

ORAL EXAMINATION GUIDELINES



Orthodontic Patients

DISEASE VS ABNORMAL CONDITION

Medical
problems

DISEASE

Orthodontic
problems

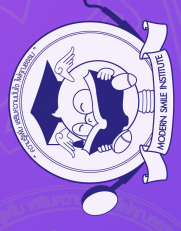
Malocclusion
Minor
facial disharmony

“ Not DISEASE
(Abnormal Condition) ”

Non
Orthodontic
problems

Facial
disharmony





What is **NORMAL OCCLUSION**?

“ Because of wide range of nature variation, The esthetic perception of patient is the main key ”



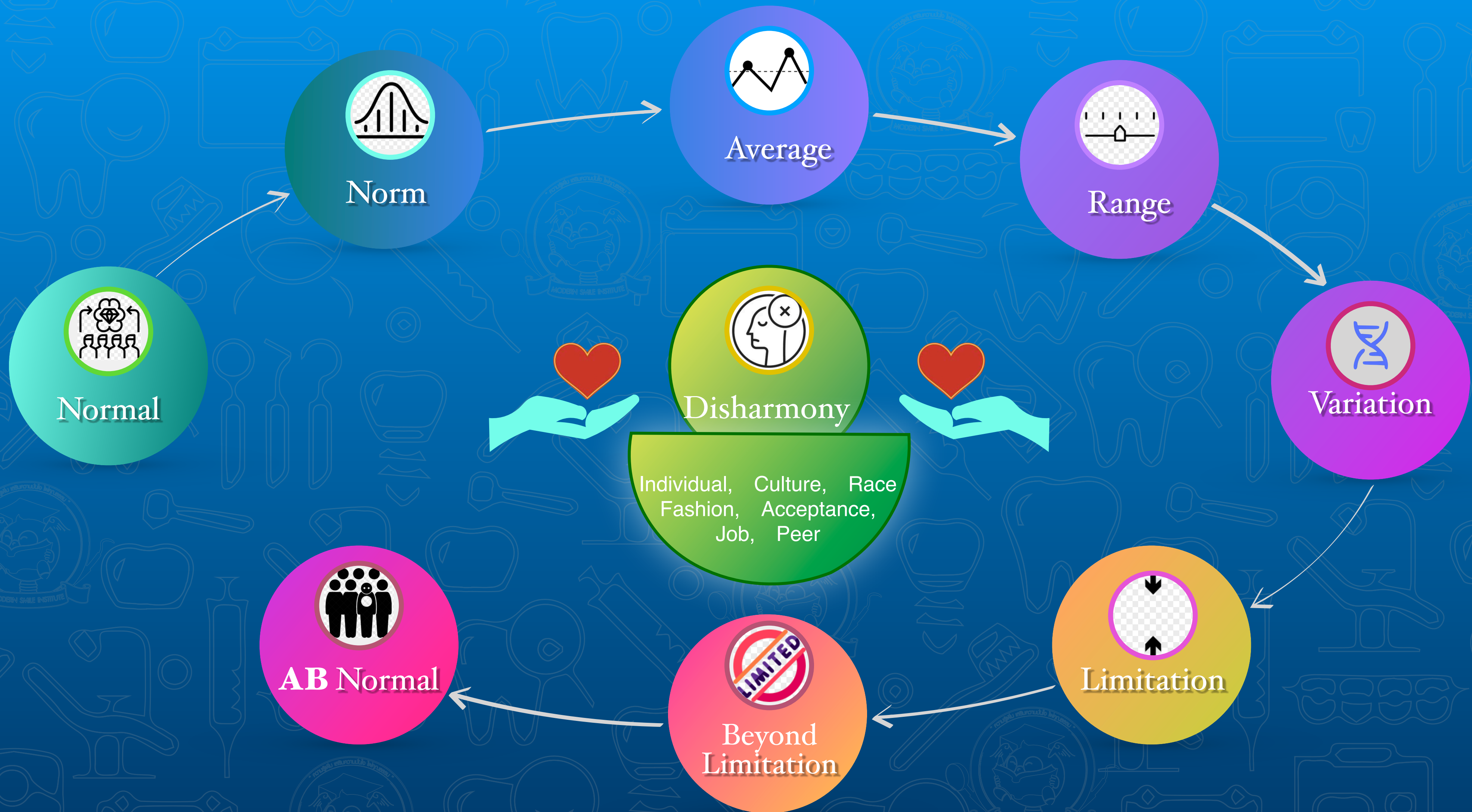
Patients Decision
Orthodontist Decision
Occlusion Enhancement





NORMAL VS ABNORMAL

Patients Decision





Occlusion Implication



- Social acceptance
- Job Success
- Subjectives



Esthetic

Implied by

Function & Stability



- Mastication
- Speech, Breathing
- Protection of the stomatognathic system
- Crowding, Protrusion, Spacing
- OB, OJ, etc.
- Objectives

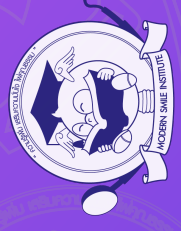


Patient's need

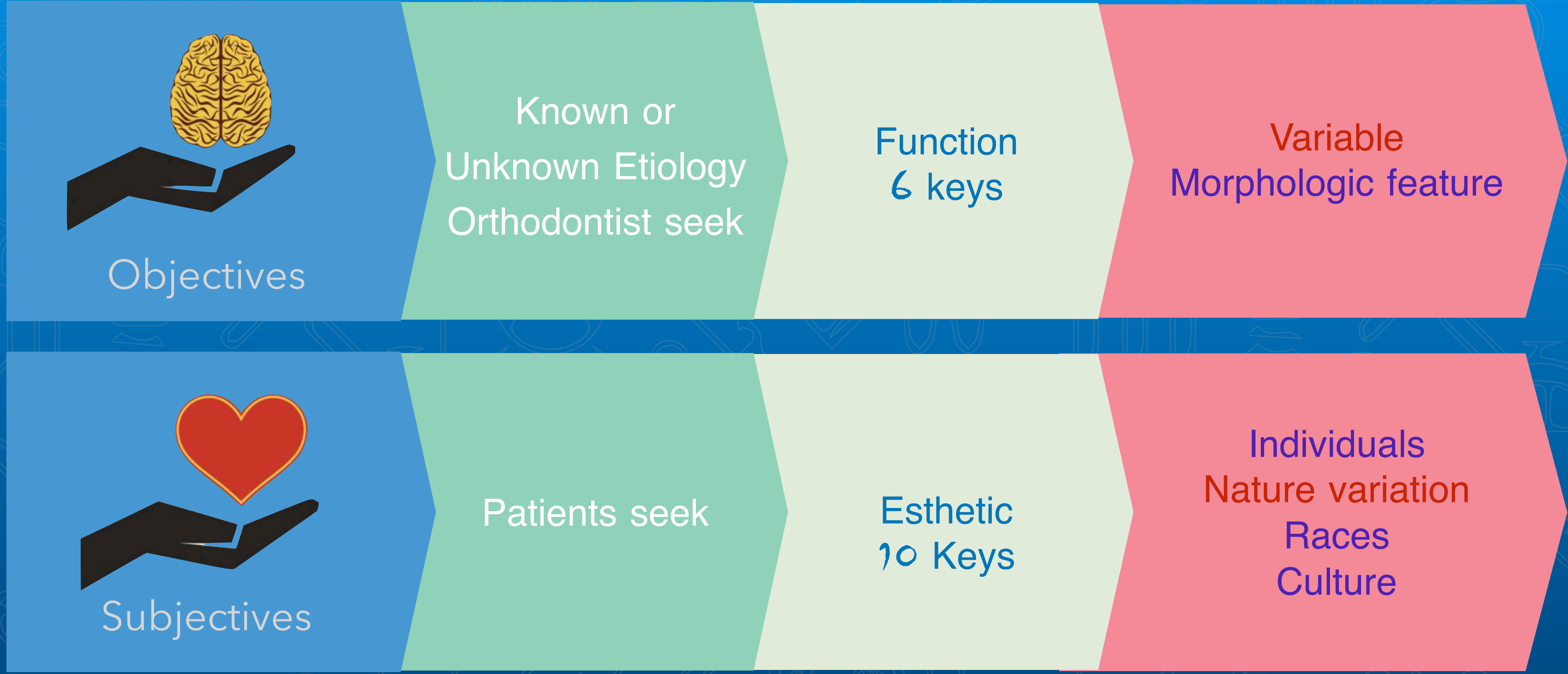


Orthodontists seek Etiology & treatment options



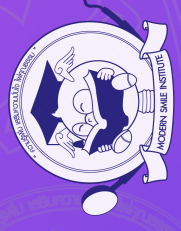


What is **NORMAL OCCLUSION**?



A NORMAL OCCLUSION INVOLVES BOTH OBJECTIVE AND SUBJECTIVE COMPONENTS.





How could we REACH the patients desire ?




Micro
Micro esthetic

overcome malocclusion

Orthodontic Treatment
[Function]


Mini
Mini esthetic


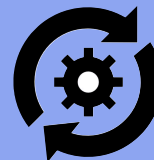
Psychosocial difficulties
[Facial and dental appearance]


Macro
Macro esthetic

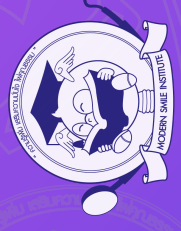
Problems base

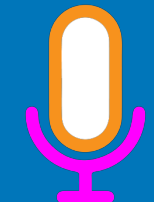


Patient desire
[Esthetic]

