**Name: Vishav Sidhu**

**Level: 2 Date: February 28, 2025**

**Journal Number: 7 Competency: Clinical Therapy (PLO7)**

**Graduates will be competent clinical therapists that use the dental hygiene process of care to provide safe, comprehensive, person-centred, preventive, therapeutic, and supportive dental hygiene care.**

* **Identify a type of client for whom you made / would have to make treatment modifications (e.g., a client with orthodontic appliances, implants, dentures, special needs, etc.).**
	+ **Read the applicable chapter in the Pieren and Gadbury-Amyot textbook (Darby and Walsh Dental Hygiene Theory and Practice) related to the type of client you identified.**
	+ **Formulate a dental hygiene diagnostic statement related to the type of client you identified.**
	+ **Discuss the treatment modifications you made / would have to make to ensure the client received safe and effective care. Include information from the CDHO Knowledge Network if applicable. Note: If you have seen such a client, describe the outcomes of your interventions with the client.**

As a clinician, I expect to provide care for a wide range of clients with differing needs. During this process I must remain cognizant of client-specific care, tailored uniquely for each client. A type of client I expect to see includes an elderly with partial dentures. This client has more than 4 missing teeth and utilizes a prosthesis to maintain masticatory function. Protection from health risk deficit related to lack of care of denture and carbohydrate-rich diet evidenced by oral candidiasis on the hard palate. “Candida albicans is commensal in the oral cavity of 45–65% of healthy individuals, but in denture wearers, the prevalence of Candida increases to 60–100%, which increases the risk of infection. In cases where no symptoms of inflammatory state are evident, it is interesting to ask whether a yeast growth susceptible to pharmaceutical treatment is in fact present”(Gacon et al, 2019). A goal put in place for such a client includes the client being able to explain the link between fungal growth and lack of upkeep of dental prosthesis by the end of treatment. Another goal is for the client to accept a referral to a physician by the end of treatment. A dental hygienist can include this as part of oral hygiene education to inform the client on ways to prevent further discomfort. “Also, the dental hygienist needs to educate the patient about the causes of bone resorption and suggest methods of minimizing the rate of resorption, including removal of dentures at night, regular evaluation to ensure well fitting dentures and a calcium rich diet” (Pieren & Bowen 2020 p.659).It is the role of the clinician to ensure that the client’s prosthesis is working optimally as this can be overlooked by the client. This can directly impact their quality of life considering an ill-fitting denture can lead to discomfort during eating. Another goal can include the client explaining the link between fermentable carbohydrates and their effect on dental prostheses. “Additionally, denture wearers tend to choose a carbohydrate-rich diet because of difficulty in chewing. The constant supply of sugars such as glucose, sucrose, and starch may create an environment conducive to C. albicans colonization” (Cury et al, 2013). Another modification I would make is recommending food high in calcium to prevent further bone resorption. “Low fat milk and milk products are good dietary sources of calcium”(Pieren & Bowen 2020 p.664). Considering the potential harm caused by an ill-fitting prosthesis I would do my due diligence in locating any traumatic lesions during intra-oral examination. “Understanding the soft tissue response to removable prosthesis enables the dental hygienist to assess the patient’s skin and mucous membrane”(Pieren & Bowen 2020 p.655). Showcasing the proper brushing technique to clean the denture and its overnight maintenance will prevent it from deteriorating. If the patient lacks dexterity then alternatives can be recommended “Chemical soak cleaners can be alternatives to mechanical cleansing”(Pieren & Bowen 2020 p.663). For adjacent teeth and their health, I can recommend a floss threader and soft bristle brush to reduce buildup and maintain good oral hygiene. The goal of a clinician would be to provide the client with the necessary knowledge so they can independently ensure the longevity of their appliance and manage their oral health.

LITERATURE CITED

Bowen DM, Pieren JA. Darby and Walsh dental hygiene: Theory and practice. 5th ed. Philadelphia, PA: Saunders; 2020:658-64.

Cury JA, Cury AA, Goncalves LM, Santana IL, Silva WJ, Vasconcello AA. Dietary Carbohydrates Modulate Candida albicans Biofilm Development on the Denture Surface.[Internet] 2013 May (cited 2025 feb 28] Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC3667795/pdf/pone.0064645.pdf>

Gacon I, Loster JE, Wieczorek A. Relationship between oral hygiene and final growth in patients: users of an acryclic denture without signs of inflammatory process. [Internet] 2019 July [cited 2025 feb 28] Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC6643491/pdf/cia-14-1297.pdf>

| **Criteria** | **Meets Expectations - Successful (S)** | **Below Expectations - Unsuccessful (U)** | **Score** |
| --- | --- | --- | --- |
| **Content****/ 3** | ● Describes the topic with sufficient detail.● Usually focuses on important information and details.● Usually identifies key points / relationships between ideas.● Explanations are sufficiently focused and developed, and usually logical.● Usually supports ideas with sound rationales and/or relevant evidence (including references).● Demonstrates an adequate level of critical thinking ability.● Relates the topic to previous experiences and/or to dental hygiene theory and/practice with adequate depth. | ● Does not describe the topic with sufficient detail.● Does not focus on important information or details.● Often fails to identify key points / relationship(s) between ideas.● Explanations are often tenuous and vague, not fully developed, and/or not logical.● Provides little or no support or rationales for ideas (including references).● Demonstrates some, but limited, critical thinking ability.● Does not relate the topic to previous experiences and/or to dental hygiene theory and /practice. |   |
| **Communication****/ 1** | ● Generally uses a fluid style of writing that informs and convinces.● Usually uses professional terminology.● Usually sequences ideas logically.● Satisfactorily uses English language conventions; may include some weaknesses, but no meaning is lost. | ● Demonstrates a lack of coherency and clarity in the writing.● Limited or no use of professional terminology.● Ideas not logically sequenced.● Often fails to integrate English language conventions and /or meaning is lost |   |
| **Referencing****/ 1** | ● Consistently uses credible information from reliable sources of literature to support information that is not considered common knowledge.● LITERATURE CITED page and citation(s) is/are accurately formatted using CADH’s Vancouver referencing style both in-text and on the LITERATURE CITEDpage (no more than 1-2 minor errors). | ● Information that is not common knowledge is cited, but information is often not credible and/or sources are frequently not reliable.● Fair use of CADH Vancouver style, although some elements were missing or incorrect, either in-text or on the LITERATURE CITED page (multipleerrors). |   |
| ***\*\* NOTE: Including plagiarized content will result in grade penalties and/or other consequences as outlined in the CADH Student Handbook.*** |   |
| **Total** | **/ 5** |