causes of litigation in dentistry.

Periodontal Therapy is designed above all to be a practical guide for the dentist in private clinical practice. It therefore presents the indications, objectives, and techniques for all proven clinical procedures in a format that follows current ADA and insurance company procedural codes. Our goal has been to simplify the process of identifying problems and selecting the best and least traumatic treatment options available.

Periodontal Therapy also discusses in detail the other major challenges that we face in daily practice: patient motivation, dentistry in an age of litigation, and the problems of AIDS and herpes.

The sections on patient evaluation and motivation will be especially helpful: We all know that the primary obstacle we face in private practice today is patient reluctance to seek and accept treatment. Motivation is as important as quality of service in promoting patient satisfaction—and a satisfied patient is our best source of reference.

Periodontal Therapy contains contributions from some of the outstanding periodontists in America today, along with a wealth of clinical photographs and techniques. In it we present the distillation of almost 50 years of experience gained in daily clinical practice.

Claude L. Nabers
William H. Stalker

Contents

CHAPTER ONE

Patient Evaluation and Motivation

The successful and busy dentist of the 90's will have preventive dentistry and periodontal therapy as the mainstay of his (or her) practice. To implement these vital services, the dentist must understand what each patient wants and expects from any indicated dental procedures. Any dentist who wants to be truly successful in the long term must establish goals or "game plans" for his professional as well as his personal life. One element in any such plan must be establishing a good working relationship with patients right from the first encounter. The ability to size up a patient's personality early in your relationship—is this patient likely to be stoical, sensitive to pain, easily offended, and so on—is an important skill. Motivating the patient to pursue necessary programs of dental therapy, follow instructions, and pay bills is also part of your professional role.

Meeting the Patient

Always greet each new patient by name and welcome him (or her) into your practice. Always shake hands as you greet the patient, and take note of the type of handshake. Moisture can indicate nervousness. Firmness can indicate dominance level. Notice, too, whether the patient looks you in the eye or glances away. This will give you some insight into the patient's self-confidence. Look, listen, and ask questions as you talk with new patients. Instruct your secretary to make an early appointment with each new patient for a short, cursory examination, and tell the patient that this examination will be a short one. Find out what the patient's chief

complaint is when he arrives, and have him fill out a medical and dental history questionnaire if there is time before he is to be seen. Otherwise, have the patient fill out the forms at the end of the cursory examination. At this examination, perform the O'Leary periodontal screening examination as described in Chapter 2. From your short examination, you should know if the patient is a candidate for emergency care for existing pain, or if there is a need for a thorough caries or periodontal examination, full mouth x-ray studies, occlusal evaluation with mounted casts, or referral to someone else who could better care for them. This short examination should only take 10 minutes, and you can then decide which course to follow.

Periodontal therapy is completely successful only when the patient understands both his problems and the treatment required. It may be that the patient is not one whom you wish to treat. In that case, do not charge the patient for this appointment and refer him (or her) elsewhere. Tell him that his problems are outside the scope of your practice but you will help him find the best doctor for his problems.

Evaluating the Patient

Several patient classifications have become part of the folklore of the profession over the years—all of them to be taken with a grain of salt, to be sure, but all containing a kernel of truth.

THE SOMATOTYPE SYSTEM

One classification system, for which I am obliged to Dr. F.M. Black of Fort Worth, Texas, describes patients in terms of somatotypes. The vast majority of patients, according to Dr. Black, can be understood as having characteristics from one or two of the following categories:

1. The Endomorph. This patient is pear-shaped, with heavy arms and legs. He (or she) tends to be late for appointments. His teeth are important to him, he says, because he needs them to chew. If you need to get him to start talking, ask him if he's been to any good new restaurants recently. Once he's told that dentures will probably chew only about 12% as well as his own teeth, you'll have his complete cooperation in a thorough dentistry program.
2. The Mesomorph. Athletic, a go-getter, this patient is prompt and likes to be recognized. *Don't keep him (or her) waiting!* Arrange your schedule so that he can be first in the morning or afternoon, and tell him you're allotting him this special time to lessen the chance of having an emergency disrupt the appointment. Don't ever be late for this patient.
3. The Ectomorph. This patient is more serious, not particularly athletic, and interested in learning new things. Be sure to tell him (or her) about all the modern high-tech procedures you plan to use in his care.