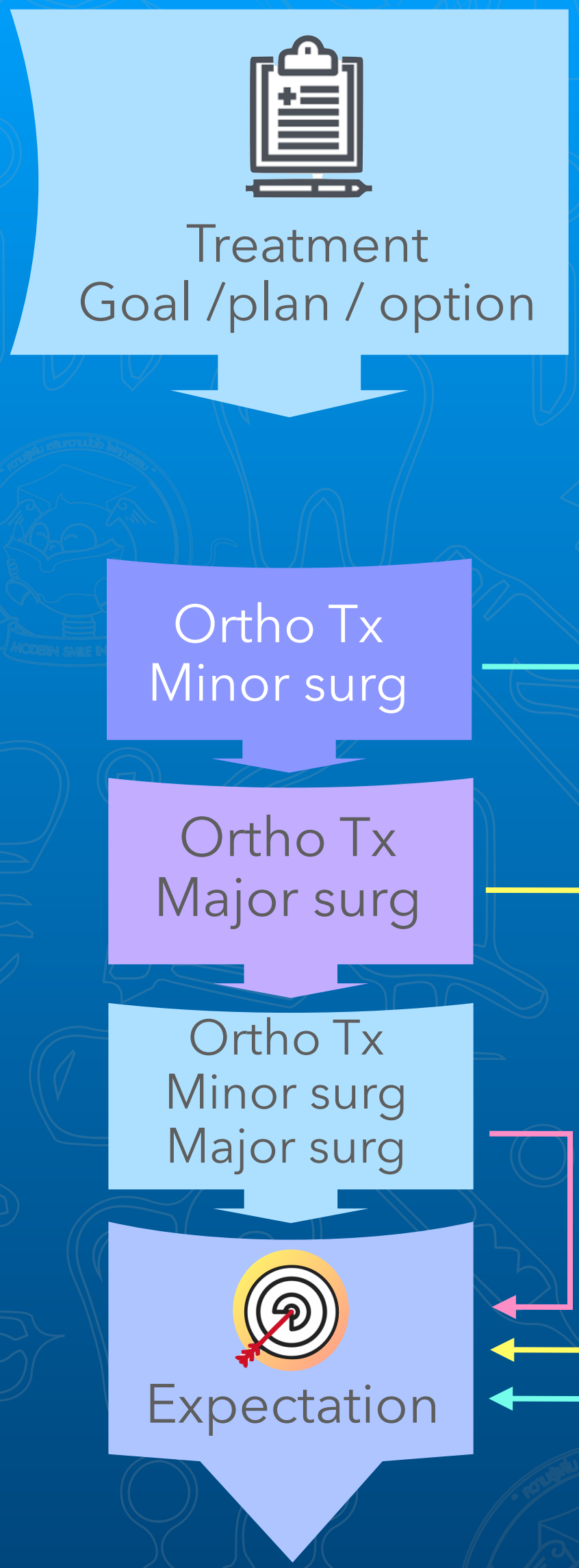


 Oral examination [Transformation tools] 




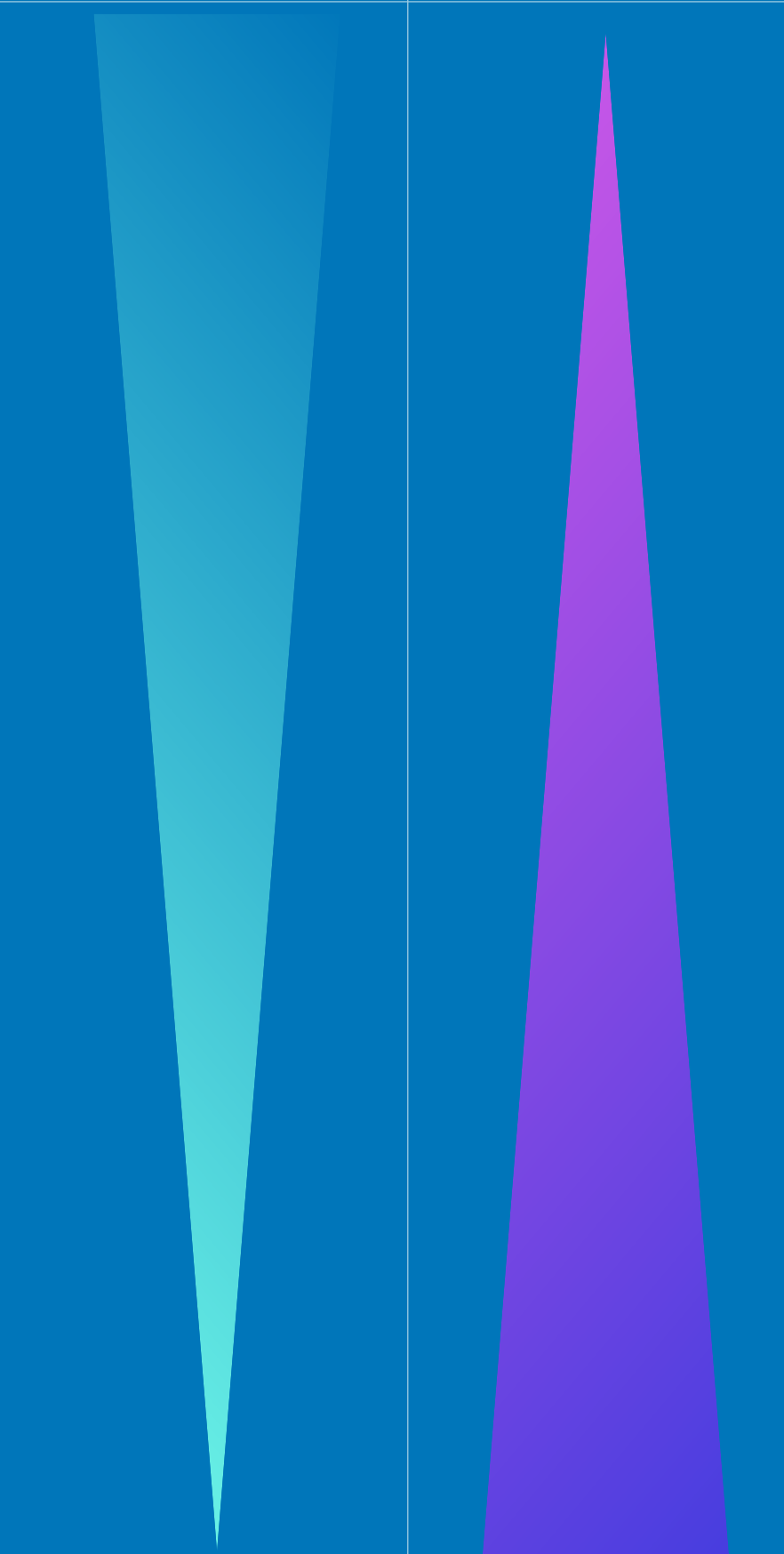

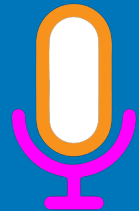


Examination	Problems	Treatment
 Micro	Micro Soft tissue (%) Micro hard tissue (%)	Dental (3D) : Space mgt / Shape/ 1/1 Gingival margin: Thick, Leveling
 Mini	Mini Soft tissue (%) Mini hard tissue (%)	Smile (3D): Convexity / Symmetry/ Gummy Mx/ Mn (3D): FS / Elastic Hard Tissue: Exostosis removal
 Macro	Macro Soft tissue (%) Macro hard tissue (%)	Skeletal (Growing): FS Skeletal (Non-Growing): Surgery Soft tissue: Plastic

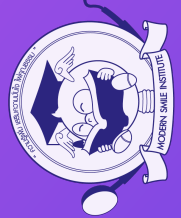




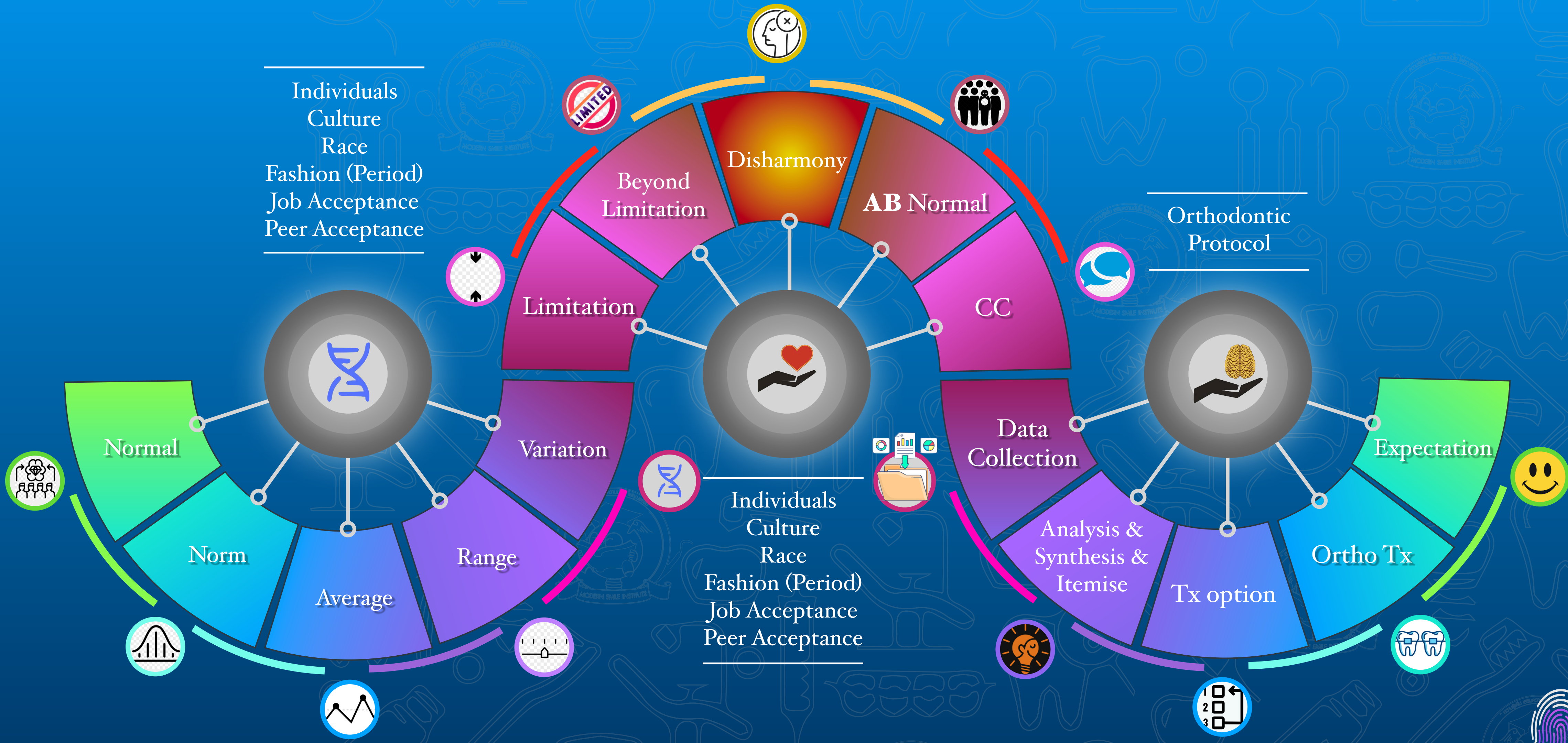
How could we **ATTACK** the patients desire ?

