

Redefining Diagnostic & Long-Term Maintenance for Optimal Health Results

Dr. Lou Graham
Founder of Catapult Education

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Tonight, I will share with you a path that redefines how we approach periodontal and oral health

From advanced diagnostics to superior maintenance regimens

3 patient stories

2



Part 1

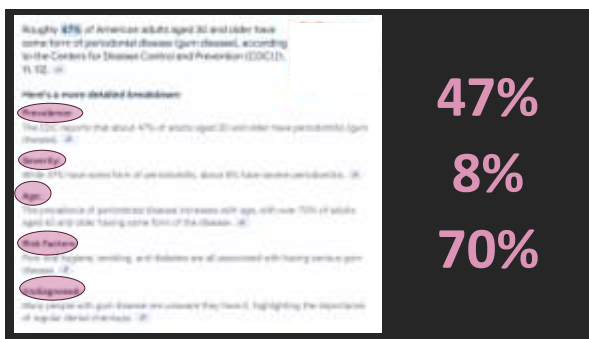
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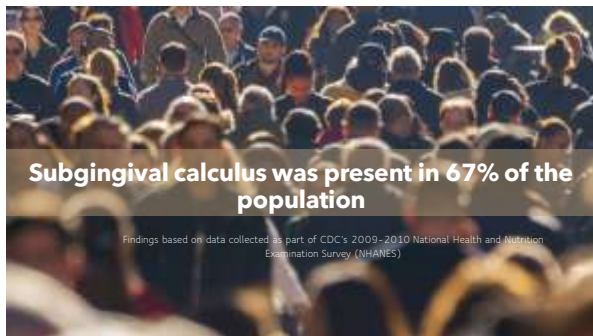
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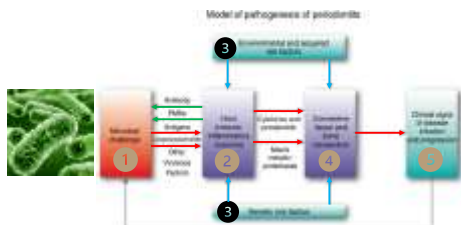


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Understanding Risk Factors



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Kornman's 1997 Classic Graph | **Periodontal Disease**

11



The complexity of Periodontal Disease

Are curettes and ultrasonic tips really enough?

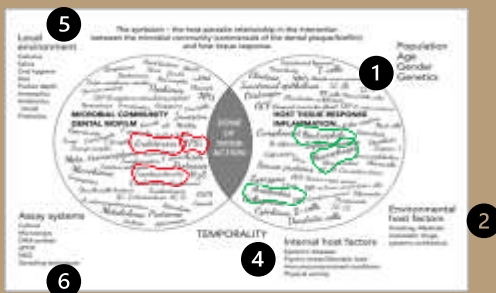
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THE MICROBES



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THE BATTLE



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GOING SOUTH

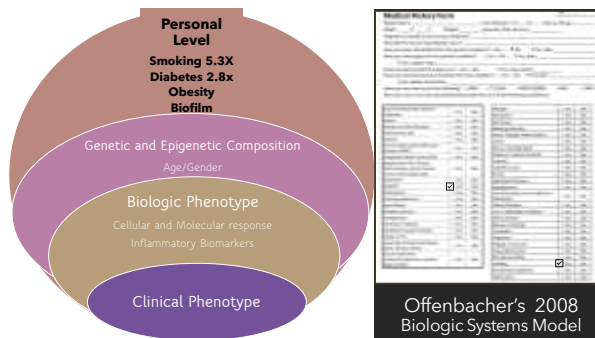


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LOSS OF TISSUE



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17

More Numbers

18

Diabetes as a risk factor:

Prevalence
38.4 million people of all ages—or 11.6% of the U.S.
population—has diabetes

2.8 times more likely to develop periodontal disease per Offenbacher 2008

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Type 2 Diabetes as a risk factor:

Prevalence

Total: 97.6 million people aged 18 years or older have
prediabetes
(38.0% of the adult U.S. population)

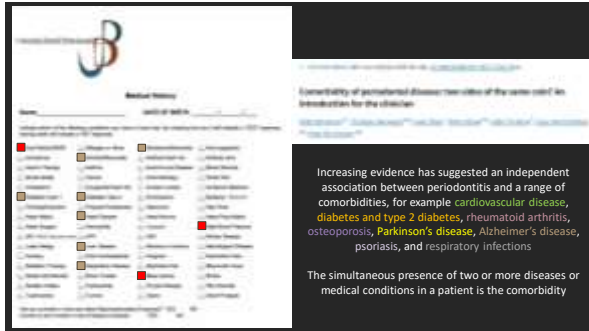
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Obesity as a risk factor:

More than 100 million adults have obesity, and more than
22 million adults have severe obesity

Correlated to be more likely to develop periodontal disease per Offenbacher 2008

21



Medical History

Comorbidity of periodontal disease: two sides of the same coin? An introduction for the clinician

Increasing evidence has suggested an independent association between periodontitis and a range of comorbidities, for example cardiovascular disease, diabetes and type 2 diabetes, rheumatoid arthritis, osteoporosis, Parkinson's disease, Alzheimer's disease, psoriasis, and respiratory infections

The simultaneous presence of two or more diseases or medical conditions in a patient is the comorbidity

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Smoking as a risk factor:

In 2021, an estimated 11.5% (28.3 million) of U.S. adults currently smoked cigarettes.

In 2022, an estimated 17.7 million people reported using marijuana daily

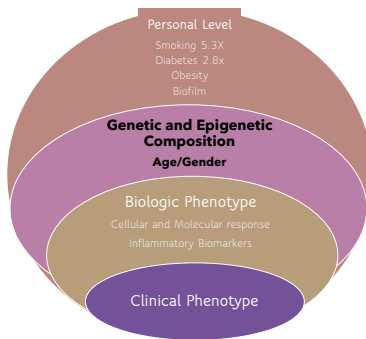
5.3 times more likely to develop periodontal disease per Offenbacher 2008

23

Smoking as a risk factor:

E-cigarettes: 4.5% of adults used e-cigarettes
Cigars: 3.5% of adults used cigars
Smokeless tobacco: 2.1% of adults used smokeless tobacco
Pipes: 0.9% of adults used pipes, including hookah

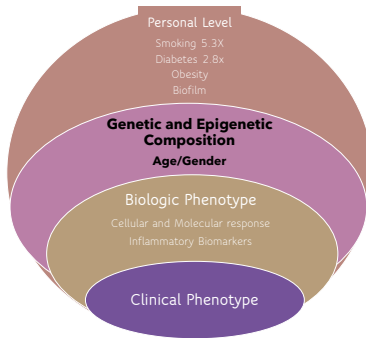
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Periodontal Disease

Offenhacher's 2008
Biologic Systems Model

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Periodontal Disease

Offenhacher's 2008
Biologic Systems Model

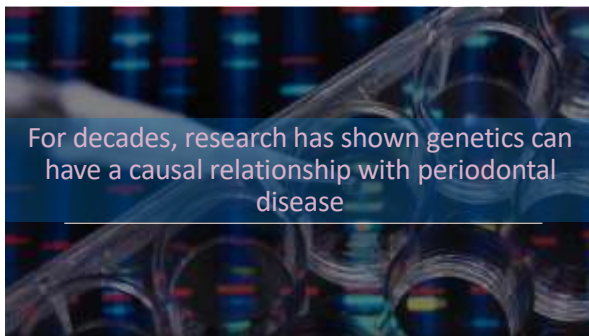
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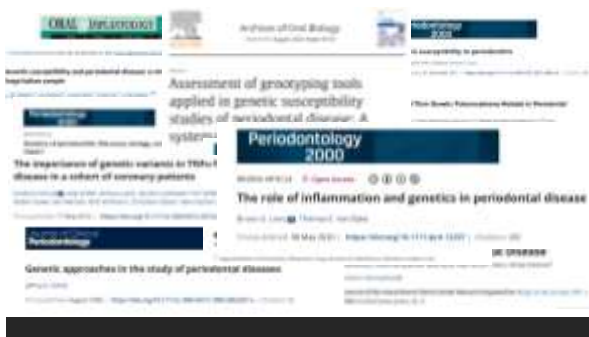
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At least 50% of periodontitis susceptibility is credited to heredity or genetic factors

Michalowicz BS, Diehl SR, Gunsolley JC, Sparks BS, Brooks CN, Koertge TE, et al. Evidence of a substantial genetic basis for risk of adult periodontitis. J Periodontol. 2000 Nov;71(11):1699-707.

31



This should make more sense! **Periodontal Disease**

32

Decision Making

Survivability on Periodontally Compromised Teeth

33



Back in 1993: The Classic Review

34



The results of a 40-year span study of 166 patients with 455 questionable periodontally involved teeth

The results of a 40-year span study of 166 patients with 455 questionable periodontally involved teeth

35



Four scenarios were left-eye teeth that were judged clinically to have a questionable prognosis were observed over a 40-year span in 166 patients in a private practice. Therapy initially was debridement with oral hygiene instruction, followed by flap curettage procedures and

Therapy consisted of debridement, OHI, flap curettage and recall therapy

with
low
1.2%

followed by maxillary first molars (25.3%), and mandibular second molars (16.4%). Tooth loss patterns appeared to be bilaterally symmetrical, with 51% of teeth lost in the right quadrants and 49% lost in the left quadrants. Indications for extraction were primarily periodontal abscesses. Teeth that were considered to have a very questionable prognosis have been retained for many years after therapy, supportive treatment, and patient compliance with recall attendance. *J Periodontol* 1992;64:701-705.

Therapy consisted of debridement, OHI, flap curettage and recall therapy

36

Abstract

Four hundred and fifty-five teeth that were judged clinically to have a questionable prognosis were observed over a 40-year span in 166 patients in a private practice. Therapy initially was debridement with oral hygiene instruction, followed by flap curettage procedures and

55 teeth of the 455 were lost (12%)

Average survival of those lost

8.8 years post therapy

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37

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What teeth were lost?