THE EMOTIONAL NEED SYSTEM

Another popular classification system is one put forward many years ago by Roy Garn. In this system, people are categorized in terms of their emotional needs. Garn

suggested the following stereotypes:

1. The Recognition Person. This patient loves recognition and will spend time, effort, and money—in short, will do anything needed—to get it. This patient is easy to recognize, for, if you let him, he will tell you that he is, was, or is about to become President of this, that, or the other. If you want him as a lifelong admirer, cut out newspaper items about him and send them with a personal note or put them in his records so you can give them to him at his next appointment. He is already aware of the importance of appearance in creating a good first impression, and when you tell him that he needs his teeth more than 99% of your patients, you're only confirming what he already believes. Knowing this, you can motivate him (or her) to appreciate the need to have his own teeth. The teeth are vital to a healthy, happy, and friendly appearance, and he needs them for enunciation as well as for chewing. Has he ever heard someone with whistling or chattering dentures?
2. The Self-Preservationist. This patient will do everything possible to have the longest, healthiest, and most robust life possible. He jogs, doesn't smoke or drink, gets a good night's sleep every night, and never gets fat. He knows a lot about nutrition and diet and follows physicians' orders scrupulously. To gain this patient's cooperation, let him know that dental infections release showers of bacteria into the bloodstream. Show him the bacterial activity from his plaque with a phase-contrast or darkfield microscope. Discuss with him why a good preventive program is at the heart of modern dentistry.
3. The Romance Person. This patient is extremely concerned with his (or, again, her) appearance. He likes all the good things money can buy, like cars, suits, dresses, jewelry—and beautiful teeth. He's a sharp dresser, and he likes to be complimented on the fact. (The feminine version does an outstanding job on her makeup, sometimes starves herself to stay in shape, and loves honest compliments.) This patient is not so much interested in discussing chewing or health, but needs only to be aware of how important the teeth are to smiles, facial contours, and beauty.
4. The Money Person. This person wants to know how much his treatment will cost before you've even formulated a diagnosis. Regardless of the type of treatment needed, tell him he's lucky to catch the problem this early: treatment will be shorter and less costly if begun *now*. He may be extremely wealthy, but he must be convinced that he will actually save money by having preventive and corrective periodontal treatment now rather than later.

THE DOMINANCE SYSTEM

Another classification system is based on dominance level. This system makes use of three stereotypes:

1. The Extremely Dominant Person. This patient is really an extrovert bully. He (or occasionally she) doesn't sit in the chair when shown into the dentist's office. When the dentist arrives, he's usually standing up, looking at his x-rays on the viewbox or checking his watch. He is not a good listener

and doesn't like to be told what to do. So, how can you motivate him? Lead him to tell *you* what should be done. For example, you can show him the pockets, the pus, the looseness of his teeth, and so on. Then ask him what he would do if he had an apple that had a rotten spot on it but was otherwise good. He will answer firmly, "Cut the bad part out." He has just told you what to do with any pockets that remain after scaling, root planing, and oral hygiene procedures have been done. Tell this patient that the bad tissue may be scraped away in some areas, cut away in other areas, or flapped and grafted into a new and better position. Do not confuse him by going into great detail.

2. The Moderately Dominant Person. You can communicate more easily with this patient, and he (or she) is much more receptive to being educated about his problems, treatment needs, and so on. You should, however, also have this patient tell you how to eliminate the bad area on the apple.
3. The Low-Dominance Person. This patient is extremely quiet, very reserved, and introverted. He (or she) rarely looks you in the eye and speaks very softly. Do not ask him to make any decisions on treatment. Instead, guide, direct, and lead him at all times. Always tell him what his problems are, and reassure him that treatment is available and that you will care for these needs and do your very best for him. As with all patients, make sure he understands that his home treatments are essential for long-term success.