Data Collection	Appearance	Problem list	Treatment	Severity	Prognosis
 Macro	หน้าบาน กรามใหญ่ หน้าอูม	Exces / Def : Mx /Mn Mx/Mn relation Rotation of mand Facial deviation	Compromised Ortho Tx Orthognathic		
	จมูกแบน, โหนกแก้ม คางสั้น	Flat nose, Chinless Muscle related to OMD	Compro Ortho Tx Orthognathic surgery Plastic surgery		
 Mini	แก้มออกเยอะ	Max excess	Compro Ortho Tx Ortrogathic		
		Gingival excess	Orthodontic Tx Minor Surg		
 Micro	หน้าอูม ฟันเก, แยก, ยื่น	1/1 in 3D	Orthodontic Tx		





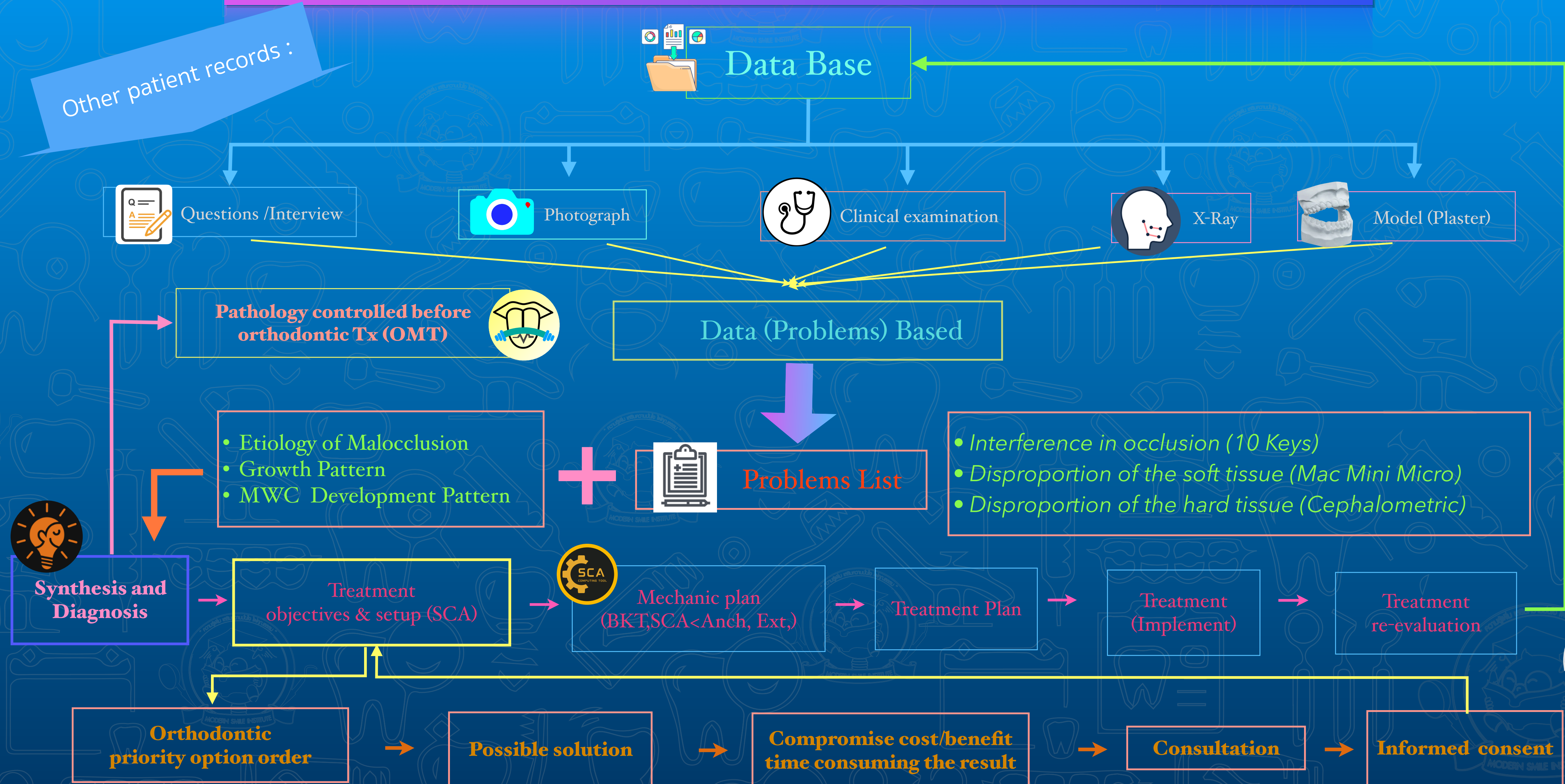
Orthodontic Patients Journey

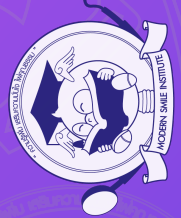




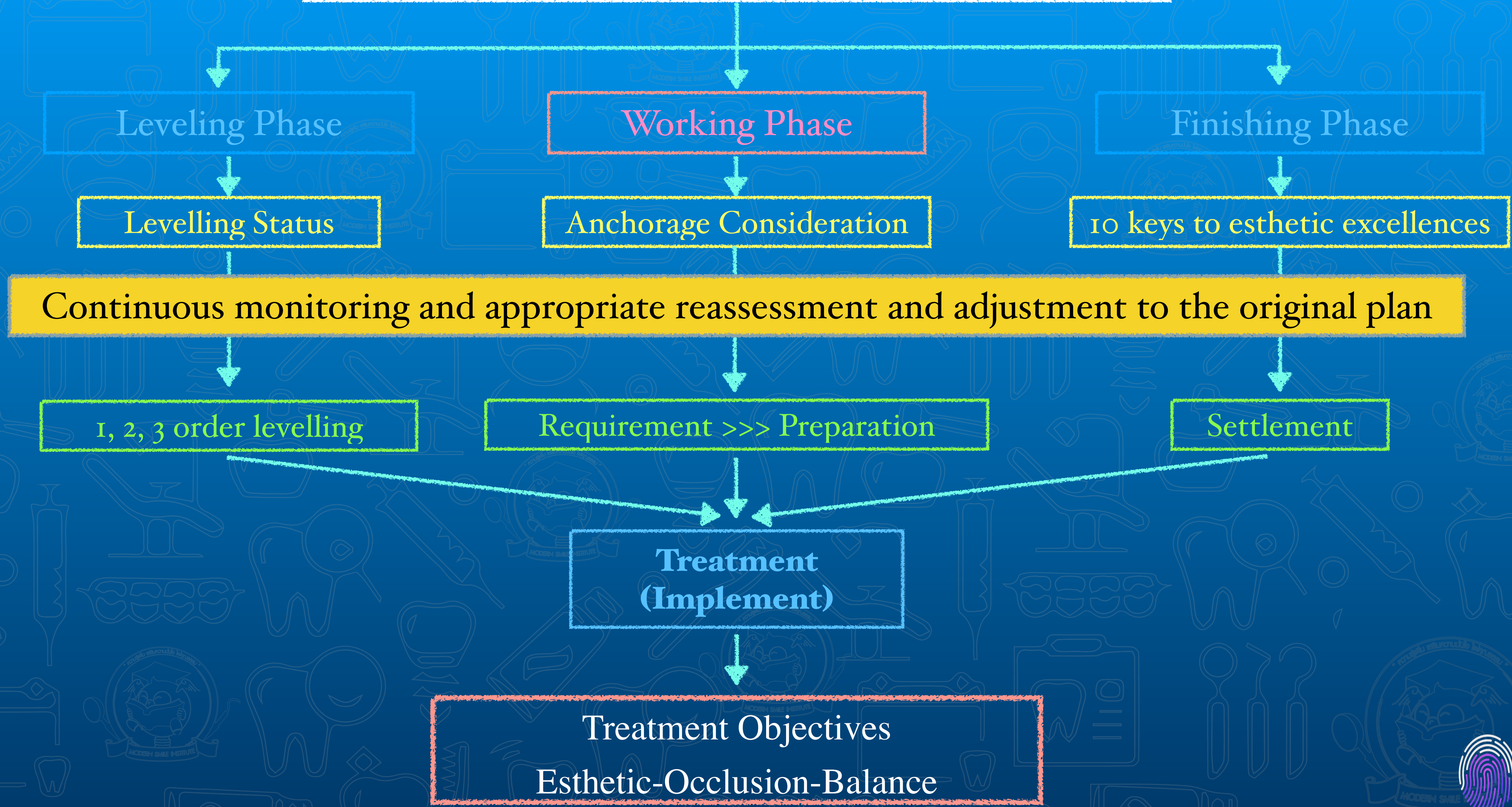
Steps in Dx and Tx planning

The process of transformation from *subjective to objectives* (Black box)





Dynamic Micro Treatment Plan



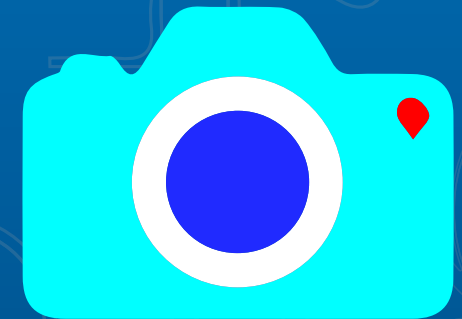


DATA COLLECTION

Data Base



Questions /Interview



Photograph



Clinical examination



X-Ray



Model (Plaster)

The Problem-based Approach





Orthodontics Evaluation form



Patient' s Name _____ Date : _____

Residence' s Name : _____ Nick Name : _____

Parent' s Country Origin : _____

I. General Information

A. Summary of medical history questionnaire : _____

B. Past orthodontics treatment ? Yes No

If yes, explain _____

C. Physical Development : Compared to Chronological age

Matches Ahead Behind

D. Dental Development : Compared to Chronological age (Tooth Eruption)

Matches Ahead Behind

E. Patients attitude towards problem and orthodontics

Positive Indifferent Negative

F. School performance

Excellent Good Fair

G. Other in the family with malocclusions or any orthodontic problems ?

Grandparents Parents Siblings

H. Past face injury ? _____

I. Psycho-social evaluation (Internal VS External Motivation)

1. Nature of the Orthodontic problems (CC)

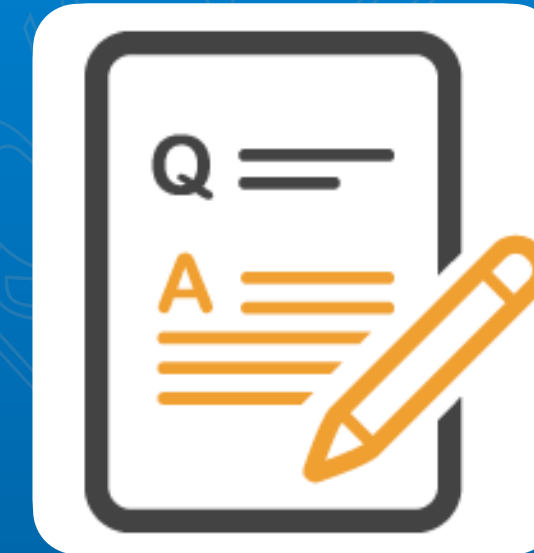
Congenital Specific nature _____

Developmental When recognised _____

Acquired When acquired _____

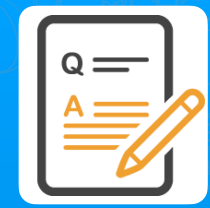
2. Duration of concern about the Orthodontic problems

1 2 3 4 5 6 7 8 9 10
 Week Months Years



Questions /Interview





Good communication

Simple question

เป็นอะไรถึงอยากจัดฟัน ? / จะให้หมอแก้ไขอะไรให้ ?