Upper 2nd molars 38%

Upper first molars

25%

Mandibular 2nd molars

16%

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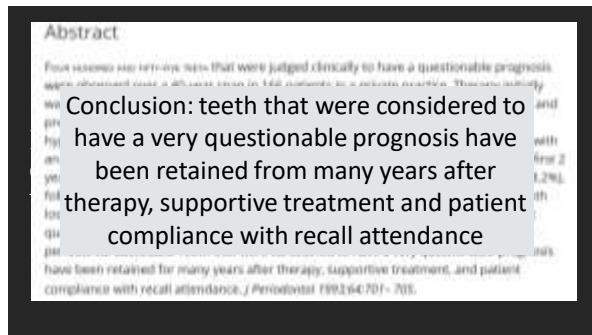
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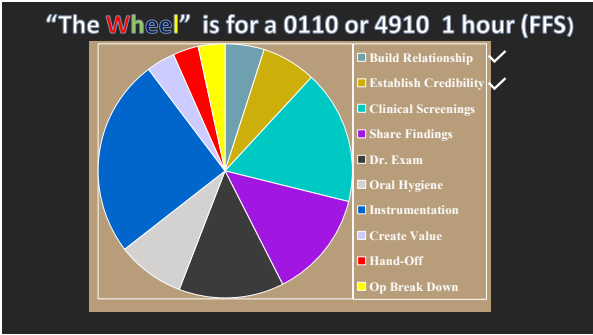
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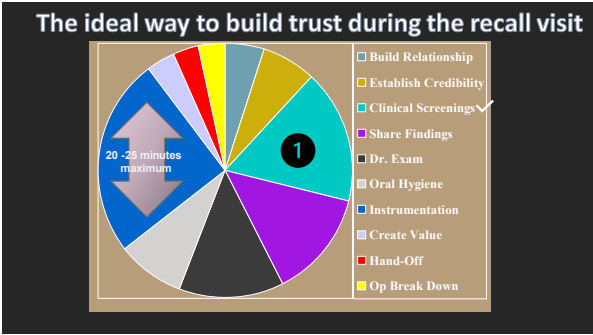
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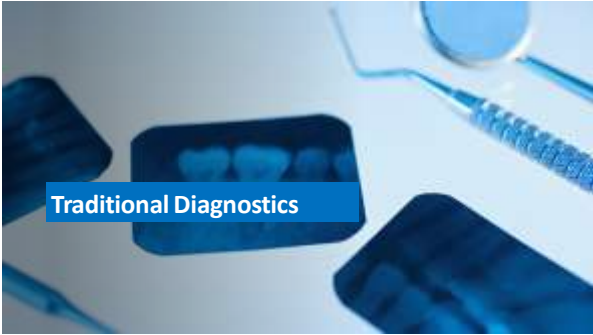
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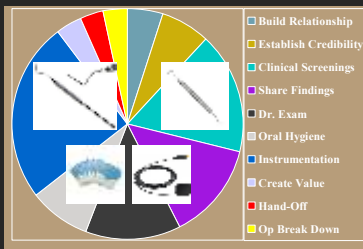
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For 75+ years...x-rays, explorers and probes

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Clinical Screenings and
Diagnostics
Explorers, Probes and
2D x-rays!

For the Past 75 years



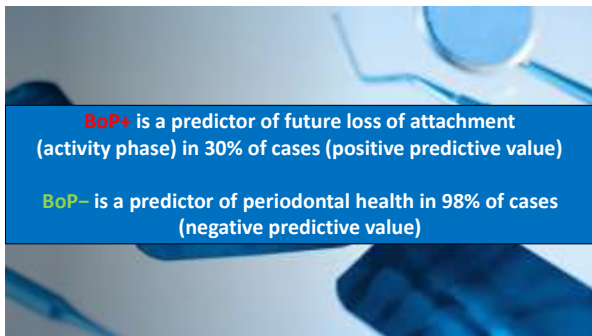
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2D x-rays under-estimate the amount of
periodontal bone loss

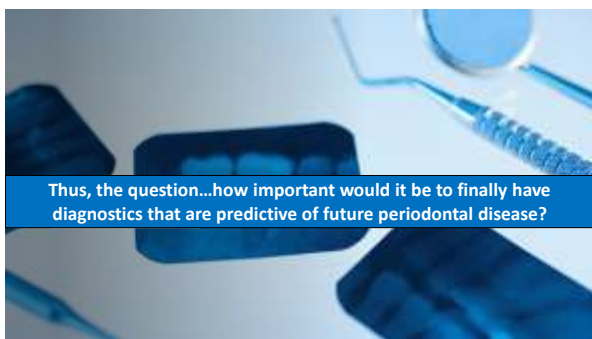
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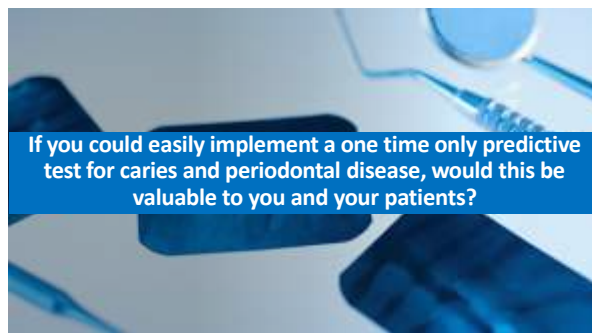
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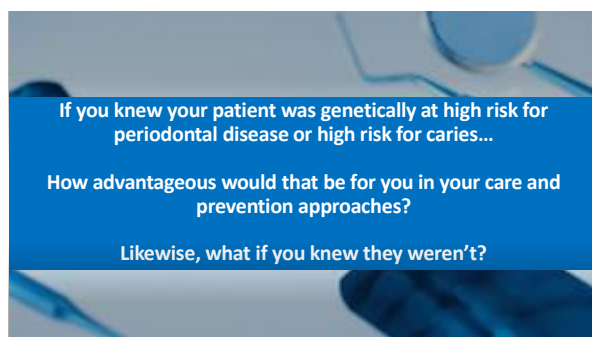
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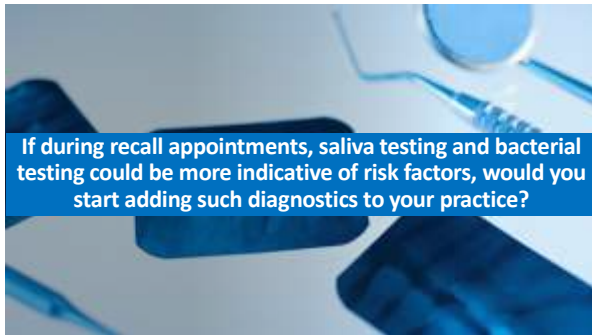
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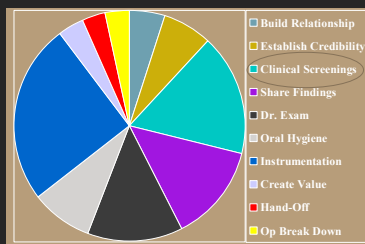
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Enhanced diagnostics (adding to explorers, probes and 2D x-rays)
**equates to enhanced information,
 communication and ultimately...**

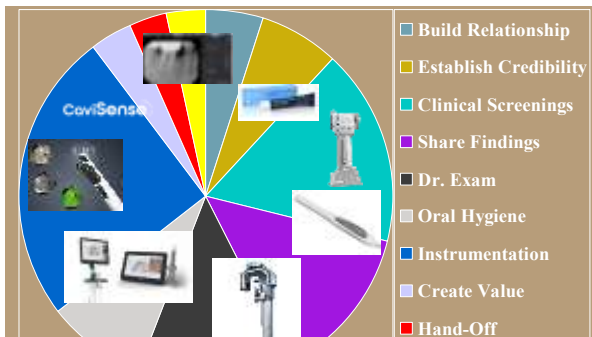
Treatment Plan Conversions

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Clinical Screenings Today
 along with explorers,
 probes and 2D x-rays



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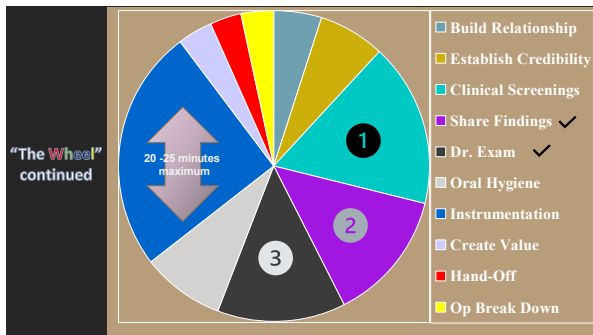


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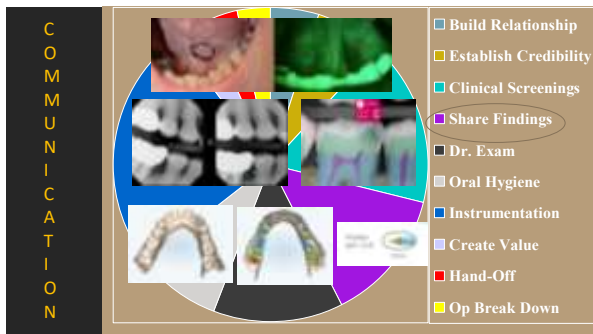
Communication

Reviewing and sharing
your findings
Showing the Patient
Involving the Patient

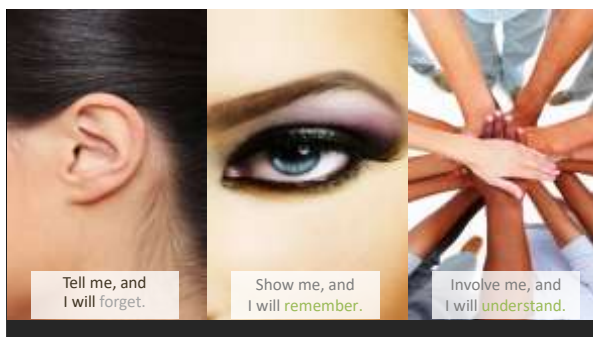
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Ultimately, the one-hour recall exam has been transformed into a modern day oral health appointment

64

Part 3

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The first patient story

How to make a difference for your patients

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Long term patient, with both restorative, implant and periodontal treatments for the past 18 years

Rosa at 67 comes in for her 4-month periodontal maintenance appointment
Are we really doing enough?

67

Long term patient, with both restorative, implant and periodontal treatments for the past 18 years
History of type 2 diabetes and the long struggle to maintain her A1C, long struggle with weight control, developed cardiac issues in the last 10 years along with HBP

Rosa

68

Long term patient, with both restorative, implant and periodontal treatments for the past 18 years
History of type 2 diabetes and the long struggle to maintain her A1C, long struggle with weight control, developed cardiac issues in the last 10 years along with HBP
On a 4 month periodontal maintenance regimen

Rosa

69

Long term patient, with both restorative, implant and periodontal treatments for the past 18 years

History of type 2 diabetes and the long struggle to maintain her A1C, long struggle with weight control, developed cardiac issues in the last 10 years along with HBP

On a 4 month periodontal maintenance regimen

Sleep Apnea with CPAP

Rosa

70

Long term patient, with both restorative, implant and periodontal treatments for the past 18 years

History of type 2 diabetes and the long struggle to maintain her A1C, long struggle with weight control, developed cardiac issues in the last 10 years along with HBP

On a 4 month periodontal maintenance regimen

Sleep Apnea with CPAP

Flosses daily, power brusher, uses a Water Flosser, Perio Protect delivered 4 years ago

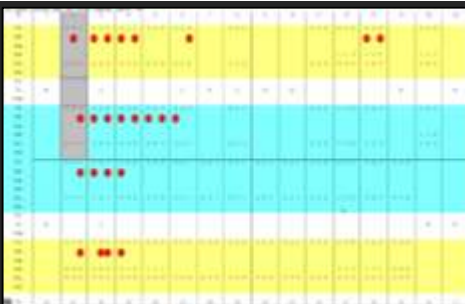
Rosa

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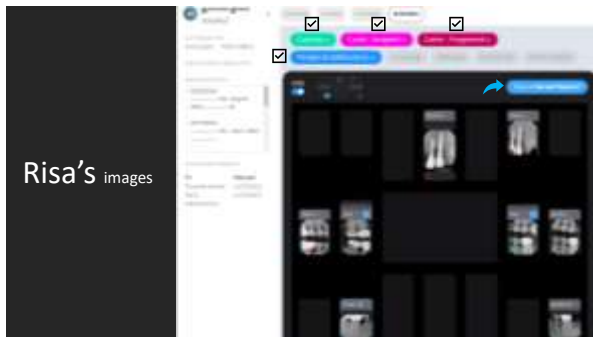
Her last charting

24 bleeding pockets

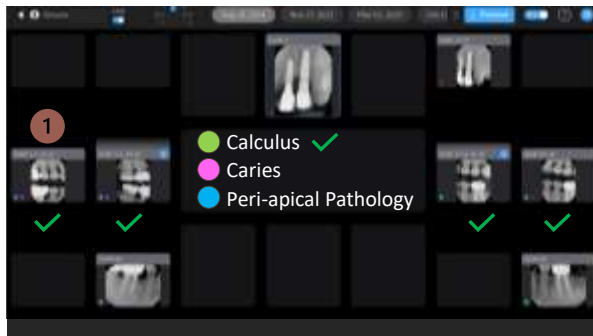
Do we truly have a handle on her periodontal health?