THE PANKEY SYSTEM

Yet another classification system is that developed by Dr. L.D. Pankey, an astute observer of human nature and a master communicator. Dr. Pankey's classification is as follows:

1. The Class I Patient. This patient has a high dental IQ, appreciates good dentistry, and can afford any fair fee. Alas, not all patients fit this description. Many, however, can be elevated to this category by education and proper motivation.
2. The Class II Patient. This patient has a good dental IQ and a desire for good dentistry, but also has some difficulty in paying for it. He (or she) will make an excellent patient if given an opportunity to pay his bill on a deferred budget plan. A specific arrangement and signed papers are indicated if this is to be a happy business arrangement. This includes getting pretreatment estimates on insurance payments.
3. The Class III Patient. This patient does not have a good dental IQ but can afford good dentistry. This patient should be carefully educated in order to be reclassifed as a Class I or Class II patient. Never talk this patient into major dental procedures without first getting his dental IQ to the point that he can appreciate your hard work and pay for it with gratitude.
4. The Class IV Patient. This patient has a very low dental IQ and cannot afford any fee. He usually seeks emergency care for pain relief and may even have obviously missing teeth and not be bothered about it at all. He may not seek help until acute necrotizing ulcerative gingivitis (ANUG) has developed. He rarely returns after pain has been eliminated, often does not pay his bill, and frequently has to be turned in for collection.

Patient Motivation

There are many factors to consider in your dealings with patients.

1. When talking with a patient, always start by addressing him (or her) by name. People like to hear their name spoken. It will get their attention to start with, and then they will hear what you have to say.
2. Use the word "thorough" frequently. For example say, "I am sorry to take so long, but we want to do a thorough job." Or, "You are doing a thorough and effective job in your plaque control on most surfaces of your teeth. Let me show you where you can still improve."
3. If you are right-handed, ask the patient to raise his left hand when he wants you to stop at any time. When you have had his mouth open for 1 to 2 minutes, say "you haven't raised your hand yet—are you doing OK?" At least every 5 minutes ask the patient to close and rest his jaws and ask, "How are you doing?" You are programming him to take pride in his ability to cooperate—to keep his mouth open—to not complain, and so on. Praise the patient if he reacts in this way.
4. When you are doing your detailed probe examination, explain to the patient that you are going to measure the crevices around his teeth and that a depth of 1 to 3 mm is normal, that 4 to 5 mm is moderate pocketing, and that 6 mm or deeper indicates severe trouble. Start on the tongue side of the upper left last tooth and call out the numbers to your assistant. When you find a decayed area with your explorer, describe it in lay terms, such as, "There is a soft decayed area between the old filling and the tooth on the third tooth from the back on the tongue side." When you have finished your examination, the patient already knows that he has real problems. If, on the other hand, you have not properly prepared the patient to be an informed third-party listener, he will usually react when told that he has serious problems by saying something like, "What do you mean I have a lot of trouble—it doesn't hurt."

Periodontal Explanations for Patients

Patients must be given answers to the following questions before corrective periodontal treatments start.

1. Where are the periodontal problems and what are they?
2. What caused the problems?
3. What is the best treatment available?
4. How can the results of corrective treatment be maintained?
5. What will be done to prevent discomfort?
6. How many appointments are needed and how long will they be?
7. What will be the total cost (investment for treatments)?

Most patients only want detailed answers to the last three questions.

There are many good patient-education booklets on periodontal diseases. Get the American Academy of Periodontology list of booklets and order the *Journal of Periodontology*.

The following information is for the patient who wants to know the details about his problems and his required therapy. Use any part of it, as well as any other

facts you feel are relevant to make your own patient instructional brochure on "Periodontal Diseases." Have it printed with your name, address, and telephone number. Patients who become your missionaires are your best source of reference.