Patient's concern

เพื่อนจัดฟันกันหมดทั้งห้อง
ไม่กล้ายิ้ม อายเพื่อน
ไม่อยากทำกลัวเจ็บ

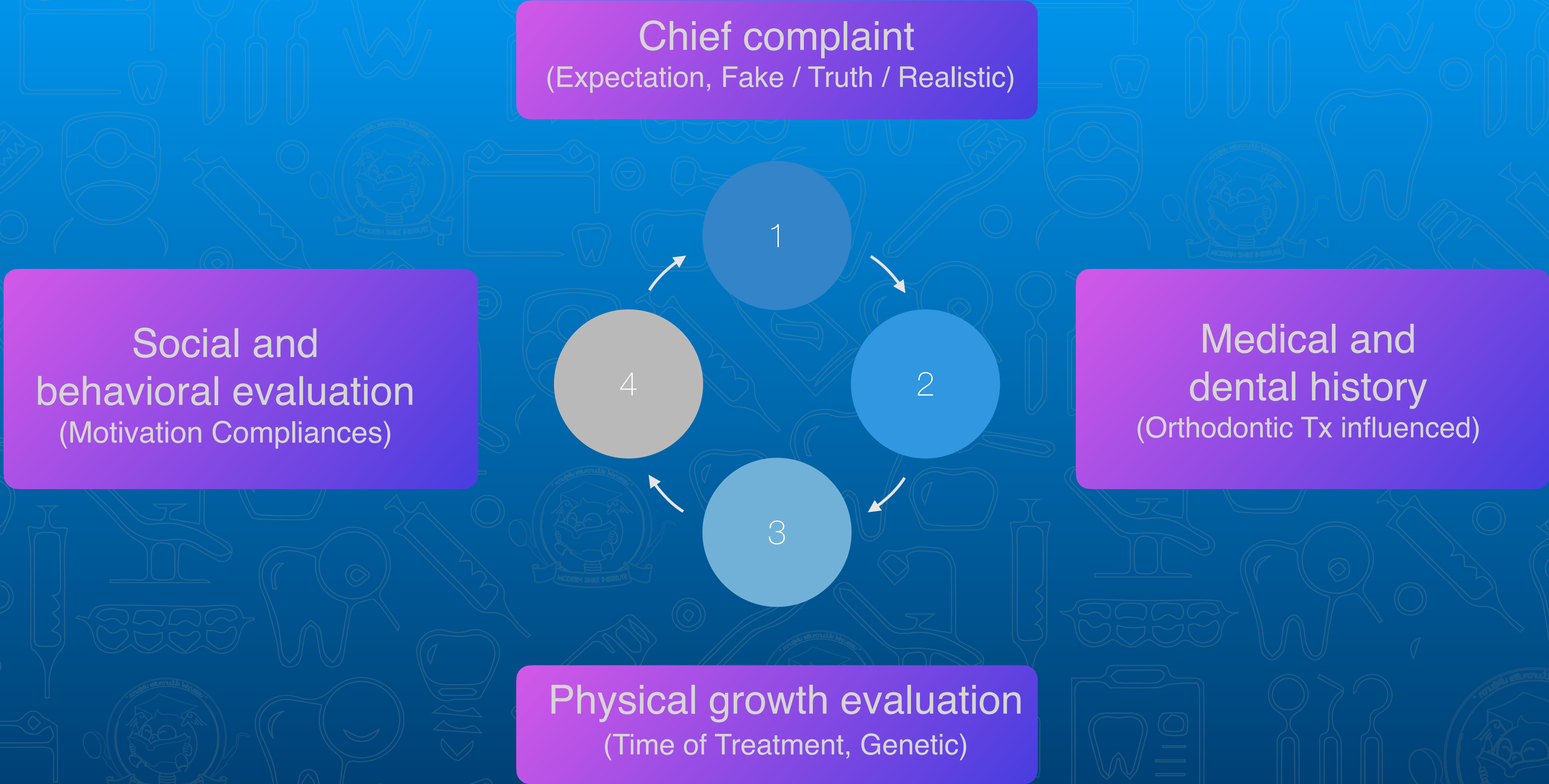
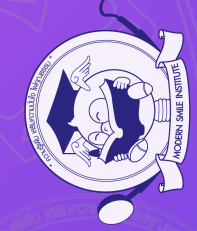
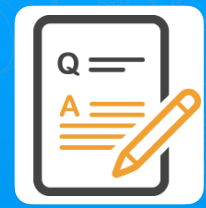
Tuning

Parent's concern

กลัวน้องดูแลความสะอาดไม่ได้
สวยอยู่แล้ว, ไม่อยากให้ถอนฟัน
กลัวเดี๋ยวปล่อยไว้นานจะทำยาก
หรือ เป็นมากขึ้น

Patient's expectation







Chief complaint (Expectation, Fake / Truth / Realistic)

REASONS TO SEEKING ORTHODONTIC TREATMENT

Alignment & occlusion

The dentist focuses on the functional problems

-a crossbite with a lateral shift without appreciating the patient's concern about what seems to be a trivial space between the maxillary central incisors

Dentofacial esthetics

The dentist should not assume that appearance is the patient's major concern just because the teeth appear unesthetic

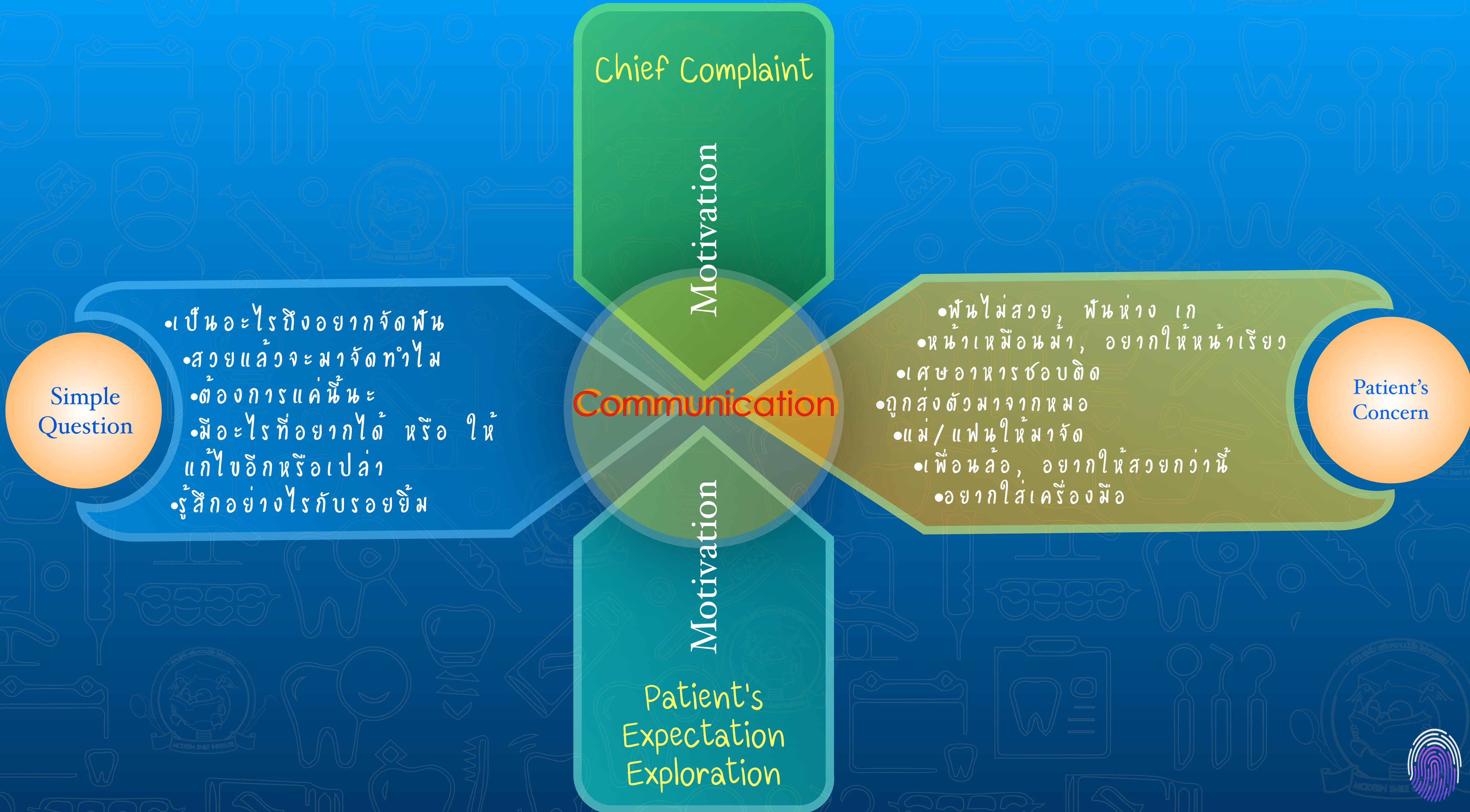
เช่น มีเขี้ยว ฟันกระต่าย

Psychosocial problem

A desire to enhance appearance **beyond the normal**, thus potentially improving quality of life (QOL)

The chief complaint would be problematic if each factor is not in the same line.





Chief complaint

THE MOST IMPORTANT INFORMATION WHAT IS A MAJOR REASON FOR SEEKING CONSULTATION AND TREATMENT AND IF POSSIBLE.

Simple question

เป็นอะไรถึงอยากจัดฟัน ?
รู้สึกยังไงกับรอยยิ้ม

จะให้หมอแก้ไขอะไรให้ ความ
สวย หรือ การสบฟัน?