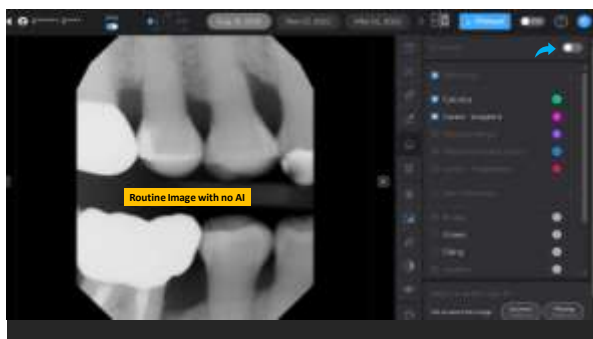
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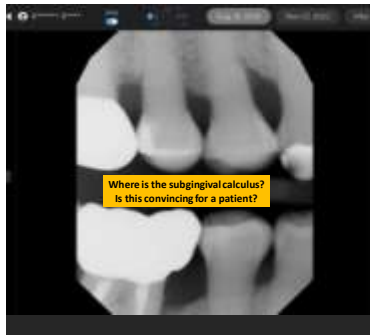
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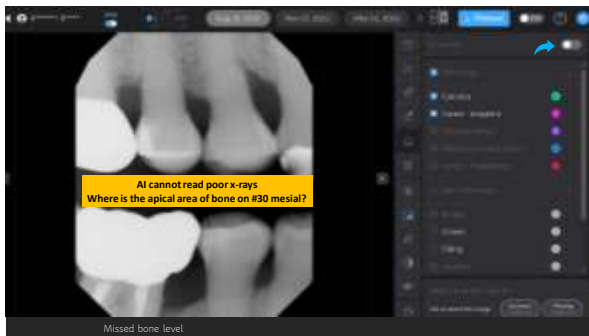


Dental Calculus

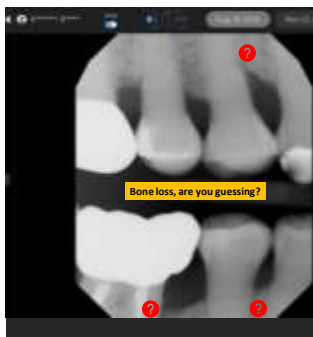
The 2020 study found that digital radiography had an **average sensitivity of 50%** and an **average specificity of 82.2%** for detecting dental calculus. The study also found that the sensitivity of detection increased as the size of the calculus deposits increased

Comparison of digital radiographs and clinical examination for the detection of dental calculus: a retrospective study of digital radiographs and clinical examination

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Periodontal Bone Loss and Periapical Pathology

Peri Apical sensitivity
lesions being there that were found on 2D imaging by dentists

43.5%

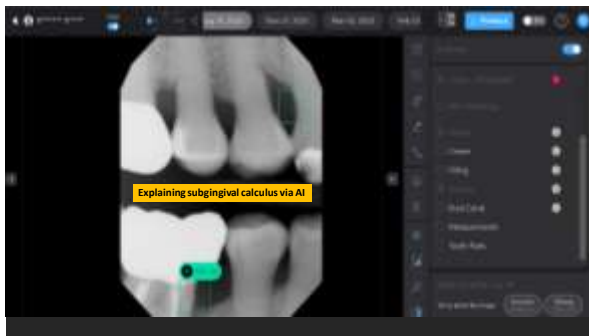
Periodontal Bone Loss sensitivity
57.5%

Comparison of digital radiographs and clinical examination for the detection of dental calculus: a retrospective study of digital radiographs and clinical examination

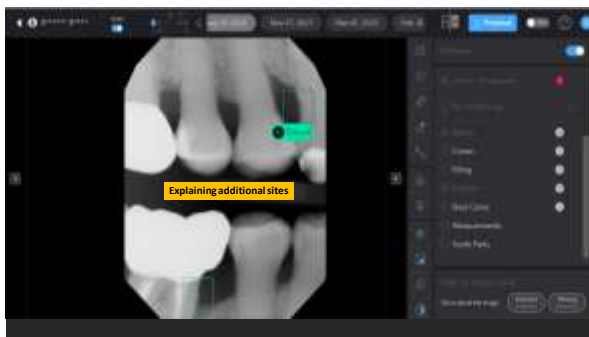
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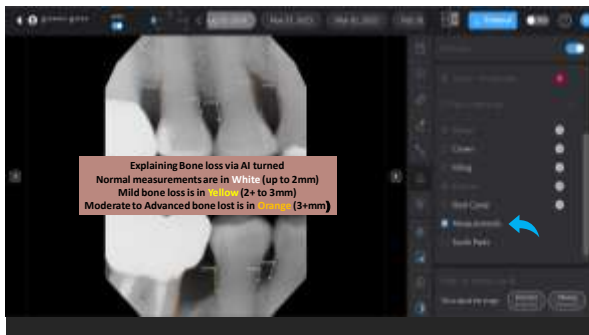
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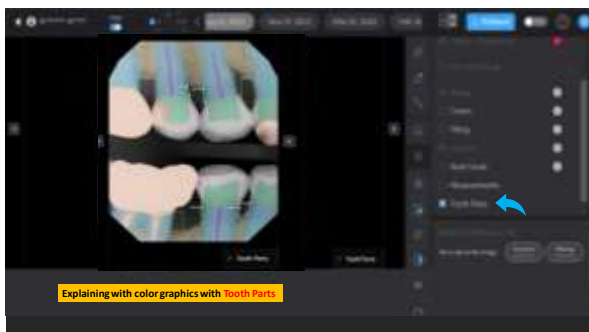
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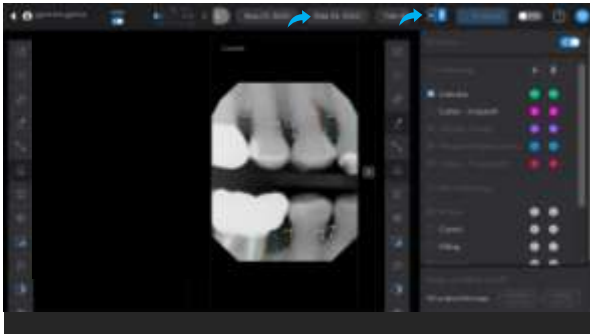
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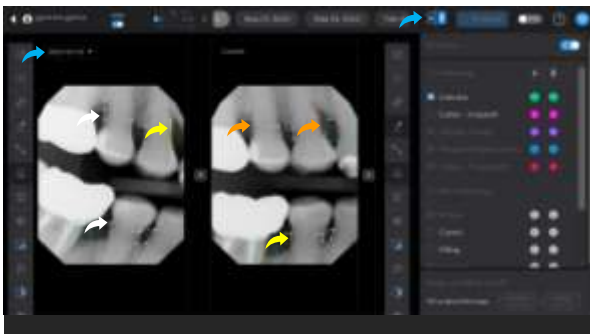
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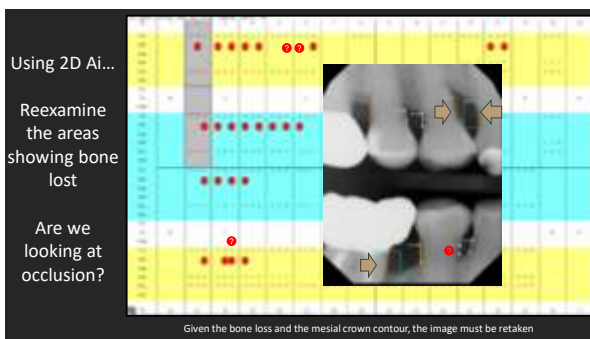
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24 Bleeding Points Periodontal Probing
Subgingival calculus 2D AI
Continuing loss of bone 2D AI

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Understanding “the two-way relationship”



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How does diabetes affect periodontal disease?

Diabetes can cause blood vessels to thicken, which can reduce blood flow to the gums and bones and thus make both tissue and bone more susceptible to infection

Diabetes can increase the amount of glucose in saliva, which can lead to more plaque and bacterial growth

Diabetes can cause the body to produce less saliva, which can lead to a build-up of food particles, bacteria, and dryness

Diabetes can increase the levels of proinflammatory mediators, such as metalloproteinases and chemokines

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How does periodontal disease affect diabetes?

Infections from untreated periodontal disease can cause blood sugar to rise, making it harder to control diabetes.

91

How important is it to control her periodontal health?

92

Flash forward 18 years

93

She has come to our office over 75 times for periodontal treatments, including multiple surgeries and for the last 4 years....

Periodontal maintenances

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What is PerioProtect?

She was converted to PerioProtect
In 2020

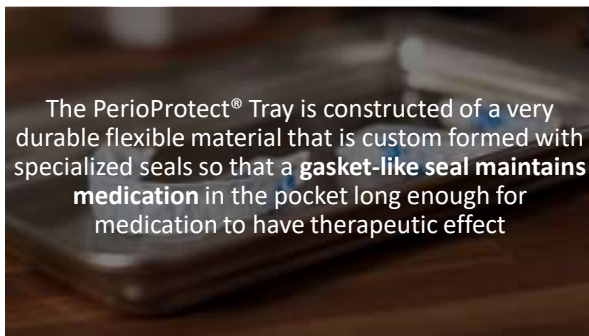
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**It's a game changer in
long-term periodontal
maintenance**