INFORMATION ON PERIODONTAL DISEASES FOR PATIENTS

The diseases of the dental foundation (diseased gums, jaw-bone destruction, or looseness of teeth) rarely cause pain. When a patient finds out about his periodontal disease in time for corrective treatment to be performed, he is fortunate.

A recent study by the National Institute of Dental Research has shown that the dental health of Americans is better than previously thought. Improved treatment procedures as well as better preventive patient care is probably the reason for this improvement. Almost all of those surveyed had been to a dentist within the last 12 months. Nevertheless, prevention and treatment of periodontal diseases remains of great importance. About 8% of working Americans under 65 years of age have a loss of attachment (tooth support) of 6 millimeters or more in one or more sites. Of those over 65 years of age, 34% suffer from periodontal disease (defined as 6 millimeters or more of attachment loss at one or more sites—one millimeter is about 1/25 inch).

Among those under 65 years of age, 4.2% had no teeth, 45% had gingivitis, and 75% had some evidence of attachment loss. Among those over 65 years of age, 42% had no teeth and 95% showed attachment loss.

If you have a dental foundation problem and are carrying an infection in your mouth that is a continued source of bacteria that can in time cause destruction of teeth, gums, and bone. Timely treatment can restore and maintain a healthy supporting foundation for the teeth so that chewing and talking feel and appear as natural and comfortable as possible. In addition, it will eliminate a source of infection that can threaten your general health.

How can a successful treatment result be obtained? By the following steps:

1. Establishing an accurate diagnosis. An accurate periodontal diagnosis cannot be made until all pertinent information is obtained. Such data can help reveal causative factors, duration of disease, probable outcome for individual teeth and arches, and the treatments needed. Requirements for fillings, root canals and bridgework must also be included in your total dental and periodontal diagnosis and treatment plan.
2. Improving general health. If signs of medical problems are detected, you will be asked to consult your family physician. Periodontal corrective treatments cannot be totally successful unless you are in good health. As health is a relative matter, how you feel is not always a good indication of how healthy you are. Poor diet, underlying systemic diseases, excessive drinking of alcohol, or emotional problems are severe complicating factors for periodontal treatments.
3. Eliminating causative factors. Lasting results can only be obtained when the causative factors are eliminated or controlled. In rare cases, some causative factor may not become known until much later. An example would be unconscious teeth-grinding while sleeping or some medical problem that cannot be detected at the beginning of treatment. Among

the causative factors often found during diagnosis are bacterial growth on the teeth, retention of food particles between the teeth, faulty or worn-out fillings that hold plaque, pockets between the teeth and gums, deformities in the jaw bone around teeth following bone destruction, faulty diet, medical problems that influence all tissues in the body, excessive pressures on the teeth, and missing teeth.

4. Reshaping gums and bone to normal contours and functions. Deviations from normal, such as pockets between teeth and gums or bone defects that result from periodontal diseases, must be treated to achieve long-term periodontal health. Pockets harbor bacteria, causing pus to form. As the pockets go deeper, bone is destroyed.
5. Restoring tooth-to-tooth bracing within the jaws. Missing teeth, open spaces between the teeth, or worn-out fillings may require crowns, bridges, or new fillings to return the jaw arch back to a solid state where the teeth act together and brace each other. After a diagnosis has been made, any need for such work will be explained to you. Sometimes teeth are treated even though the outcome may be doubtful. You will be informed if any of your teeth have an uncertain prognosis.
6. Eliminating or reducing excessive pressures on teeth. The chewing muscles and the teeth should work harmoniously together. If they do not, then the bite of the teeth may need changing. In other words, if the bite is off, so that a tooth strikes too hard, causing bone destruction or looseness of the tooth, the occlusion (the bite of your teeth) must be adjusted. Several or all of the teeth may be involved. Sometimes people who grit or grind their teeth in their sleep need an appliance that can be worn during sleep. Remember, teeth that have been loosened by heavy pressures will usually be lost if not tightened with treatment.
7. Follow-up recall treatments. Follow-up treatments every 3 to 6 months are essential to preserve the results obtained by corrective treatments. As part of your initial corrective periodontal treatments, you will be taught to care for your mouth at home. These home treatments are your best insurance in preventing recurrence of local disease. If you have a need for periodontal treatments, you should know that you are susceptible to future problems, and will need periodic follow-up treatments to correct any beginning problems. For example, inflammation of the gums can lead to bone destruction and pockets. We know that gum inflammation is caused by local irritants. We also know that only your care can prevent local irritants. Unfortunately, though, home care procedures cannot do a perfect job. Therefore, periodic follow-up treatments are needed to remove any local irritants that your home care has not prevented. At these appointments, areas that have been neglected, as well as any need for further corrective treatments, will be brought to your attention. These preventive maintenance treatments are usually performed by a specialist in this field, the dental hygienist. Any new pockets discovered during these treatments must be treated early.