	 Macro		  Mini Micro
ริมฝีปากบนอูม	อูม / ยุบ	ฟัน บน /ล่าง	เก / ห่าง
ริมฝีปากล่างอูม	อูม / ยุบ		บนคอมล่าง (เขยिन)
ขากรรไกรบน	ยื่น / ถอย		ล่างคร่อมบน(ฟันล่างยื่น)
ขากรรไกรล่าง	ยื่น / ถอย		ปิดช่องฟันปลอม, ไม่อยากใส่ฟันปลอม
คาง	แหลม / ล้น		เศษอาหารติดฟัน, ฟันหลอ
โหนกแก้ม	ใหญ่		ทันตแพทย์ส่งตัวมา
รูปหน้า	บาน, อยากหน้าเล็ก, กรามเล็ก		





I. General Information

A. Summary of medical history questionnaire : มีโรคประจำตัว กินยา เข้า sw. ป่วยหนัก

B. Past orthodontics treatment ? Yes No

If yes, explain เคยจัดฟันมาแล้ว Relapse, จัดฟันแล้วไม่เสร็จ, ไม่ได้ใส่ RTN

C. Physical Development : Compared to Chronological age

Matches Ahead Behind

D. Dental Development : Compared to Chronological age (Tooth Eruption)

Matches Ahead Behind

E. Patients attitude towards problem and orthodontics

Positive Indifferent Negative

F. School performance

Excellent Good Fair

G. Other in the family with malocclusions or any orthodontic problems ?

Grandparents Parents Siblings

H. Past face injury ? เคยขากรรไกรหัก, ฟาดตัดซี่ที่ขากรรไกร

Growth Chart, สูงขึ้นเยอะหรือ
เปล่า, 2nd sexual characteristics
hand wrist, vertebral age

Tip: The child who is advanced
in one characteristics is advanced
in other as well

: The development of the child
mostly follows his/her sibling
development



Medical conditions & Orthodontic Tx

Medical Condition	Implications	Action
-Asthma	-Root resorption	-Monitor every 6 months for evidence of EARR
-Allergies	-Allergic reaction	-Determine material causing allergy and substitute for a nonallergic material
-Coagulation disorders	-Bleeding risk	-Avoid if possible treatment plans involving extractions
-Diabetes	-Periodontal disease	-Monitor adequate control of diabetes. Manage with a periodontist
-Epilepsy	-Gingival hypertrophy (medications)	-Monitor excellent plaque control. Manage with a periodontist for possible surgical intervention during treatment
-Heart valve conditions	-Endocarditis	-Premedication when fitting bands
-High blood pressure	-Gingival hyperplasia	-Monitor oral hygiene. Complement brushing with chlorhexidine
-HIV	-Periodontal disease, opportunistic infections	-Consult with physician about patient's general condition. Monitor oral hygiene and periodontal status
-Leukemia	-Mucositis, oral infections	-Remove appliances until remission (consult physician)
-Physical or mental handicap	-Gingivitis, relapse (muscle hyper-/hypo-activity)	-Electric toothbrushes may aid in oral hygiene. Consider mechanics plan where manual dexterity is not needed
-Rheumatoid arthritis	-TMJ degeneration	-Monitor TMJ. Manage with an oral surgeon if severe arthritic degeneration
-Transplant patient	-Gingival hyperplasia related to immunosuppressant drug	-Monitor oral hygiene. Consider chemical complement to brushing such as chlorhexidine.
-Xerostomia (primary or secondary)	-Caries	-Monitor for loose appliances. Consider fluoride rinses as an oral hygiene supplement



FAQ

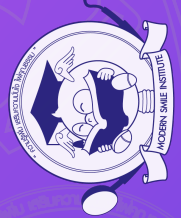
Can I



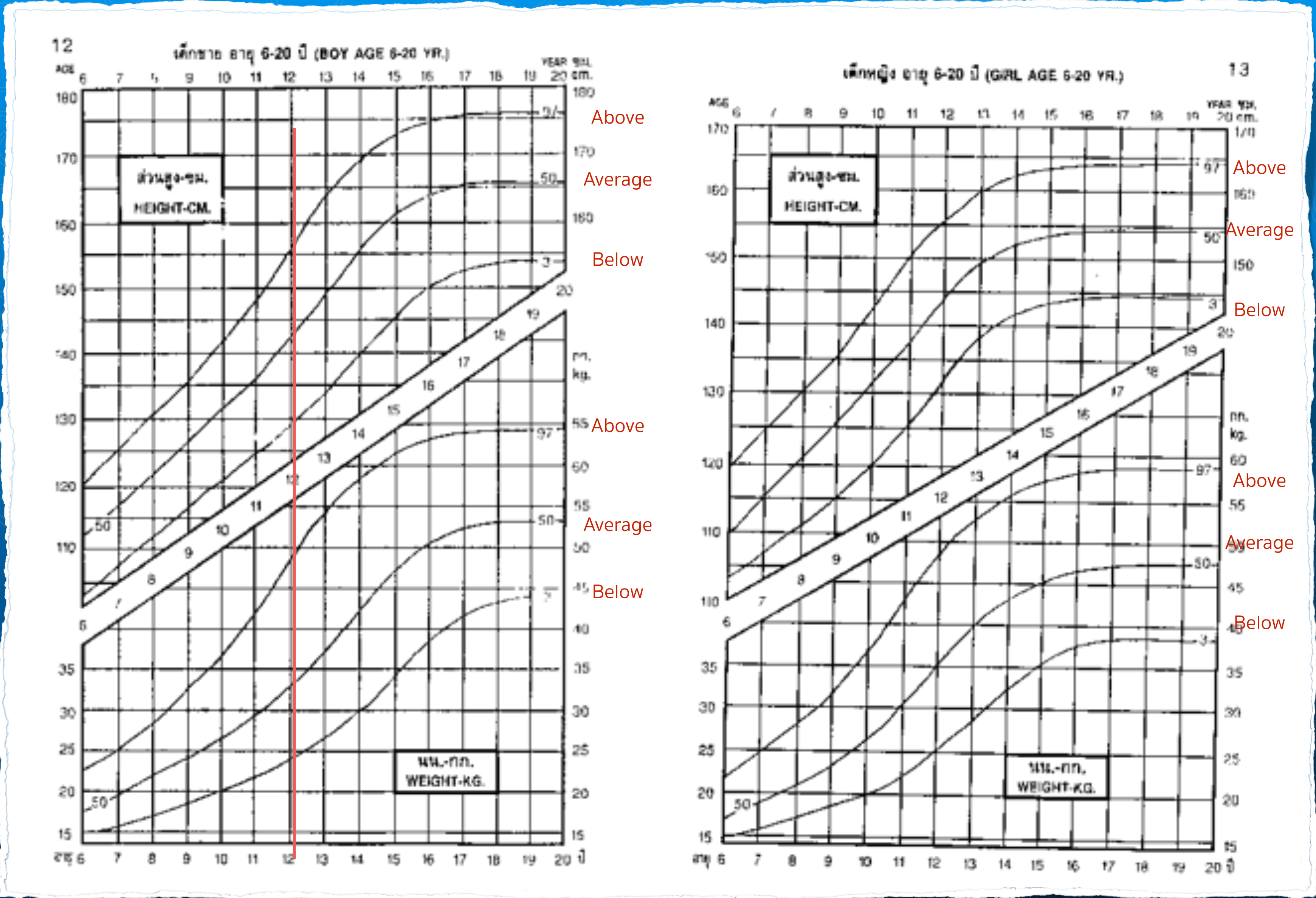
go with braces ?

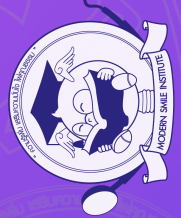
- Mother's nutrition may be compromised as pain is elicited by tooth movement.
- Radiographs are not usually recommended
- The possibility of gingival hyperplasia due to hormonal influence
- Taking care of oral hygiene is limited.
- Calcium supplement