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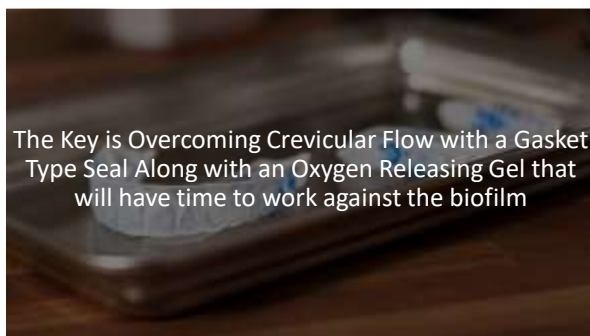
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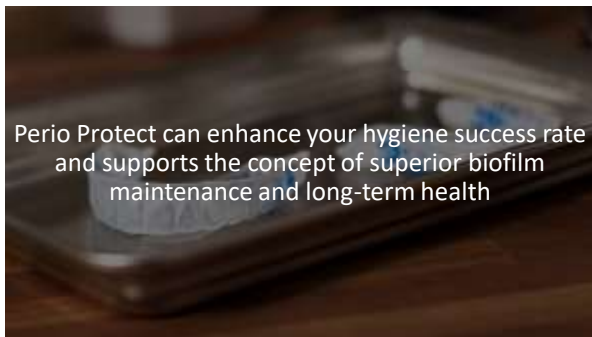
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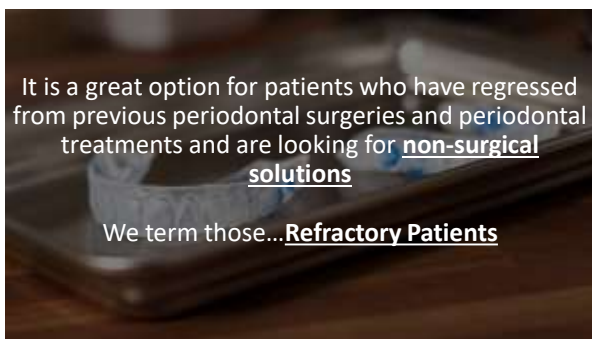
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The concept....A well designed tray that once filled with a low dose hydrogen peroxide that breaks down into water and **oxygen**

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1.7% Hydrogen Peroxide

- Oral Debriding Agent/Wound Cleanser
- Debrides matrix
- Debrides bacterial cell walls
- Oxygenates the pockets
- No allergic reactions
- Lack of bacterial resistance

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Perio Trays After Initial Therapy and Before SRP

This randomized, examiner-blind, parallel-design, clinical trial compared the effectiveness of SRP to daily treatment with 1.7% hydrogen peroxide gel using prescription, custom-fabricated dental trays **as an adjunct to SRP**

Putt M and Proskin H. Custom Tray Application of Peroxide Gel as an Adjunct to Scaling and Root Planing in the Treatment of Periodontitis: A Randomized, Controlled Three-Month Clinical Trial. The Journal of Clinical Dentistry. 2012;23(2):48-56.

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Perio Trays After Initial Therapy and Before SRP

The results of this study demonstrated that the peroxide/prescription tray treatment regimen in combination with SRP was **statistically significantly more effective** than traditional SRP therapy alone in reducing pocket depths and bleeding both two weeks and 10 weeks after SRP

Putt M and Proskin H. Custom Tray Application of Peroxide Gel as an Adjunct to Scaling and Root Planing in the Treatment of Periodontitis: A Randomized, Controlled Three-Month Clinical Trial. The Journal of Clinical Dentistry. 2012;23(2):48-56.

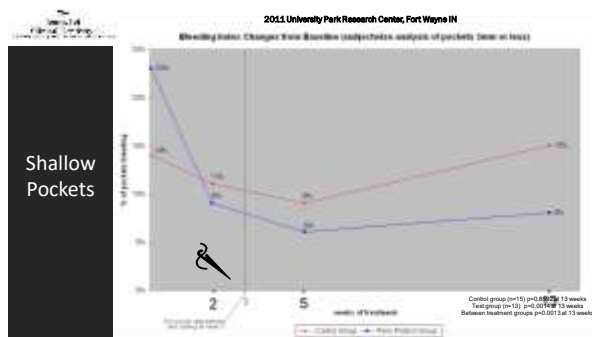
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Perio Trays After Initial Therapy and Before SRP

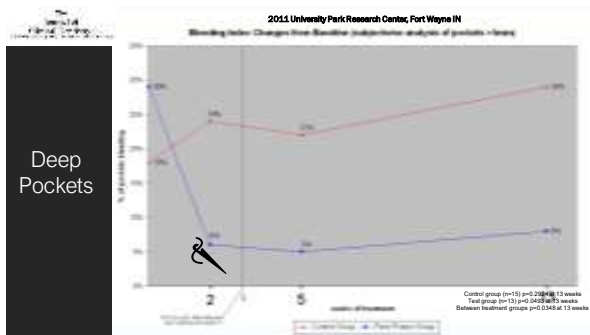
Moreover, the effectiveness of the peroxide/prescription tray system was manifested at all sites throughout the mouth and encompassed **both** initial shallow (<5 mm) and deep (> 5 mm) periodontal pockets."

Putt M and Proskin H. Custom Tray Application of Peroxide Gel as an Adjunct to Scaling and Root Planing in the Treatment of Periodontitis: A Randomized, Controlled Three-Month Clinical Trial. The Journal of Clinical Dentistry. 2012;23(2):48-56.

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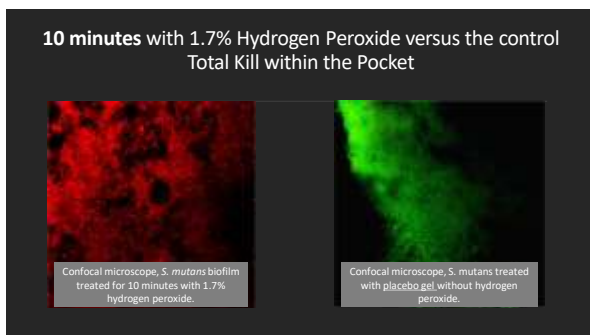


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The Journal of Clinical Dentistry®
THE INTERNATIONAL JOURNAL OF EVIDENCE-BASED DENTISTRY
Volume 17(1) 2016

Pathology reports reveal reductions in subgingival bacterial loads and improvements in pretreatment pocket depths of up to 9 mm after 1.7% hydrogen peroxide with the Perio Tray.

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In my practice over the past 9 years...

The uses of Perio Protect® have been numerous

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Clinical Uses

Patients after our S/P laser therapy, and yes even after surgery that still have BOP and inflammation and often good oral hygiene (refractory) and what about those with BAD hygiene

Patients prior to active therapy

Patients with on-going peri-mucositis with implants along with peri-implantitis

Patients who have implants placed/restored and have periodontal issues in other areas of their mouth

Patients with medical histories that must reduce their oral inflammation

Patients who want to bleach and have been too sensitive

High caries risk patients, especially xerostomic patients, the geriatric group is one key example (include MI paste treatments in trays)

Oral Cancer patients with radiation ports

116

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Oral Cancer patients with radiation ports

121

Clinical Uses

Patients after our S/P laser therapy, and yes even after surgery that still have BOP and inflammation and often good oral hygiene (refractory) and what about those with BAD hygiene

Patients prior to active therapy

Patients with on-going peri-mucositis with implants along with peri-implantitis

Patients who have implants placed/restored and have periodontal issues in other areas of their mouth

Patients with medical histories that must reduce their oral inflammation

Patients who want to bleach and have been too sensitive

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122

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High caries risk patients, especially xerostomic patients, the geriatric group is one key example (include MI paste treatments in trays)

Oral Cancer patients with radiation ports

123

In our practice, we charge \$425 per tray
 This is included in our UDP Plan*
 Digital is \$450
 2 tubes are included at delivery

Costs...

Refill gel is \$16 per tube and we sell for \$25...

Assume 10 tubes a year and this will confirm if they are using it

125

Assume a \$250-300 profitability per arch from a procedure that requires
 the assistant taking impressions and delivering the trays

Over \$500,000 in profits in 10 years
 Plus, their recall care

Plus, approximately 10 tubes per year per patient
 \$90 per patient profit yearly
 With far better results

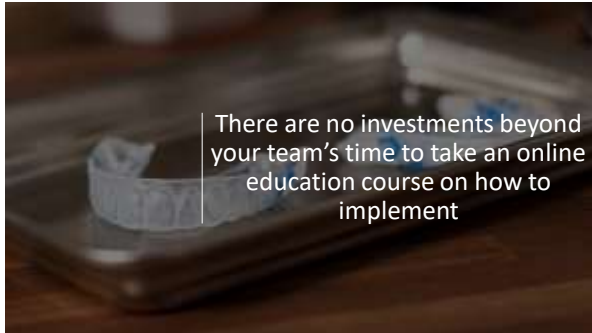
126

Instructions

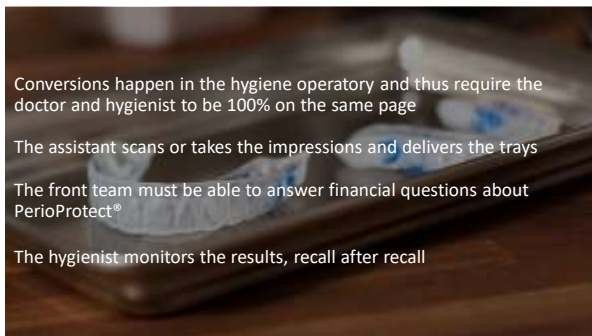
10-15 minutes a day in maintenance
 2-3 times a day before or during treatment
 Routinely worn in the shower and brushing afterwards
 I love using the latest power flosser, SLATE immediately after



127



128



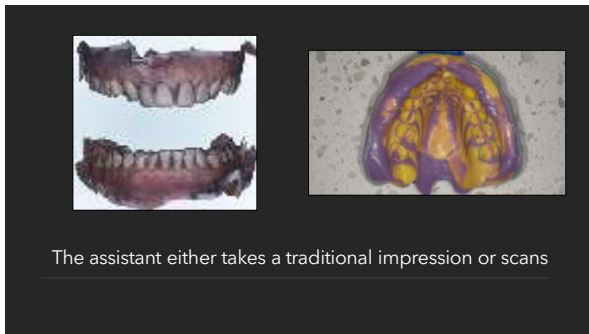
129



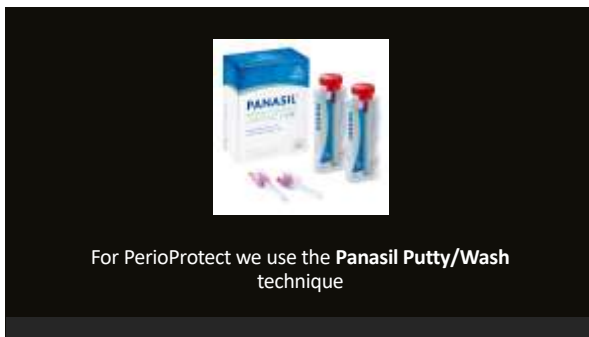
130



131



132



133



134



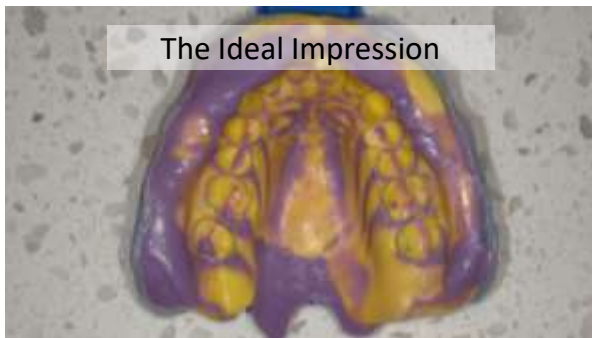
135



136



137



138



139

Sufficient Gingival Extension: The Ideal Digital Scan

4mm vestibular extension beyond gingival margin, in every direction



140

Sufficient Gingival Extension: The Ideal Digital Scan

4mm vestibular extension beyond gingival margin, in every direction



141



Seriously

142



143



144



145



Geriatrics often have large embrasures and the fear...