Periodontal treatment will yield lasting results only with your understanding and willingness to cooperate in order to keep your natural teeth.

Most patients do not need to be persuaded of the value of keeping their own teeth, but perusing a list such as that in Table 1–1 may underline the urgency of good dental care.

Table 1–1 • REASONS FOR KEEPING YOUR TEETH

Physical Health	
Infections in your mouth can be detrimental to your general health.	
Emotional Health	
Talking	People with dentures often whistle and click when they speak because the teeth are so important in enunciation.
Preserving appearance	The presence or absence of teeth directly affects facial contours. When teeth are lost, the gums and bone shrink.
Smiling	Smiles are truly natural-looking only when one has one's natural teeth.
Laughing	Because of the embarrassment that slipping dentures can cause, many denture wearers are afraid to laugh.
Singing, playing an instrument	One's ability to sing or play a musical instrument such as a flute or trumpet may be impaired.
Enjoyment of Food	
Chewing	Studies have shown that people can chew only about 12% as well with dentures as they can with their own teeth.
Tasting	Complete dentures cover the roof of the mouth and thereby alter the taste of foods
Feeling	The nerves surrounding your natural teeth tell you if food is soft or crunchy. With dentures, you only feel pressure in the gums.
General Comfort	
Gagging	Some people have trouble with gagging when wearing dentures.
Halitosis	Dentures can develop a noticeable odor. Pockets harbor bacteria, produce pus, and cause a foul odor.

Table 1–2 outlines the normal sequence followed in a periodontal care program.

Table 1–2 • USUAL SEQUENCE OF TREATMENT*

1. Extractions of hopelessly involved teeth
2. Temporary bridges (if necessary)
3. Initial preparation
   a. plaque control
   b. scaling
   c. caries control
   d. temporary splinting
4. Corrective periodontal treatments
5. Restorative dentistry
6. Occlusal restoration or reconstruction
7. Periodic maintenance and corrective treatments
8. Treatment of any isolated new pockets that may develop
9. Maintenance of occlusal reconstruction

*This is a general outline. In any particular case only some of these procedures will be necessary.

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CHAPTER TWO

Patient Examination

A thorough questionnaire is the simplest and quickest way to obtain vital information about a patient's medical and dental history. Have the patient fill out a questionnaire such as the one shown in Figure 2–1. Pertinent answers should later be transferred from the questionnaire to the patient's case history chart (Figure 2–2). Review with the patient those items that require more detailed information. If the patient has not had a complete medical evaluation recently or has any symptoms of any medical problem, request a medical report with blood chemistries from the patient's physician.

Cursory Examination

A short cursory examination for new patients takes only a few minutes and is an excellent way to develop rapport. When the patient is examined, tell him he may not understand some of the data you dictate to your assistant as you check his teeth and oral tissues. Start by doing an examination of lips, cheeks, tongue, floor of mouth, and palate, and then examine the teeth. Call off healthy-looking tissues and any deviation from normal. Speak in terms the patient can understand: "There is a hole between the old filling on the upper left last molar and the tooth, and it feels soft. The upper left last molar is a little loose when I put pressure on it. There is a redness of the gum between the last two teeth on the upper left."

This is also the time to perform a modified version of the O'Leary screening examination for periodontitis, as described on page 13.