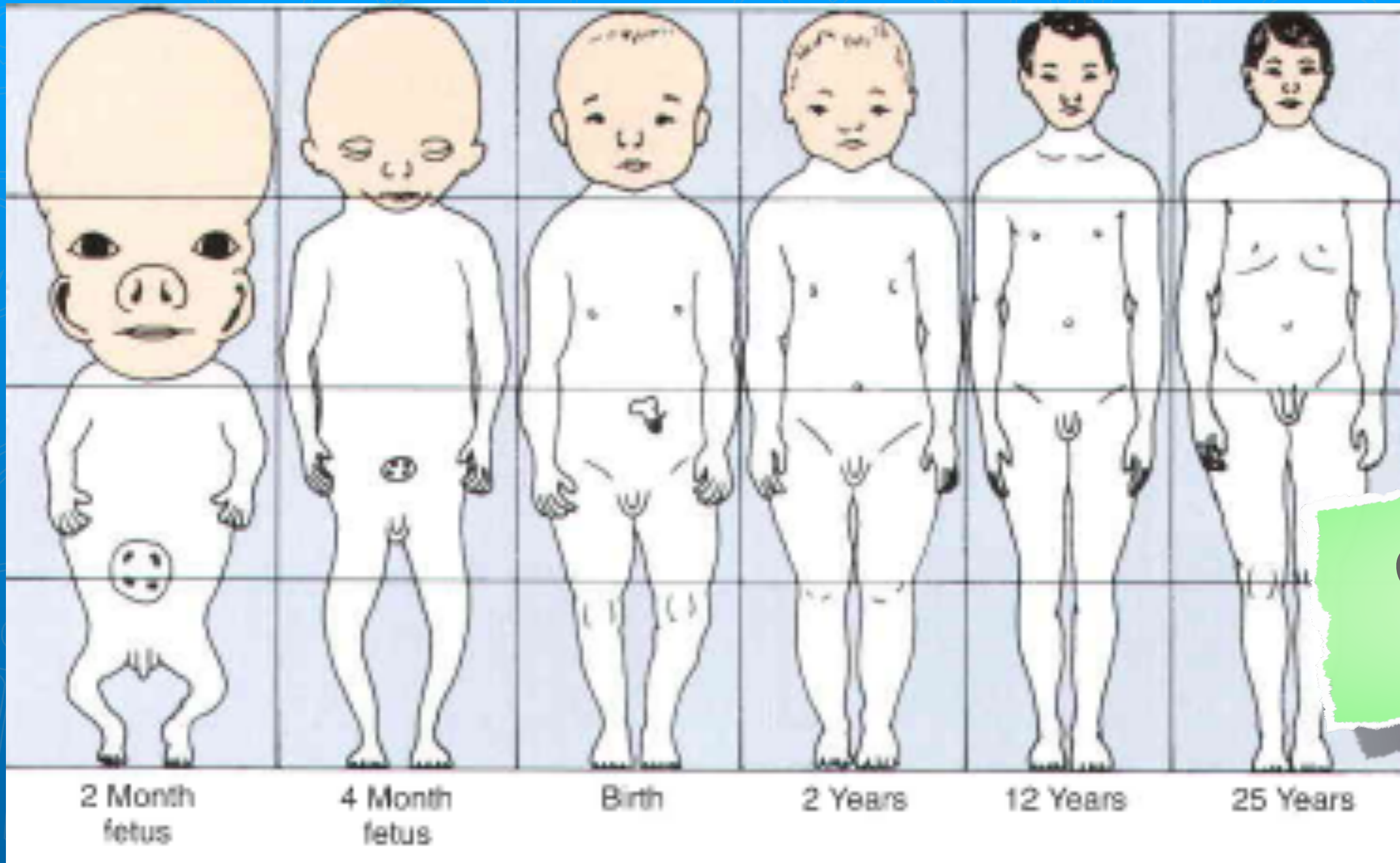


Growth Curve for Thai Children



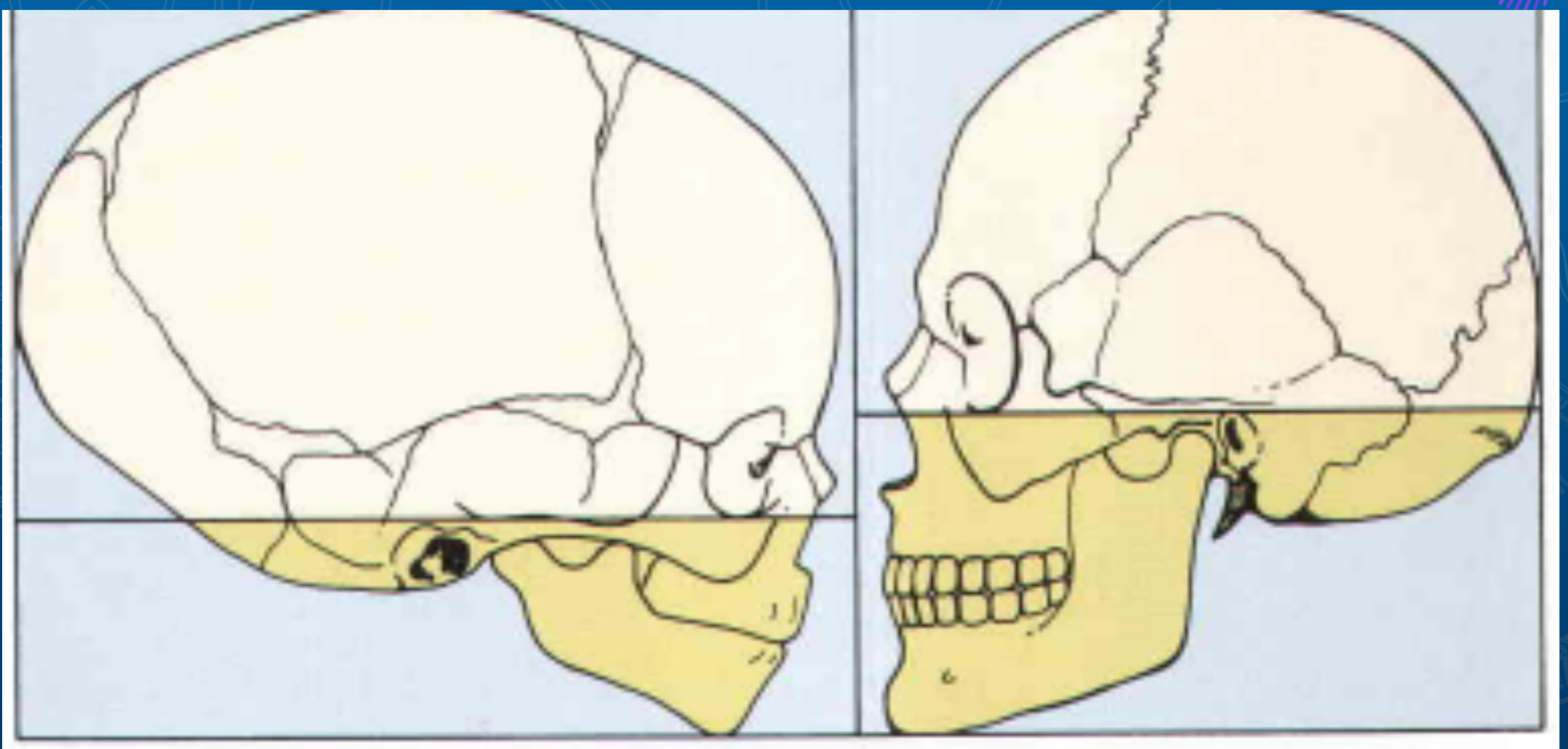


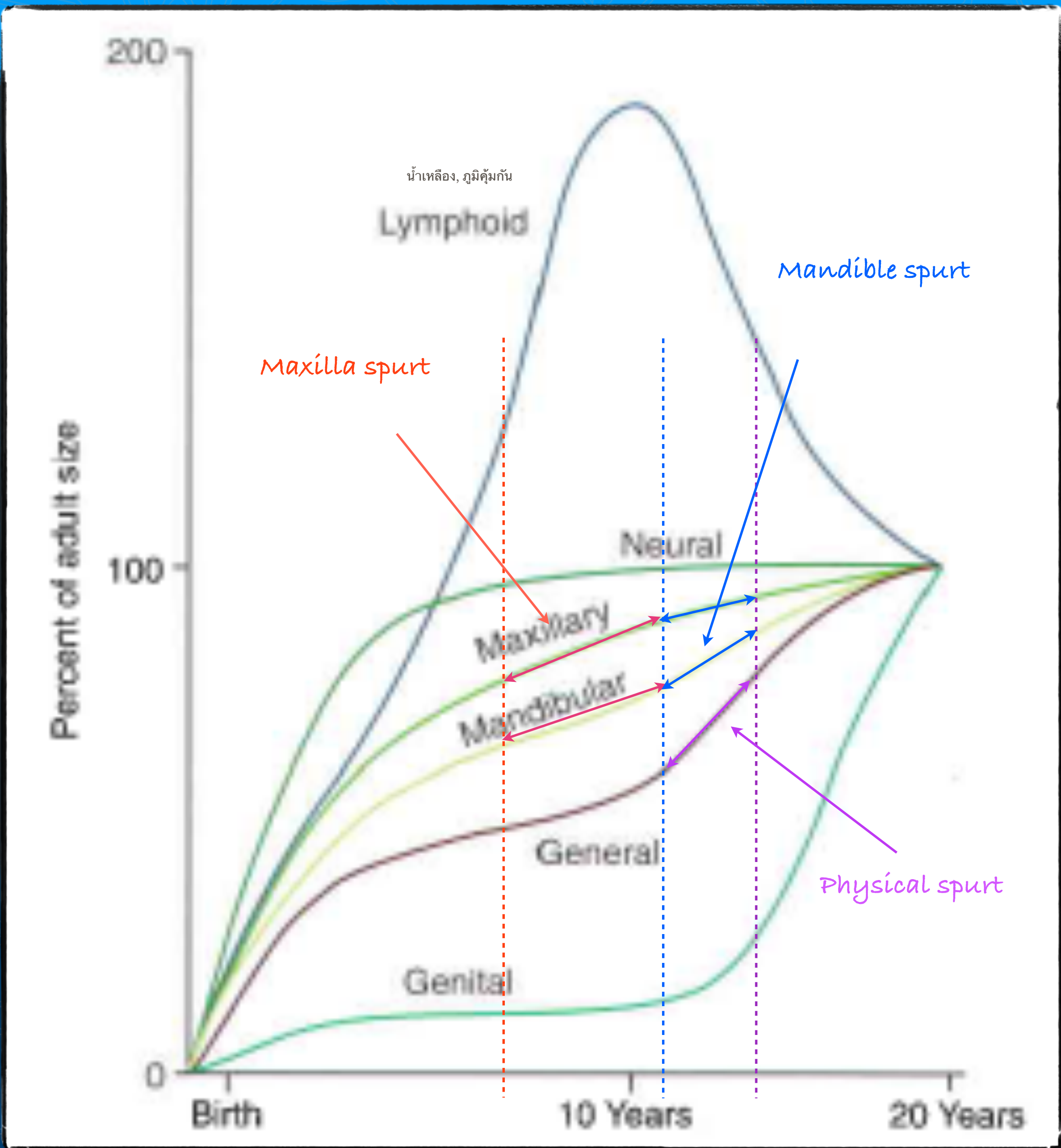
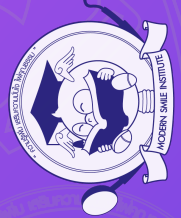
C. Physical Development



Growth of the face much more develop postnatally

Growth of the midface (Mx) much more develops than lower face (Mn)

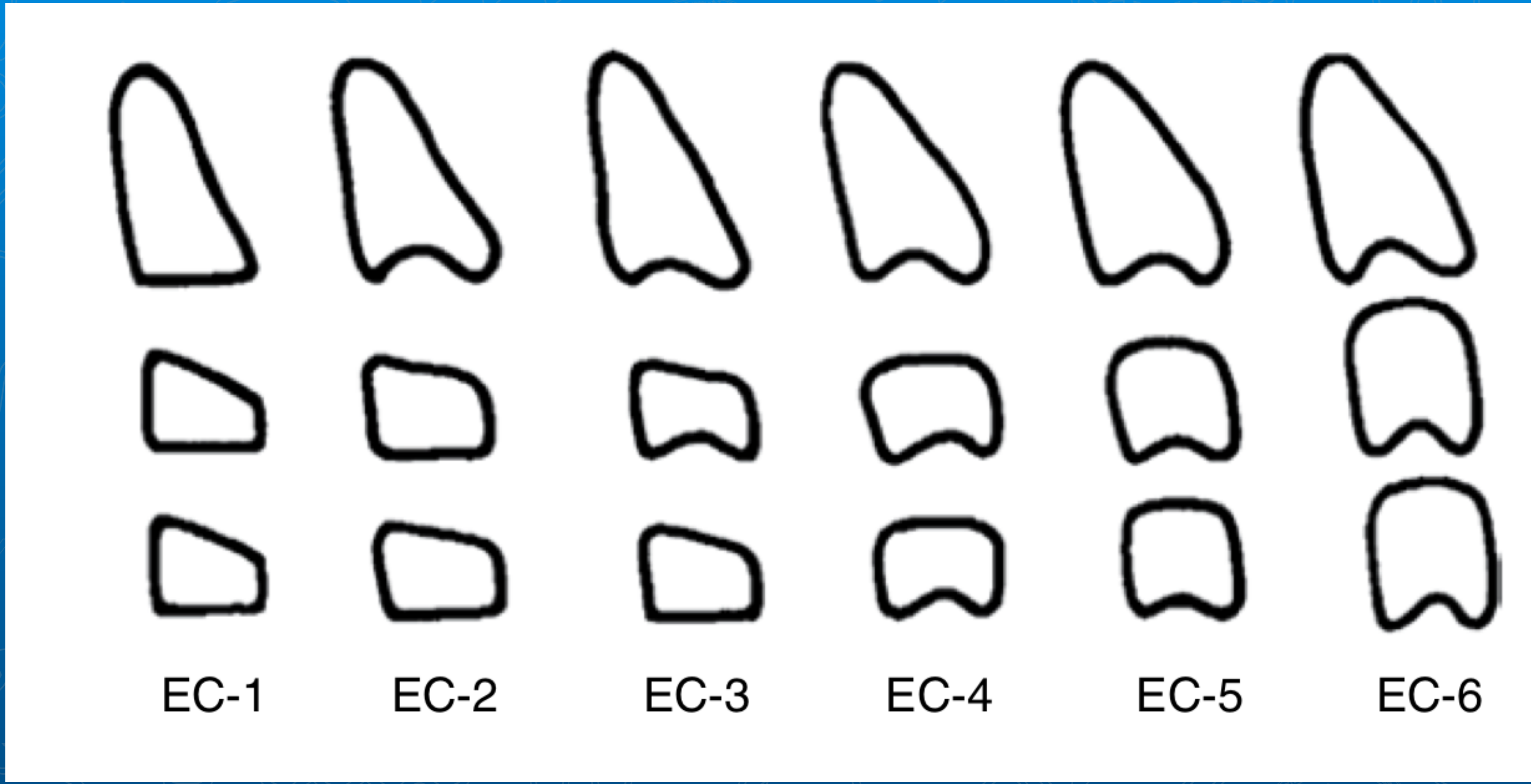
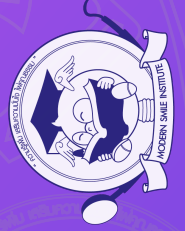