The impression getting stuck in the mouth

146



Typical Geriatric Patients



147



So why so many bleeding points and pockets with Rosa?

She wasn't wearing them and my team was not reinforcing and not connecting the dots

148

1

Before the patient arrives, is she purchasing Perio Gel?

If yes, was she reminded to bring her trays to confirm the fit?

How often is she wearing them?

And the big red flag...why is she still bleeding year after year if she is wearing the trays?

The Hygiene Notes

149

2

As a diabetic, how many bleeding points are acceptable?

As a diabetic, if the mouth has active infection occurring, what is the effect on her A1C?

Should you be asking what her level is?

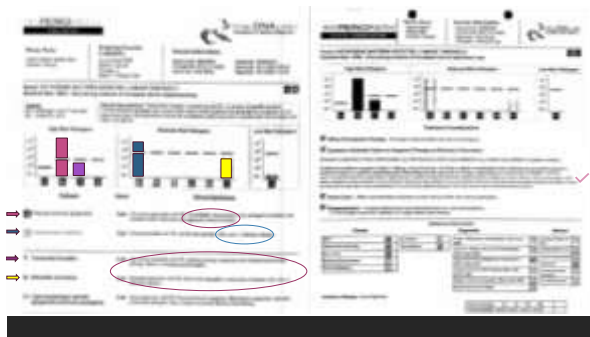
Can we do more to evaluate?

The Hygiene Notes


150

In 2015....we did an Oral DNA Test

151



152



If she continued to probe in multiple areas > 5mm and had multiple bleeding sites

Did we again drop the ball and not connect the dots

153

Given her high risk with diabetes, HBP, and her clinical history, the nature of this episodic disease, the altered immune response...

154

Is probing really enough?

155

**Do you require more information for
better treatment outcomes?**

156

The answer is YES...

**We need a baseline and then follow-ups
to determine yearly status at a minimum**

157

Bacterial DNA Testing

Microbe Link DX, Oral DNA

Saliva Testing

Oral Genome, Bristle

Genetic Testing

AI Genetics, Viome

Additional Testing to Customize Your Care

158



159



160

Biomarker Insights and Data Include:



Porphyromonas Gingivalis (Pg)

Research shows a connection between Pg and many chronic illnesses



Matrix Metalloproteinase (MMP-8)

Associated with tissue breakdown due to its role in degrading collagen

161

Biomarker Insights and Data Include:



Nitric Oxide

Insights into the mouth's ecosystem:
Helps fight anaerobic pathogens, supports healthy blood flow and immune response



Glucose

Research correlates salivary glucose to generalized caries & root surface caries
High glucose is associated with increased risk of diabetes

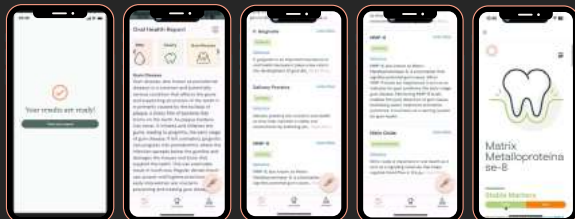


Proteins

Serving crucial roles in digestion, oral health, and immune defense.

162

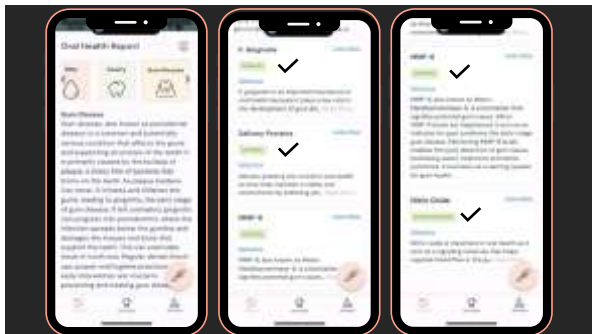
Periodontal Disease: Low Risk



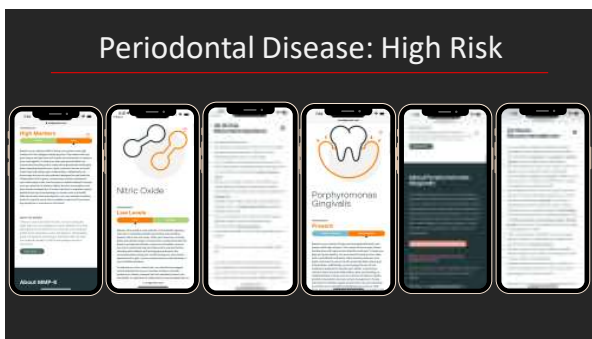
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164



165



166



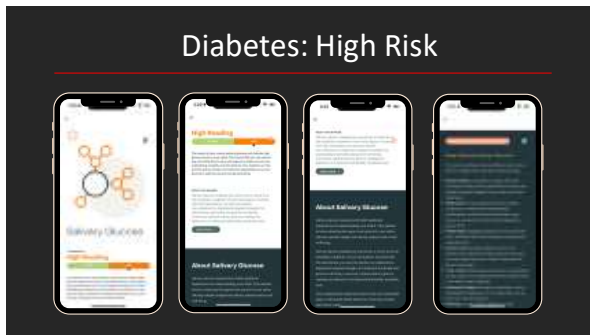
167



168



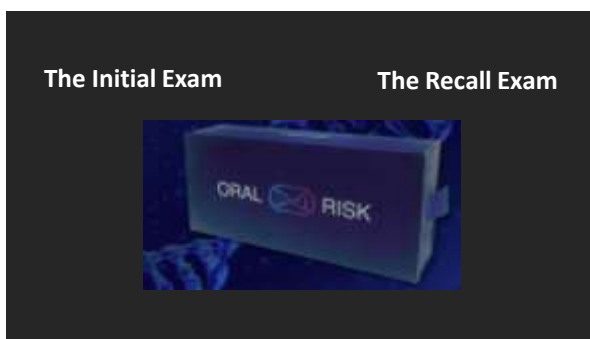
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170

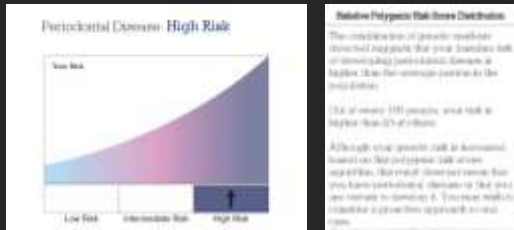


171



172

Oral Risk Test Kit for Periodontal Disease



173

GOOGLE CODES

The dental codes for genetic testing are **D0422** and **D0423**.

D0422
The collection and preparation of genetic material for laboratory analysis and reporting. This procedure includes patient evaluation, informed consent, sample collection, handling, transportation, laboratory analysis, data interpretation, and reporting.

D0423 ✓
A genetic test for susceptibility to diseases through specimen analysis. This procedure includes patient consultation and consent, specimen collection, handling, and shipment to a genetic testing laboratory.

Genetic testing in dentistry can help dental professionals identify a patient's genetic predisposition to certain dental and systemic conditions. This information can then be used to create personalized treatment plans and improve patient outcomes.

174

If Rosa's test came back high risk (genetically)

Do you refer her to a specialist to develop a plan?

Are you more determined to go beyond traditional scaling and planning approaches? Lasers? GBT?

Does bacterial testing become mandatory as baseline and for subsequent reevaluations?

Do you utilize other salivary testing in the same or a different manner?



175

If Rosa's test came back high risk (genetically)

Do enhanced long term preventative approaches become mandatory, such as probiotics, PerioProtect and other periodontal specific products such as Slate (power flosser), LivFresh toothpaste as examples?

How do you eventually determine her recall schedule?

Does she become more motivated for additional care with a positive AI Genetic Test?



176

Homecare

177

Are traditional toothpastes, floss and water flossers the only options after they leave our office?

178

**Are we evaluating how they
brush and floss their teeth?**

179

Home care specialty products
Slate
LivFresh
Probiotics
PerioProtect



Complementing your therapy

180

The #1 issue

Getting Rid of Plaque

181

What if a toothpaste could reduce plaque 250% more than the others?

182

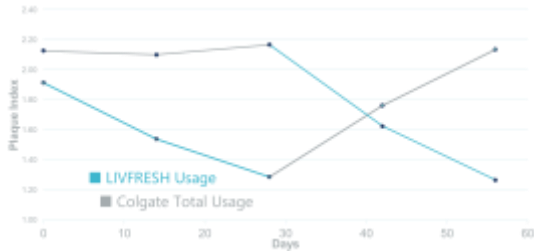
What if this change had NOTHING to do with the type of toothbrush, would you be interested?

183

LIVFRESH®

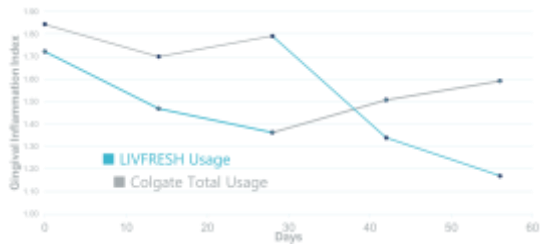


184



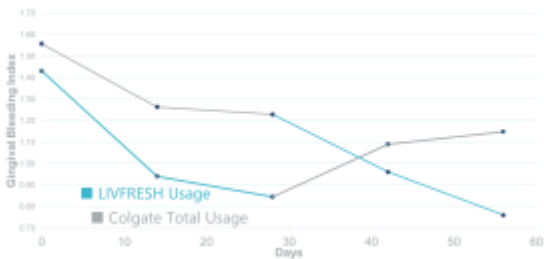
Reduced Plaque Index

185



Reduced Gingival Inflammation Index

186

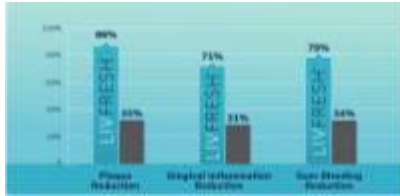


Reduced Gingival Bleeding Index

187

PERCENTAGE REDUCTION IN VARIOUS INDICES

UC IRVINE STUDY



*Comparing LivFresh Dental Gel (test) with Colgate Total (control)

Dadkhah, M et al. "Effects of a Novel Dental Gel on Plaque and Gingivitis: A Comparative Study." *Dentistry (Sunnyvale, Calif)* vol. 4,6 (2014): 239. doi:10.4172/2161-1122.1000239

