BACK TO SCHOOL SHOPPING

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Does anyone buy their own equipment? I’m finding that it is harder to do my job properly without the right equipment and when I tell my boss, I get the response that it isn’t in the budget this week. I’m starting to think that I should invest in my health and the health of my hands! ■

I have bought my own stool, loupes, scalers and sharpening stones. You are right. It makes my day so much easier to have what works for me. I’m sure these things are adding years to my hygiene life. ■

I have been buying my own equipment for years. It has saved my back, eyes, hands and sanity. And it’s all tax deductible. The dentists have no idea that we work just as hard as they do. When I ask my employer for equipment, he just walks away. So I just buy my own instruments and equipment. ■

I have on occasion bought my own equipment. Loupes for sure and the items I bought at school, such as my prophy handpiece and Cavitron, have followed me from practice to practice. ■

I’m a big advocate of hygienists buying their own stuff. I learned very early on that it is not worth the fight with employers. I buy just about everything I want and need. It makes my day exponentially better, so for me it is worth every penny. ■

I was fired by an employer (after working there for 17 years) because he didn’t want me to buy my own ergonomic stool—he said that if I did that, then the other hygienists and assistants would want him to buy them better stools too. You need to look out for yourself. The dentist won’t necessarily do that. I now have a great position where my employer buys the basics but I buy instruments or other items that will make my job easier for me. He thinks re-tipped instruments are adequate—I don’t feel they are sufficient for SRPs, so I buy my own instruments for that. One of the best investments I’ve made is the Dental R.A.T. that allowed me to do my perio charting quickly. And patients are impressed with the new technology. I haven’t ever regretted investing in myself. ■

Ditto to other comments—I too bought my own instruments, loupes and power scalers. So much easier working with the equipment I want. I don’t golf or ski—so figured I should invest in my career! ■
Type 2 diabetes mellitus (DM) belongs to a group of genetically diverse disorders affecting metabolism. Many research studies confirm a bi-directional link between DM and periodontitis. The prevalence of DM in the Middle East is nearly 15 percent of the population. This 2010 figure is expected to dramatically increase in the future. The goal of this study was to compare diabetes-related parameters with severe periodontal destruction.

Researchers at Kuwait University compared a group of 158 patients, 80 with DM and 78 healthy controls. A complete periodontal examination was provided for all subjects, measuring plaque scores, probing depths, attachment levels and bleeding upon probing scores. DM was determined from the medical history and from the most recent HbA1c levels. Subjects ranged in age from 30 to 68 years. Most of the DM patients were older.

DM patients had lower plaque scores, 59 compared to 70 in the control group but had similar bleeding upon probing scores, 40 versus 39. DM patients experienced more periodontal disease, with the number of sites with clinical attachment loss of 5mm or more averaging 26 per patient versus 13 in the control group. This converts to 19 percent of sites compared to 11 percent in the control group. Signs of severe periodontitis could be predictors of DM. There was a relationship between those with two or more complications from diabetes and clinical evidence of more severe periodontitis. Periodontal therapy and maintenance should be an important part of care provided for those with DM.

**Clinical Implications:** Patients with Type 2 diabetes are more likely to have signs of severe periodontitis.
Although the toothbrush is the most commonly used oral hygiene tool, not everyone is effective with it. Several studies reported that more than half the plaque remains after toothbrushing. This explains why gingivitis remains a problem for some, despite daily toothbrushing. For these cases, antimicrobial toothpastes are recommended. Herbs are used for their antimicrobial and antioxidant properties and have been added to oral care products, for example: chamomile, Echinacea, sage, and magnolia.

Researchers at the University of Gothenburg in Sweden compared a fluoride toothpaste with an herbal toothpaste. Both toothpastes were provided by Colgate in plain white tubes. Both toothpastes contained 1.5% sodium lauryl sulfate and sodium fluoride, 1100ppm. The test toothpaste additionally contained 0.3 percent magnolia extract from the magnolia tree. Subjects were also given a new Colgate toothbrush for every month of the study. The six month study was completed by 94 subjects. Bleeding, gingivitis and plaque scores were recorded at baseline, three and six months. Both groups showed significant reductions in plaque and gingivitis scores from baseline to three months. Scores were also lower at six months, but not as significantly for both groups. This suggests the tendency for patients to be less compliant over time.

Plaque reductions were similar for both toothpastes but the test toothpaste showed slightly greater reduction in gingivitis sites that bled. The test toothpaste reduced the number of bleeding sites by 60 percent compared to 30 percent for the control toothpaste.

Clinical Implications: For patients with severe gingivitis, an herbal toothpaste may enhance the benefit of toothbrushing by reducing inflammation.


Introduction of the Water Flosser to Students

Hygienists and dentists are influenced significantly by their instructors. Students amass information verbatim. One example is the emphasis placed on string flossing as the primary source for plaque biofilm removal between the teeth, despite evidence that only 12 percent of Americans floss daily. Focusing on only one unsuccessful approach for interdental plaque removal limits the student’s mindset, their problem solving approach, and is not conducive to reflective critical thinking or action. Providing students with alternative interdental cleaning methods, allows students to focus on the patient’s individualized needs, preferences and capabilities.

A total of 98 dental hygiene students at three dental hygiene schools in California were introduced to the use of the Waterpik Aquarius Water Flosser as an alternative to string flossing. The purpose was to encourage students to be flexible and open to diverse philosophies and opinions and to develop reflective critical thinking when making recommendations to patients. They viewed a video presentation introducing the benefits and use of the Aquarius Water Flosser for plaque biofilm removal between the teeth. In addition, one student in each class tested the product themselves and as a demonstration in class, followed by discussion.

A questionnaire was completed prior to any discussion of the water flosser.