Maxilla spurt: about 7-12 yrs of age

Mandible spurt: about 12-14 yrs of age (The same period of physical spurt)

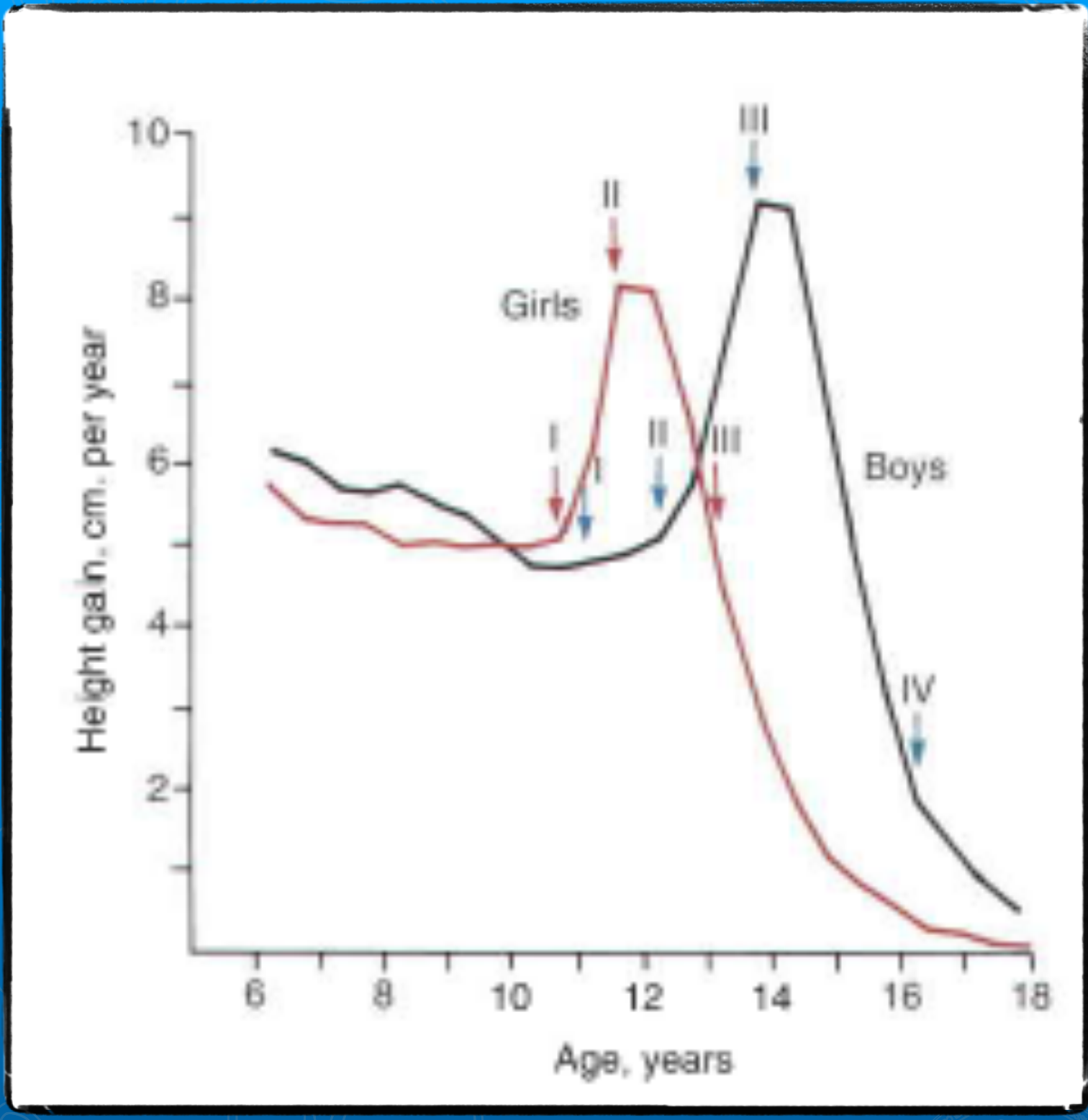




Maxilla spurt: EC-1

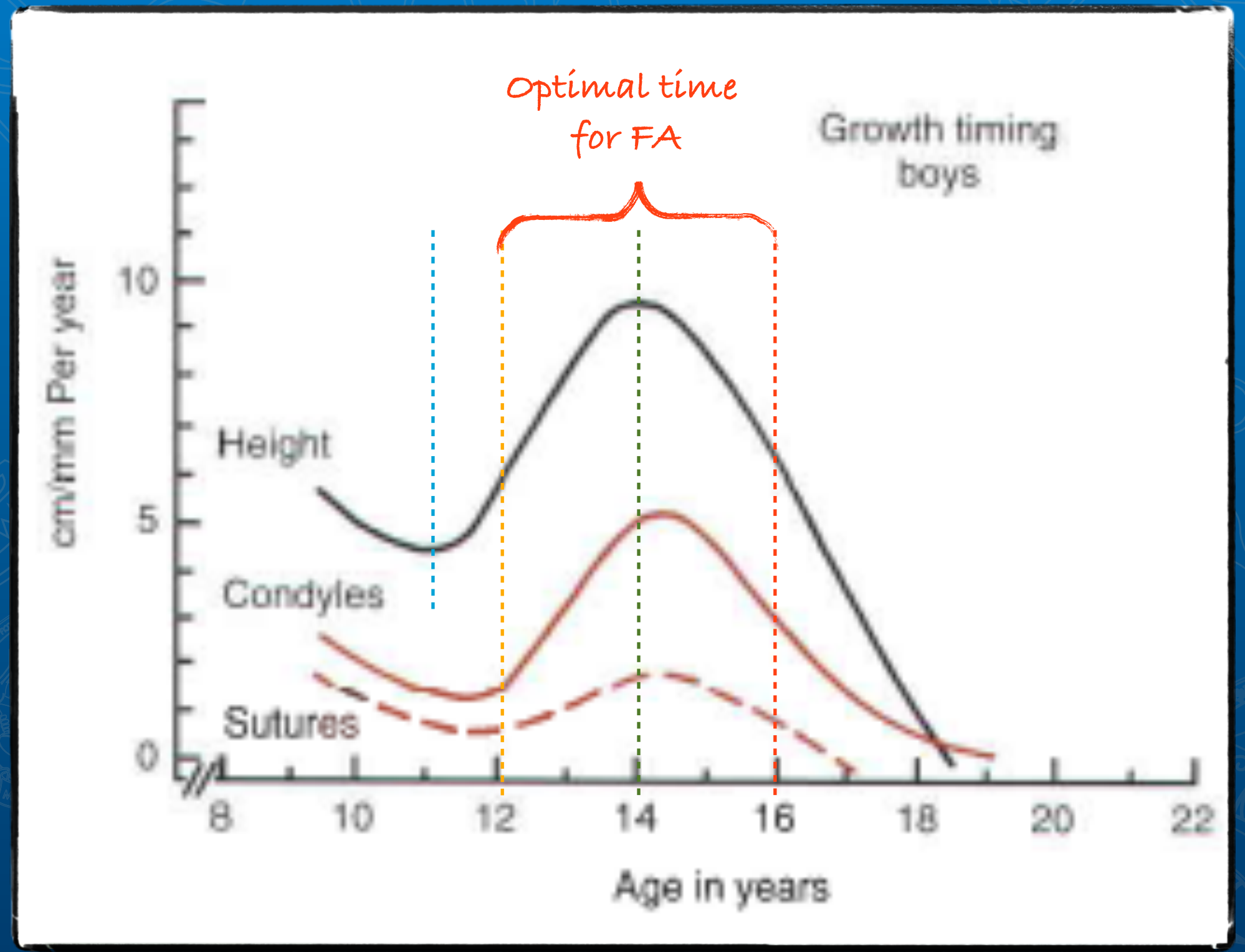
Mandible spurt: EC-2, EC-3





Velocity curves for girls occur 1-2 years earlier than for boys

the spurt in growth of the jaws occurs at about the same time as the spurt in height (Physical spurt will start 1 yr earlier than mandible spurt)