188

Getlivefresh.com



189



The #2 issue

**Getting Rid of Plaque in the
most periodontally prone area**

190



Slate's new Sonic Flosser

191



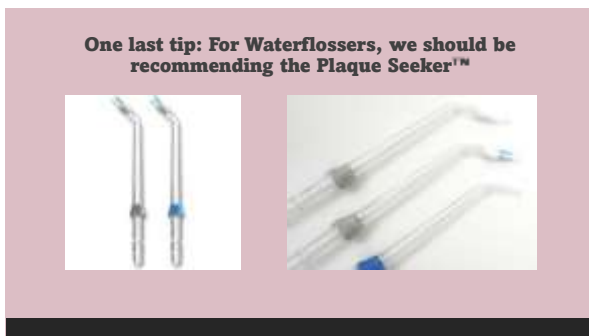
192



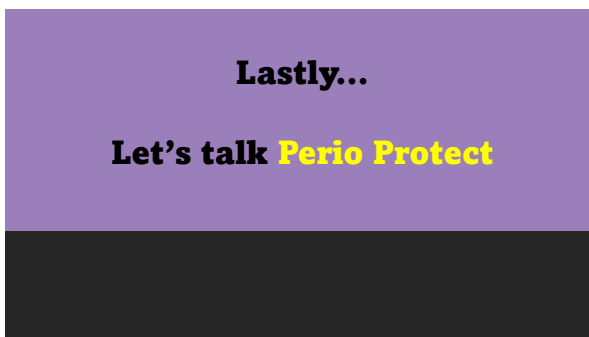
193



194



195



196

**Who should be reinforcing her
tray usage?**

**Are you making sure she is
buying the gel?**

197

**If she begins active therapy again,
she should be wearing these trays
twice a day**

198

**Once a day may be enough on
maintenance, but for high-risk
patients, we often customize this
regimen**

199

We should be evaluating the fit at every visit

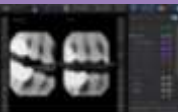
200

We should be reviewing placement of the gel

201

**Reevaluation in 3 months
Bacterial or saliva testing to see if you have improvement**


Its all about involving your patient and the building of trust



202

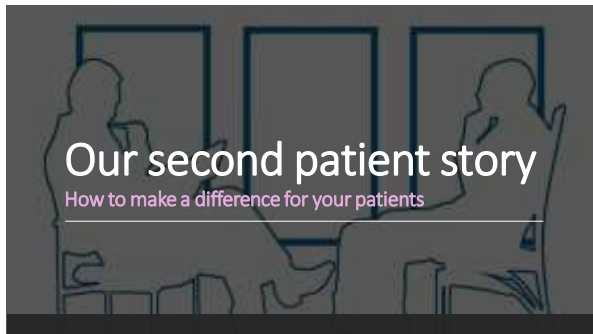
Reevaluation in 3 months

Bacterial or saliva testing to see if you have improvement



Its all about involving your patient and building trust

203



Our second patient story

How to make a difference for your patients

204

Meet Tracy

205

The Details

62 year old: **Smoker** and the nicest guy!

Long history of periodontal issues and routine restorations

Last visit to the dentist 3 years ago for treatment

2nd opinion as his last dentist said remove all your teeth and he said "absolutely not"

Occlusion with fremitus: 4/5, 7/8

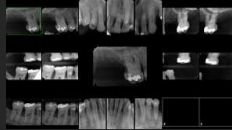
Literally **no** occlusion on the left side, #5 with 3 mobility

Decay: 3D, 8D, 14D

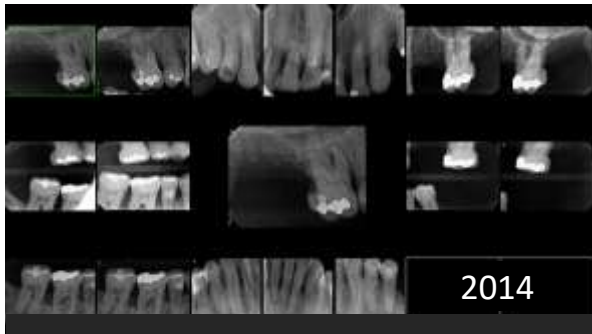
He wants to save his teeth

Where do you start?

Does he have what it takes to take care of his teeth?



206



207

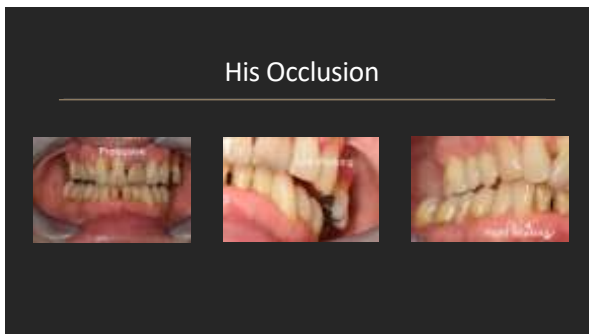
The Pathway: Phase 1

FULL EXAM INCLUDING:
PERIODONTAL EXAM
PICTURES
DIGITAL SCANS FOR
DIAGNOSTIC CASTS
DISCUSSION OF CURRENT
ORAL HYGIENE
DNA CULTURING
EXPECTATIONS AND DESIRES

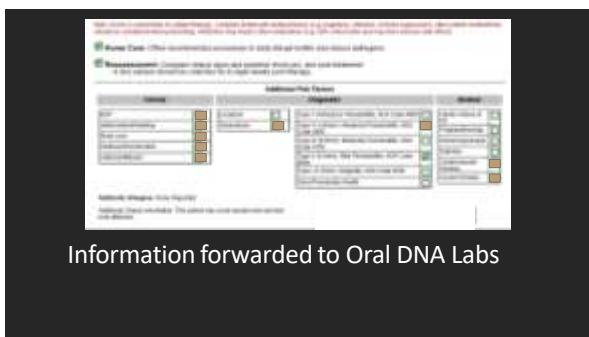
208



209



210



211



His Case AA, lower levels of 2 red complex and multiple Orange Complex

212



Tracy Original:
Pockets and far more BOP everywhere..#5 and #30 were tx planned for extractions

213

Evaluating Tracy's Implant Risks

1. The presence of active periodontal disease (currently ongoing)
2. Inadequate oral hygiene (just routine brushing with Sensodyne)
3. Genetic Predisposition (instituted in 2025)
4. Lack of attached gingival tissue (adequate level)
5. Excessive occlusal forces such as bruxism and malocclusion (definite issue)
6. Systemic diseases (none)
7. Smoking (yes)

214

Is it realistic to try and save the majority of his teeth versus extracting his teeth and delivering dentures, or implant supported dentures?

215



216

Studies have shown that the retention of periodontally questionable teeth do last longer than predicted

Yet, their effect on patients who have implants placed concurrently also show a higher predilection to periodontal issues unless very well maintained

Periodontal Disease

217

This study concluded that implant survival rate was acceptable in individuals with a history of periodontitis who were in a maintenance program.

Karoussis IK, Kotsovilis S, Fourmousis I. A comprehensive and critical review of dental implant prognosis in periodontally compromised partially edentulous patients. Clin Oral Implants Res 2007;18(6):669–79.

The Research

In 2007

218

Thus, the question....

What type of maintenance program?

The Research

219

After the extractions of #5 and #30

After basic restorative work

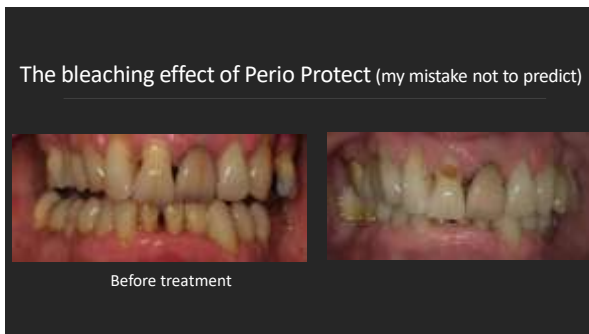
After his periodontal treatments and implant placement

I learned about PerioProtect

220



221



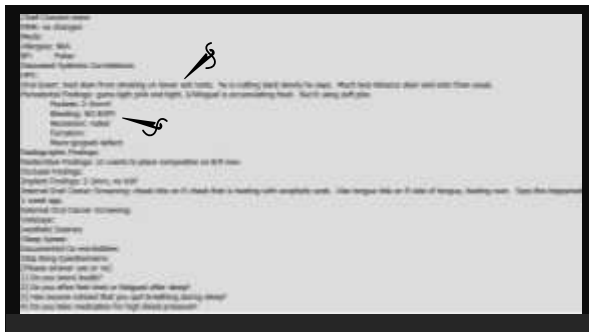
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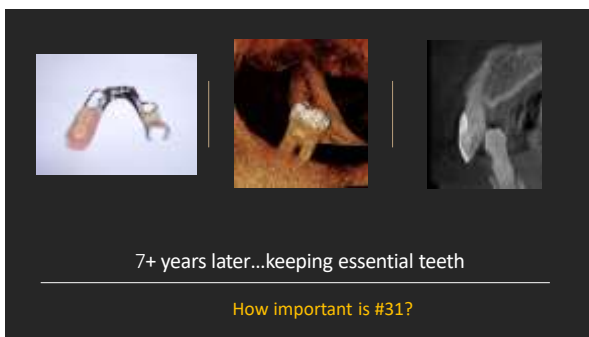
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226



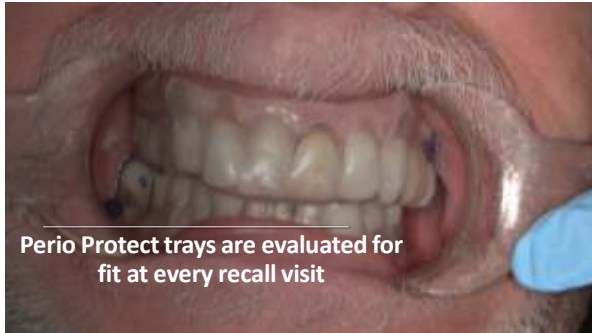
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228