Students were also observed interacting with their patients in a clinic setting and role-playing. Students were observed asking open-ended questions and involving patients in the decision-making process. They did not simply repeat information verbatim. Students weighed the information from their educators and began drawing their own conclusions regarding how they would relay this learned information to their patients. Students assessed their patients and then offered choices depending on individualized needs, desires, and capabilities.

Clinical Implications: Involve patients in the decision about what interdental plaque removal tool would be best for them to use.

Clark, S.: Could the Waterpik Water Flosser be a Viable Alternative to String Flossing for Dental Hygiene Students to Offer Their Non-Compliant String Floss Patients? OHU Action Research Project, 1B-14, 2014.
This time of year is traditionally when many kids go back to school, making it the time to stock up on school supplies. That used to mean notebooks, pencils, pens and backpacks, but today’s students include technology on their list. Just as the back to school shopping list has changed for kids today, so has the list for today’s dental hygienists. Not too long ago, it was a prophy angle and a couple of scalers, but now the list of items available to provide patients with high-quality care and comfort for the clinician is much more in depth. Here are a few of the things you may want on your dental hygiene shopping list this year.

### In the Operatory
- Boomer the Foot Mouse by Dental R.A.T.
- ISOLITE for Hygienists
- Satelec Air-N-Go Dual Purpose Air Polisher
- Glycine Air Polishing Powders
- The MED Sleeve

### For the Patient
- Proxy-Brite Interdentalbrush System
- Knotty Floss
- Neutral Rx Rinse Mam Pacifiers
- Ice Chips Xylitol Candy
- BrushUp Toothbrush Training Game
Boomer the Foot Mouse by Dental R.A.T.

The original Dental R.A.T., designed by dental hygienist Becky Logue, provided hands-free foot control to record periodontal probing depths. The newest design is Boomer the Foot Mouse, which can do so much more. It also opens X-ray files, checks the schedule, runs the intra-oral camera and anything else that is needed to do without touching the hand mouse.

Isolite for hygienists

This isolation device provides a bite block, hand-free suction and is a light, all-in-one device. Two channels of suction keep the mouth dry and control water from the power scaler or dust from air polishing. The light illuminates teeth and tissue, making it easier to see while you work.

Satelec Air-N-Go Dual Purpose Air Polisher

This lightweight handpiece has tips for both supragingival air polishing to remove biofilm and stain and subgingival air polishing for biofilm removal around teeth and implants. With the flip of a switch, the air polisher is converted to an air water syringe. Air polishing is the new, more effective way to remove subgingival biofilm.

Glycine Air Polishing Powders

Now that a subgingival tip is available for air polishing, a new powder is needed that is gentle on the root surface and the gingival tissues. Glycine is the powder of choice for this task in North America. Satelec offers Perio Air-N-Go glycine air polishing powder. EMS offers two glycine powders, Air-Flow Plus and Air-Flow Perio.

The MED Sleeve

Short sleeved scrub tops leave the arms exposed, which can be cold and is also not up to OSHA regulations, which state the arms should be covered. Rather than wearing a long sleeved t-shirt under the scrub top, you can add MED Sleeves. These colorful sleeves are like a pair of socks for your arms. They keep you warm when it’s cold and protected from splatter.

Proxy-Brite Interdental Brush System

Proxy-Brite is a chair-side interdental brush system. The six different interdental brushes vary by wire size, brush profile and overall brush size. The 36-brush display makes it easy to select the correct size for a variety of interdental spaces. The wires are coated for comfort.
**Knotty Floss**

Designed by dental hygienist Elizabeth Martens, Knotty Floss is no ordinary floss. There are knots spaced one inch apart along the length of the individually packaged pieces of floss. The knots make it easier to grip and provide bumpers for each interproximal area. The up-and-down scraping motion works to remove biofilm and a back-and-forth motion with the knots pulls out food particle that are caught in between.

**NeutraSal Rx Rinse**

The prescription supersaturated calcium phosphate powder dissolves in water to make an electrolyte solution resembling saliva for patients with dry mouth. The rinse has a pH of 7 to neutralize acids. The calcium phosphate promotes re-epithelization of soft tissue and aids in the prevention of dental caries. When over-the-counter products don’t work, prescribe NeutraSal.

**MAM Pacifiers**

Pacifiers are a lifesaver for parents, but can lead to orthodontic problems by taking up the space in the palate where the tongue should rest for proper palatal development. MAM pacifiers from Austria have soft, pliable silicone nipples that adapt to the baby’s mouth and don’t take up the space where the tongue should be. The shield has air holes for the baby’s comfort.

**Ice Chips Xylitol Candy**

This product was developed by two grannies in a garage. After a couple of years selling their Ice Chips, they were invited to participate in the Shark Tank TV program and made a deal to automate their process. Ice Chips now come in 17 flavors and provide another option for reaching the three to five daily exposures to xylitol recommended for caries prevention.

**BrushUp Toothbrush Training Game**

This high-tech game teaches kids (and adults) how to brush their teeth. A bluetooth toothbrush connects to the video game on the screen. As the child brushes, the toothbrush measures pressure and location of the brush. As the child brushes, they see the green gunk being brushed off the teeth of the game character. The goal: white teeth for both the child and the game character.

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What's on your shopping list? Leave your comments at Hygienetown.com/magazine.aspx.

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**Author’s Bio**

*Trisha O’Hehir* is currently the Editorial Director for Hygienetown.com and Perio Reports. She received her education at the University of Minnesota and her four-decade career has included roles as clinician in the USA and Zurich, Switzerland, faculty at the Universities of Minnesota, Washington, Arizona and Louisville, international speaker, writer, instrument designer, inventor and entrepreneur.
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