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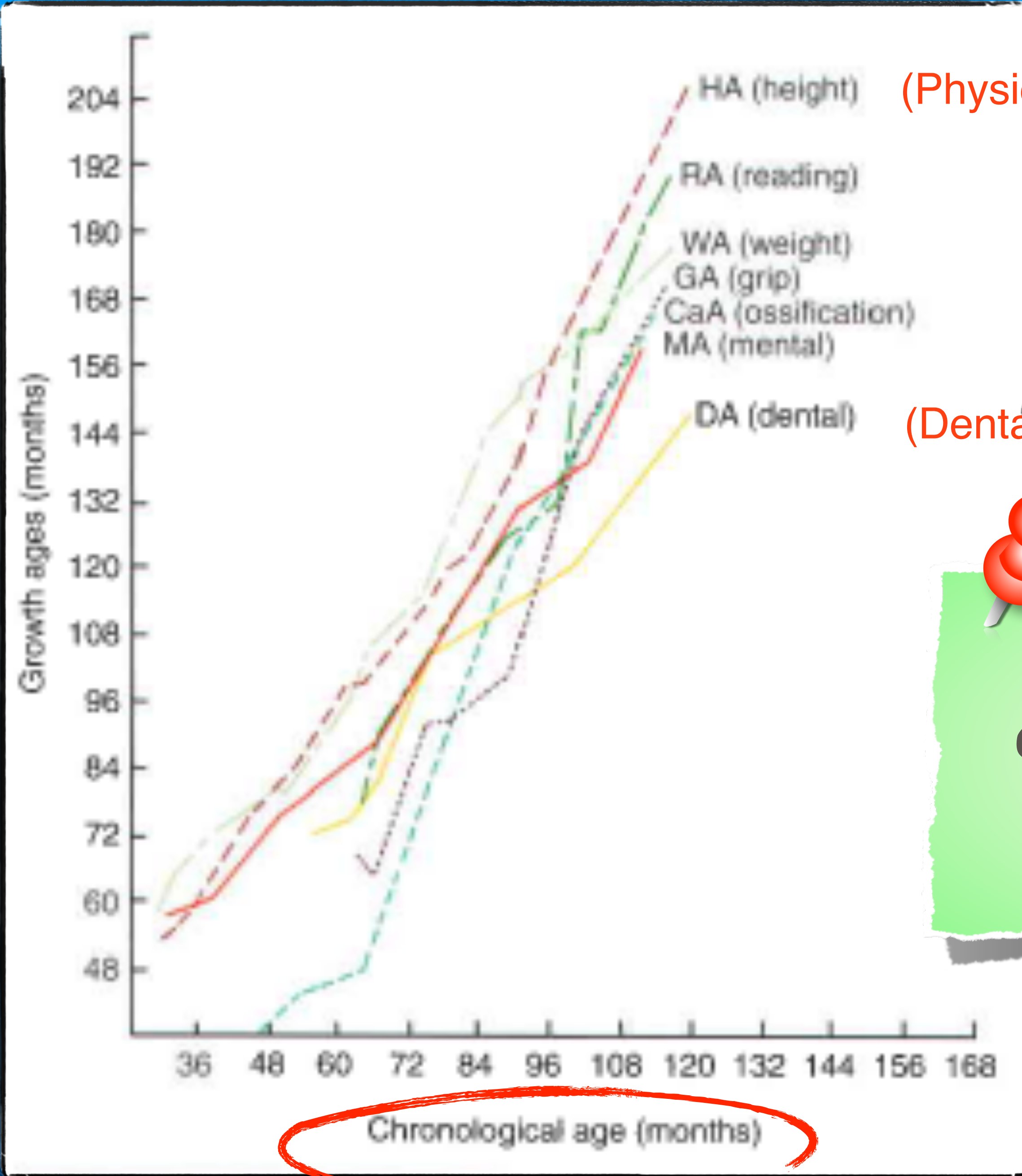
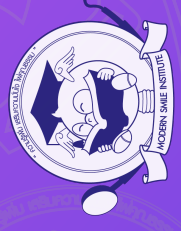
G. Other in the family with malocclusions or any orthodontic problems ?

Grandparents Parents Siblings

H. Past face injury ? _____

Dental Age VS Chronological
age





(Physical Development)

(Dental Development)

DENTAL AGE LESS CORRELATE THAN ANY OF THE OTHERS



Factors Influencing Craniofacial Growth (Malocclusion)

Genetic factors

Combination factors

Environmental factors

- Extensive craniofacial deviations (syndromes)
- Abnormalities of tooth development and morphology (canine impaction, congenitally missing teeth, abnormalities in tooth shape)

- Habit (Tongue Trusting, Thumb Sucking)
- Unbalance rest position long-term force (Tongue position, Breathing Pattern)
- Muscular dysfunction (hyperactivity or hypoactivity)
- Premature loss of tooth / teeth





I. Psycho-social evaluation (Internal VS External Motivation)

1. Nature of the Orthodontic problems (CC)

Congenital Specific nature ฟันหาย, ฟันเล็ก, ฟันผิดตำแหน่ง,

Developmental When recognised คางเบี้ยวมากขึ้นจากการสบสบอด, ฟันห่างขึ้นเรื่อยๆ (OMD)

Acquired When acquired ถอนฟันแล้วฟันล้ม, อุบัติเหตุ,

(รู้สึกว่ามีปัญหาและต้องการจัดฟันมานานแล้ว)

2. Duration of concern about the Orthodontic problems)

1 2 3 4 5 6 7 8 9 10
Week Months Years

(ที่อยากจัดฟันเพราะต้องการ “สวย” ใช้ไหม)

3 Esthetic severity of Orthodontic problems

1 2 3 4 5 6 7 8 9 10
Slight Moderate Marked

(ที่อยากจัดฟันเพราะมีปัญหา กับ “การเคี้ยวอาหาร” ใช้ไหม)

4 Functional severity of Orthodontic problems

1 2 3 4 5 6 7 8 9 10
Slight Moderate Marked

(สามารถบอกได้หรือไม่ว่า ตรงไหนคือปัญหาที่ทำให้อยากจัดฟัน)

5 Patient ability to define Orthodontic problems

1 2 3 4 5 6 7 8 9 10
Difficulty Assistance Ease



6 Patient perspective of the effect of Orthodontic problems on social adjustment

1 2 3 4 5 6 7 8 9 10
Severe Some No

(การต้องการจัดฟันเพราะไม่
มั่นใจใน "การเข้าสังคม" ใช้
ไหม_มากน้อยแค่ไหน)

7 Patient perspective of the effect of Orthodontic problems on vocational aspiration

1 2 3 4 5 6 7 8 9 10
Marked Moderate Minimal

(การจัดฟันมีผลกับการประกอบ
อาชีพ การงาน มากน้อยแค่ไหน)

8 Patient expectations from Orthodontic treatment

1 2 3 4 5 6 7 8 9 10
Unrealistic Not clear Realistic

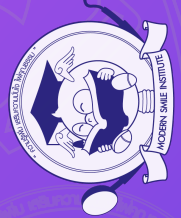
(ความคาดหวังผลลัพธ์ที่จะได้ จากการจัด
ฟัน ต้องการให้มีการเปลี่ยนแปลงแค่ไหน)

9 Patient purpose of Orthodontic treatment

1 2 3 4 5 6 7 8 9 10
Fashion(Want) Combination Treatment(Need)

(ทำไมถึงต้องการจัดฟัน อยากได้อะไร
บ้างจากการจัดฟัน)

“ SUM (Points) □ 35 (Poor) < □ 50 (Moderate) < □ 80 (Excellent) ”



The motivation of the individual orthodontic patient

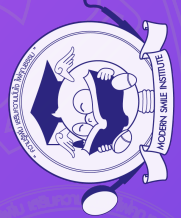
SUM (Points) □ 35 (Poor) < □ 50 (Moderate) < □ 80 (Excellent)

Internal Motivation: 80++
Excellent compliance patient

Moderate Motivation: 40-79
Moderate compliance

External Motivation: 39—
Poor compliance Pt.





CHIEF COMPLAINT

ทำไมถึงอยากจัดฟัน

QUESTIONARE

Motivation

อยากจัดฟันมานานแล้วหรือยัง

ความคาดหวัง

Internal

External

นาน

เพิ่งรู้

Realistic

Unrealistic

อยากจัดฟันด้วยตัวเอง

อยากจัดฟันเนื่องจากแวดล้อม

ความสุข

การใช้งาน

อาชีพ

มั่นใจเข้าสังคม

แฟชั่น

ตามเพื่อน

COMPLIANCES

Good

Poor

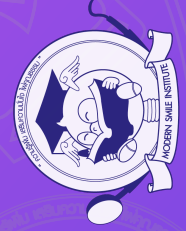
Good

Poor

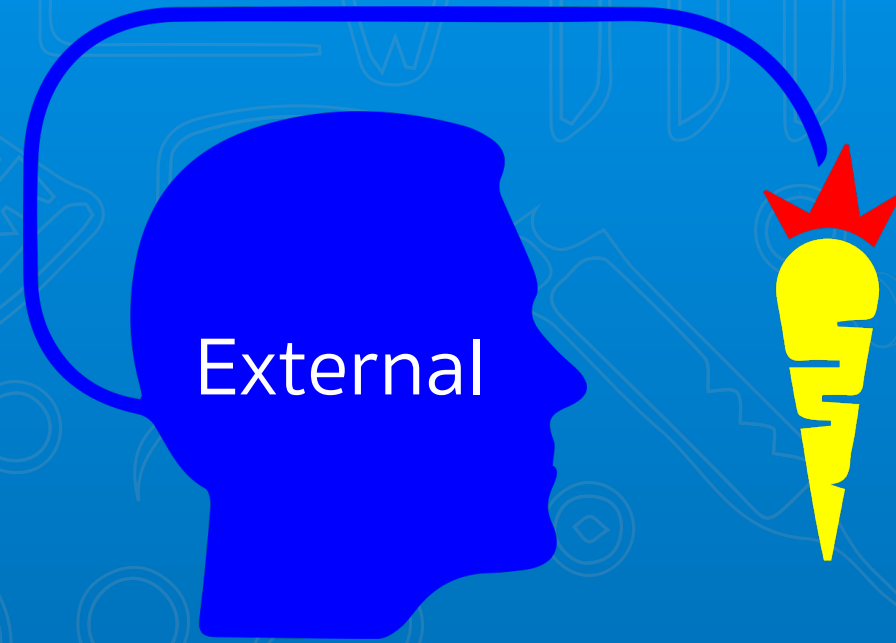
Good

Poor





Motivation



- ▶ Pressure from another individual (mother, Friends)
- ▶ Many of their peers are having early treatment



- ▶ Comes from within the individual and is based on his or her own assessment of the situation and desire for treatment (Expectation)
- ▶ Adolescence
- ▶ Cooperation is likely to be much better

IT IS IMPORTANT FOR A PATIENT TO HAVE A COMPONENT OF INTERNAL MOTIVATION.





Cooperation

CHILD NEED

THE EXTENT TO WHICH THE CHILD SEES THE TREATMENT AS A BENEFIT COMPARED TO THE OTHER.

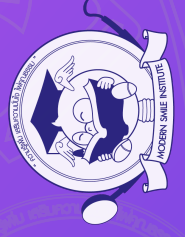
PARENTAL CONTROL

THE DEGREE OF PARENTAL CONTROL OR PARENTING STYLE
RESENTFUL AND REBELLIOUS ADOLESCENTS,

ADOLESCENCE

EXPECTATION





Patient Expectation

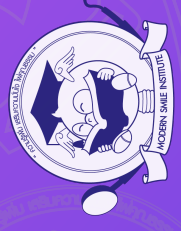
APPEARANCE

- ▶ EXPERIENCE GREATER SOCIAL OR JOB SUCCESS.
- ▶ IF THE SOCIAL PROBLEMS CONTINUE AFTER TREATMENT, AS IS QUITE LIKELY, THE ORTHODONTIC TREATMENT MAY BECOME RESENTMENT.

DENTAL / FUNCTION

- ▶ EASY TO DEAL WITH





ORAL EXAMINATION GUIDELINES



Orthodontic Patients

TO BE CONTINUED