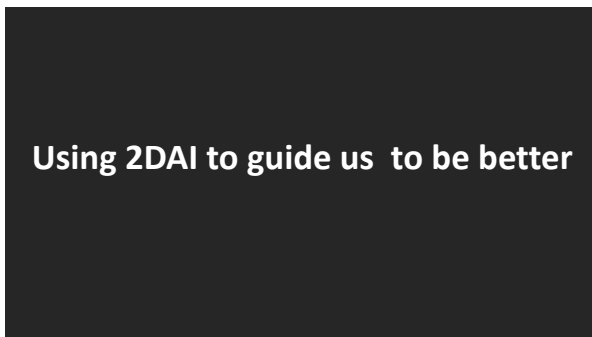
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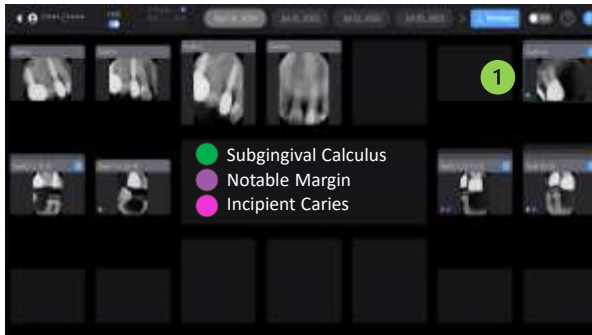
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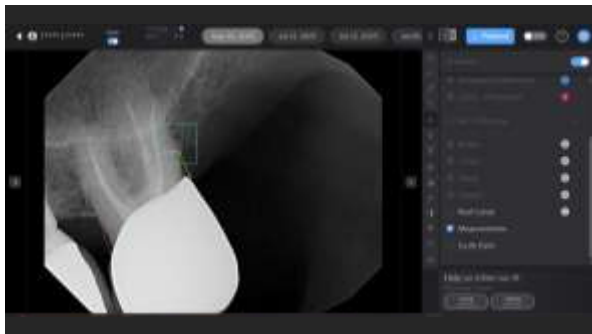
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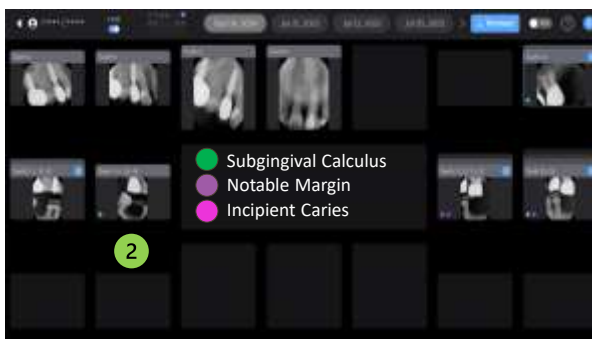
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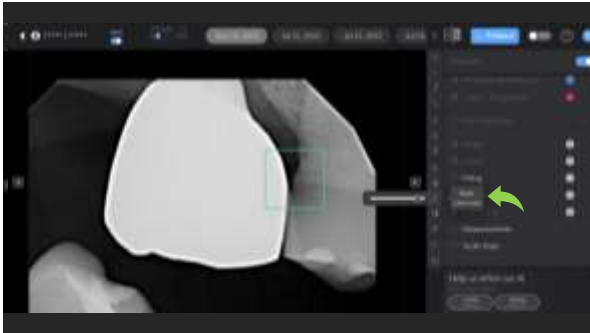
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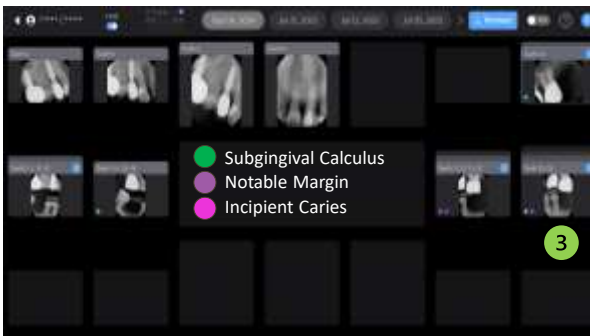
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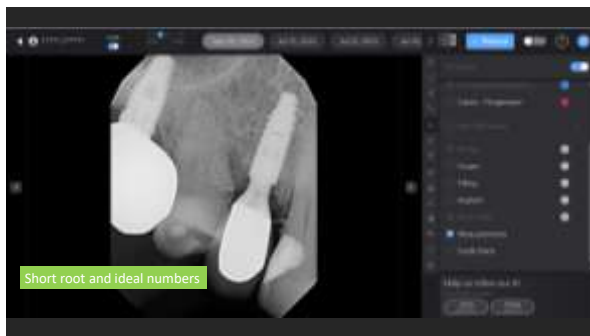
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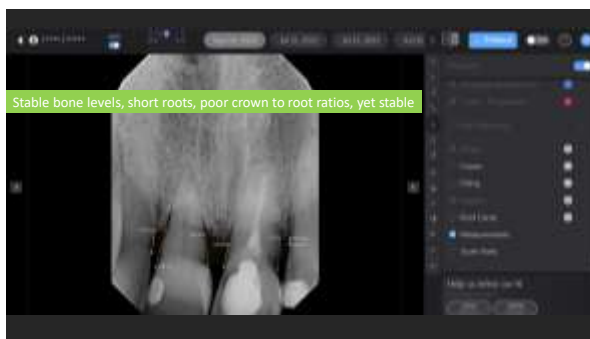
238

Maintaining a high risk patient

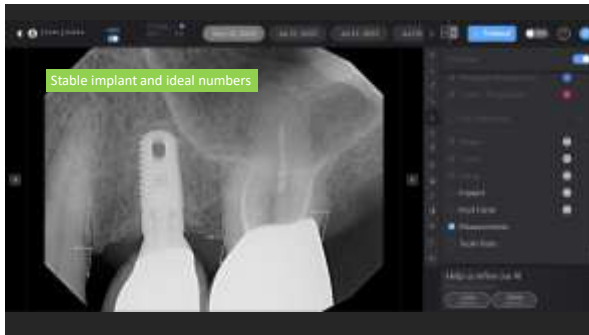
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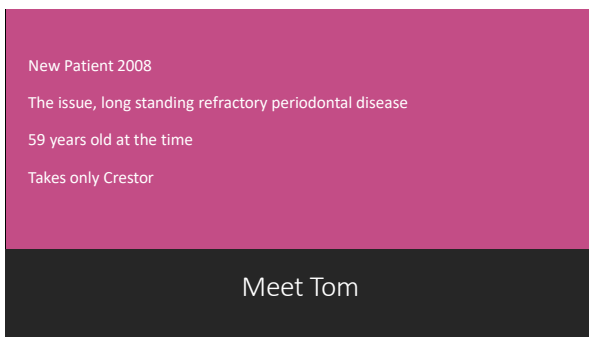
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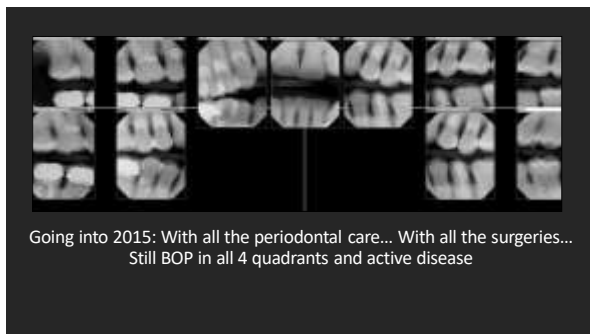
243



244



248



249

In fact....far more than 10 bleeding sites which is
our barometer to enhance our treatment with
PerioProtect

250

The Upper Arch



251

The Lower Arch



252

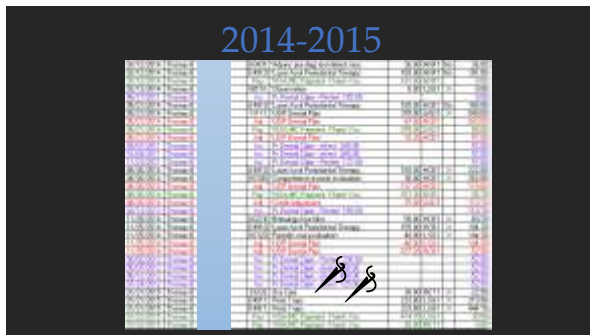
We are now seven years into his care...
What is the reasonable thing to do?

We are without question dealing with refractory periodontal disease

His hygiene is excellent

His motivation continues to be 100%

253



254

[illegible]

255

[illegible]

```
graph TD; A[Tom's Recall Appointment] --> B[We agreed to a new direction  
PERIO PROTECT IMPRESSIONS  
Start Trays 2 weeks later]; B --> C[Delivery of Trays  
Wearing 2 times per day for 2 weeks before beginning  
Active Therapy]; C --> D[Active Therapy 1-2 visits or more if pockets greater than 6 visits  
4341's (sequential therapy)  
Half of full mouth debridement with lasers, continued BID use of PP trays  
OR  
4910 if Active Therapy is not required with continued BID use of PP trays  
(Often Isolated 4342's)]; D --> E[EVALUATE 6 WEEKS LATER  
No traditional probing for 3-6 months];
```

The flowchart is set against a blue background. The title 'Tom's Recall Appointment' is in a red-bordered box. The first step box is white with a blue border. The second step box is blue with a white border. The final evaluation box is green with a white border. Arrows indicate the flow from top to bottom. Clinical images of dental trays and a patient's mouth are included as visual aids.

Tom's Recall Appointment

We agreed to a new direction
PERIO PROTECT IMPRESSIONS
Start Trays 2 weeks later

Delivery of Trays
Wearing 2 times per day for 2 weeks before beginning
Active Therapy

Active Therapy 1-2 visits or more if pockets greater than 6 visits 4341's (sequential therapy)
Half of full mouth debridement with lasers, continued BID use of PP trays
OR
4910 if Active Therapy is not required with continued BID use of PP trays
(Often Isolated 4342's)

EVALUATE 6 WEEKS LATER
No traditional probing for 3-6 months

256

[illegible]



257



258



259



260



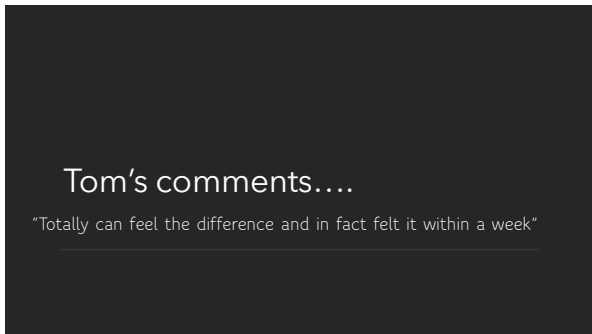
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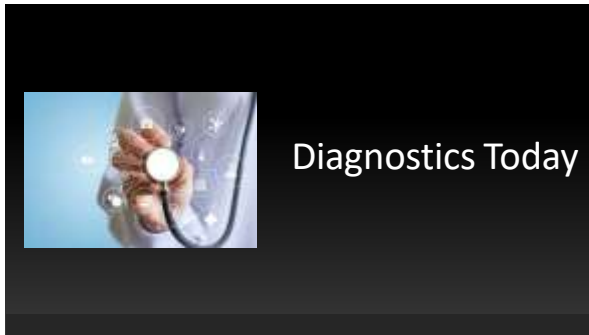
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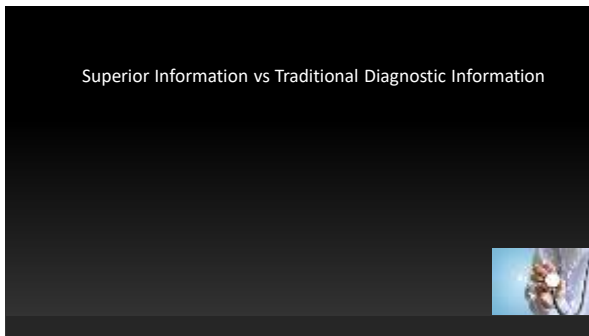
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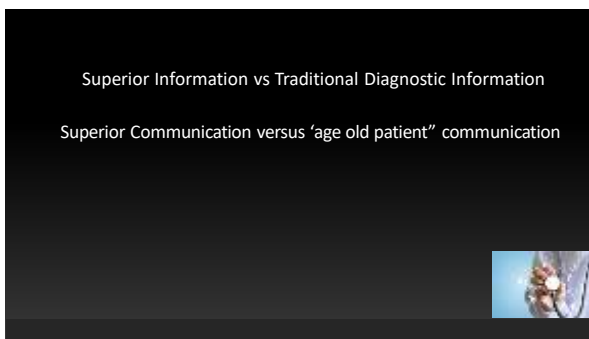
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266



267



268

Superior Information vs Traditional Diagnostic Information

Superior Communication versus 'age old patient' communication

Superior Documentation in coordination with both of the above



269

Superior Information vs Traditional Diagnostic Information

Superior Communication versus 'age old patient' communication

Superior Documentation in coordination with both of the above

Superior Involvement with the patient



270

Thanks for joining tonight

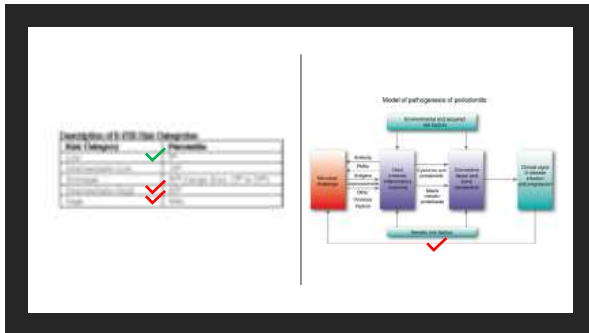
**For Verification Code -
Complete & Submit Quiz**

Program 26 August 22, 2022
Resolving Diagnostic and
Long-Term Problems for
Dental Patients

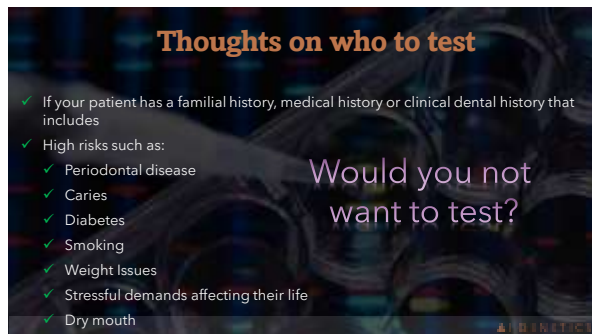


VERMONT
DENTAL CONFERENCE

271



272

[illegible]

273

[illegible]

274



www.oralrisk.com

\$110 USD

275

**G
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The dental codes for genetic testing are **D0422** and **D0423**.

