Preventive

Sheet # : 11

Date : 13/12/2016

**Why do we use dental radiograph ?**

. most commonly to diagnose oral diseases

.for children : helps monitor dental development so we want to see primary teeth,permanent teeth , when usually exfoliated, when erupted

.to see progress of you treatment (pulpotomy if it is successful or not )

**When do we take radiograph ?**

.we do our examination in pediatric dental clinic ,it is a big part of assessing what to do in writing the treatment plan ,

.each patient is unique ………………………….( ma sm3t sho 7kt el dr !!!)

.as we know before we do any kind of test you have to review the patient medical and dental history and see if they have any medical disorder, you base your decision on taking a dental radiograph on **clinical examination**

So ,if we see open contact and cant see the proximal surface --🡪 don’t need to take radiograph .

That’s why we have to consider why I need to take rx ,what the information that I have it from radiograph

Protection from radiation exposure

1. Lead apron :use it when necessary
2. Thyroid collar :it is something simple and easy ,it is protective for the area where exposing ,very important used when ever possible

.especially for children ,women of child bearing age and pregnant women

Child /primary dentition

**What type of radiograph we take usually ?**

Bitewing and periapical according to situation

**When we take a bitwing ?**

 If there is an interproximal caries

**When we take a periapical ?**

Already we see caries but I want to see the extension , the root of the teeth , the interradicular area ……

So ,patent without present of disease or interproximal contact > we don’t require a radiograph, not necessary every patient we will see need a radiograph .

* Low risk patient :

Recall :every six month

Take a radiograph : every 24 month ( 2 years )

* High risk patient :

Recall :every 3 month (not necessary to take a radiograph )

Take a radiograph : every 6 month

We take bitewing to detect interproximal caries

Not every recall visit----🡪 need to take radiograph

**Adult –dentate**

* Sometimes we take a full mouth intra oral radiograph
* Posterior bitewing with opg
* Posterior bitewing with periapical
* Panorama -🡪 it is not very sensitive for caries detection ,so we cant always depend on panorama for detection caries especially on upper teeth (there is an overlap )

**Prevention of musculoskeletal disorder**

* 60-81 % of dentist complain of back pain
* Recent studie :94%
* Mechanisim of musculoskeletal disorder is multifactorial :

1 – prolonged static posture : sitting on the chair in one single position for long period of time , that doesn’t mean out body ,muscle are relaxed , 50 % of our muscle are contracted ,

2 – repetitive movement

3 – suboptimal lighting

4 – poor positioning : mostly it is happen

5 – genetic : people that already have slight back problem ,genetic predispose

6 – mental stress

7 – age

* As a dentist your sitting on prolonged static posture ( more than half of the muscle are contracted so, we want ot maintain natural curvature of curve of the spine
* We have cervical ,thoracic ,lumber ,coccyx and sacrum lardosis

**Dentist sitting unsupported**

1. **Flattened lumber lardosis :**  lumber area is flat

 What that mean this ? basically the rest of your spine is hanging (unsupported ) we should be supported , so all this area (your neck and head ) carrying their weight by your muscle not your spine ( so all body hinge on muscle and cause muscle strains and disc herniation )

You have to make sure that your position is correct before any procedure .

When we have flattened lumber lardosis : nucleus in the spinal disc migrate posteriorly and it is going toward the spinal cord !

1. **Flattened cervical lardosis**
* Holding the head and neck in unbalanced forward posture > muscle are contracting to support the neck > tension neck syndrome > headache ,chronic pain in neck and shoulder
* If your guide to take the easiest way to make sure you don’t sitting on incorrect position , the guide is to help your ear over shoulder ( straight ) and moving patient down and closed to you
* The correct position : ear over shoulder
* If arm is elevated more than 50 degree this stops blood supply to muscle and pain in >>>>> muscle !

**Prevention**

**How to prevent this ?**

 Maintain low back curvature ,

1. Tilt seat angle 15 degree , hip higher than knee
2. Sit close to the patient , knees under chair
3. Place feet firmly on floor
4. Use the lumber support of the chair
5. Stabilize the lower back curve by contract transverse abdominal muscle

 **Saddle –style operator tool**

 ** **

Used most often in orthodontic department to maintain low back curve by increasing hip angle up to 130 degree

. it is help to keep the back straight

* Other things we want to consider :
1. Make sure that light is good
2. Use magnification
3. Adjust your chair first
4. Avoid static posture
5. Reposition your feet (keep moving )
6. Position patient at proper hight (this is the main problem in our clinic), always bring the patient up
* If you doing a lot of treatment > you cant take periodic break and stretching : rotation , extention …….. , twist to the opposite site of the patient !
* Advantage of stretching
1. Increase blood flow
2. Increase production of joint synovial fluid
3. Maintain normal joint range of motion
4. Create relaxation response in CNS
5. Worms up the muscle

Micro break

Frequent short break , more effective than infrequent long break

. stretching exercise :with fatige of postural muscle of trunk and shoulder > slump poor posture > injury

* So , you want to exercise your muscle (trunk ,shoulder ) this area need to be very strong ,and aerobic exercise to increase your blood flow
* In the end , stay healthy !!!
* The doctor give us two article for this lecture !!!