D0422

The collection and preparation of genetic material for laboratory analysis and reporting. This procedure includes patient evaluation, informed consent, sample collection, handling, transportation, laboratory analysis, data interpretation, and reporting.

D0423

A genetic test for susceptibility to disease through specimen analysis. This procedure includes patient consultation and consent, specimen collection, handling, and shipment to a genetic testing laboratory.

Genetic testing in dentistry can help dental professionals identify a patient's genetic predisposition to certain dental and systemic conditions. This information can then be used to create personalized treatment plans and improve patient outcomes.

276

If Risa's test came back high risk (genetically)

Do you refer her to a specialist to develop a plan?

Are you **more determined** to go beyond traditional scaling and planning approaches? Lasers? GBT?

Does bacterial testing become mandatory as baseline and for subsequent reevaluations?

Do you utilize other salivary testing in the same or a different manner?

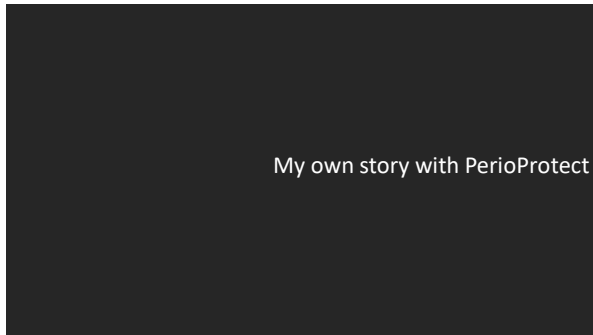
Do enhanced **long term preventative approaches become mandatory**, such as probiotics, PerioProtect and other periodontal specific products such as Slate (power flosser), LivFresh toothpaste as examples?

How do you eventually determine her recall schedule?

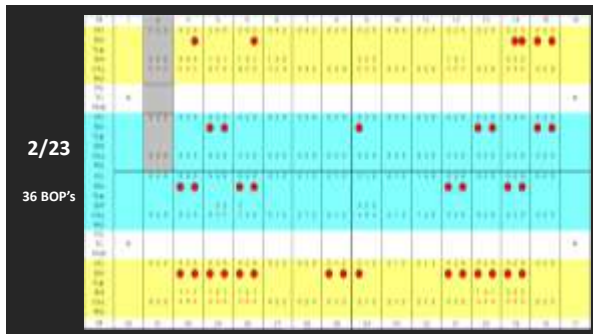
Does she **become more motivated** for additional care with a positive AI Genetic Test?



277



278



279



280



The “Package Deal”

281



The Sequence

10 minutes PP
Rinse the trays
(in the shower)
Slate 30-60 seconds
Power Brushing

282



Diagnostics Today

283

Superior Information vs Traditional Diagnostic Information



284

Superior Information vs Traditional Diagnostic Information

Superior Communication versus 'age old patient' communication



285

Superior Information vs Traditional Diagnostic Information

Superior Communication versus 'age old patient' communication

Superior Documentation in coordination with both of the above



286

Superior Information vs Traditional Diagnostic Information

Superior Communication versus 'age old patient' communication

Superior Documentation in coordination with both of the above

Superior Involvement with the patient



287

Two final words that
further build trust

288

Every referral...a handwritten TY



289

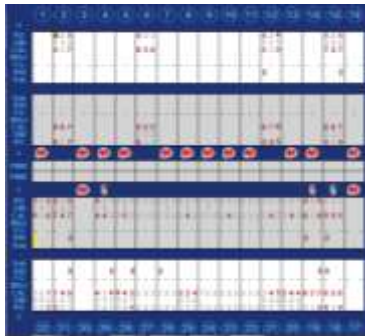
In her early 90's,

Wears a partial

Caries related to her partial along with BOP in the same areas

Janina

290



Janina with
4 maxillary teeth

Inflammation gingivally
with BOP

2 gingival restorations in
the last year

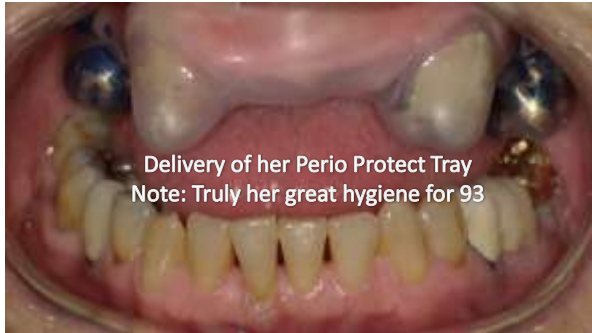
291

Geriatric PerioProtect
Trays

Almost impossible not to
retain plaque with this
partial



292



Delivery of her Perio Protect Tray
Note: Truly her great hygiene for 93

293



All she has to do is place the gel lightly inside each tooth,
for many of our patients the care-giver does this

294



The customized gasket type seals in the PerioGel®

295



296

Am PerioProtect Trays use with PerioGel for 10 minutes prior to brushing

PM PerioProtect Trays with MI Paste for 30 minutes after brushing for caries prevention approach
(she often just slept in the tray)

Her Regime

297

Oral Hygiene Recommendations

298

LIVFRESH®

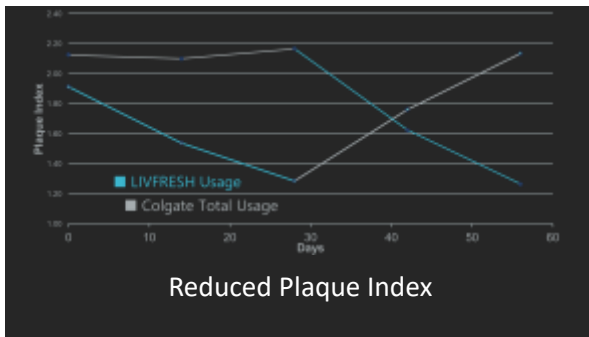
299

**What if a toothpaste could reduce
plaque 250% more than the others?**

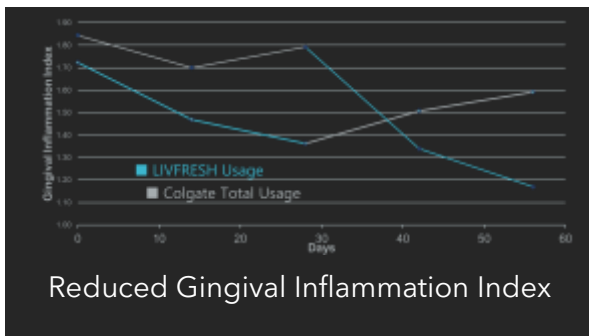
300

**What if this change had NOTHING to do with
the type to toothbrush, would you be
interested?**

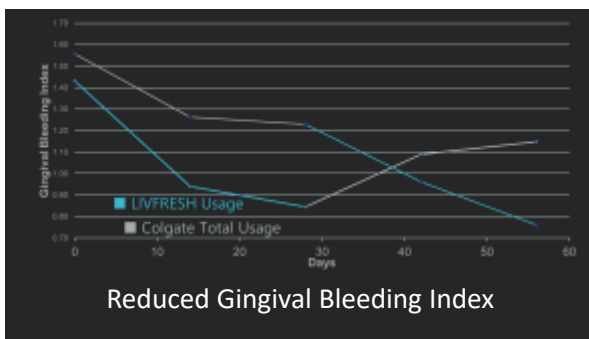
301



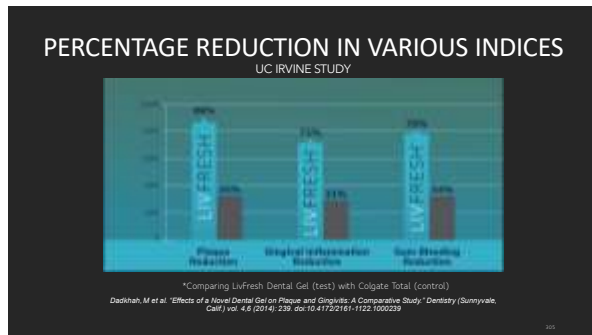
302



303



304



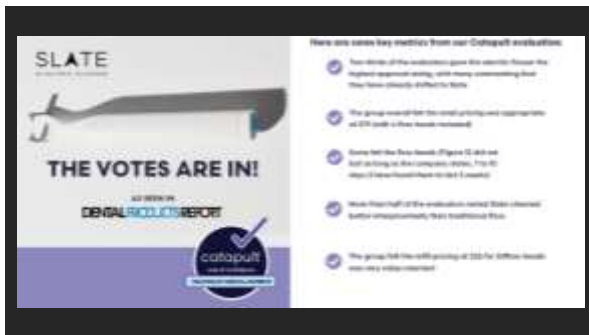
305



306

Catapult in 2023 reviewed a game changer in the flossing world

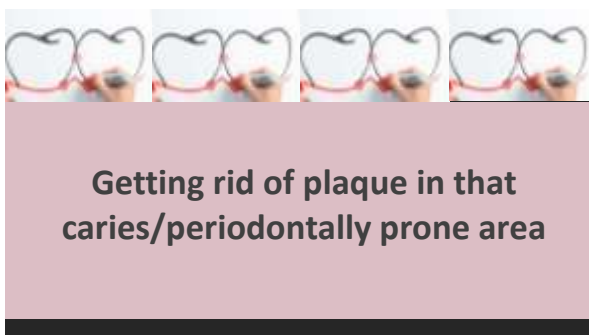
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308



309



310



311

**Tell Your Patients****Just 30 seconds**

312

Our testing found these last 2 weeks

313



317



The "Package Deal"

318



The Sequence

10 minutes PP
Rinse the trays
(in the shower)
Slate 30-60 seconds
Power Brushing

319
