

Perio Presentation Protocol**THE FOLLOWING NEEDS TO BE IN ALL PRESENTATIONS**

1. Show the patient the probe dropping into the pocket. Show shallow, healthy first, and then diseased areas. **WHEN DROPPING PROBE INTO POCKET MAKE A CONCERNED SOUND.**
2. Show bleeding by dragging probe through sulcus.
3. If there is a furcation, show to patient as well, with furcation probe.
4. Sit patient upright and show pie chart, review with patient the “slices” they have, that are attributing to periodontal disease. 80% of population has some form of gum disease....
5. Perio chart is highlighted in yellow and sites are counted up. Bleeding, recession, mobility, and furcation are recorded. **YELLOW highlighter is worth the time. It makes a huge difference in patient education and acceptance.**
6. Show patient their perio chart highlighted, and explain how many infected sites they have.
7. Use Krames brochure. Show non-surgical page, and how fortunate patient is to be treated non-surgically. Show surgery pages because patient needs to see what may need to be done if patient does not treat now. **YES-USE SCARE TACTIC BECAUSE GUM INFECTIONS ARE PAINLESS, AND PATIENT DOES NOT REALIZE THEY HAVE IT. SO THEY DO NOT WANT TO FIX IT.**
8. While cleaning teeth, use layman word pictures to describe RDT: car detailing, spring-cleaning, sliver in finger, etc.

Word Skills: CHOOSE ONES THAT YOUR PATIENT CAN RELATE TO:

- “You have 80 sites, which is like having your blood pressure 80 points higher than it should be.”
“Would that be a concern to you?”
- “Your 80 sites are as if your weight is 80 pounds higher than what it should be.” “Would that affect your health?”
- “Your gum health is a condition as serious as your blood pressure and weight.”
- “Do you agree that this is a major concern?”
- “You are in need of gum therapy to clear up your infection / gum disease...” “Therapy is more involved than a cleaning. We will also put you on oral antibiotics, and put an antibiotic in the infected site also. We will treat this like an infection /say...on your arm/ make sense?”
- “See the laminates on the wall. They show how gum infections can affect your total health and can add to heart disease, strokes, etc. Is preventing health problems important to you?”
- “If you take this infection out of your mouth and put it on your stomach, it would be equal to an i.e. 4 x 4, 6 x 6, or 8 x 8 inch wound with blood and pus. Would you make sure you had that treated? Well, that is the infection in your mouth that needs to be treated. Doesn’t it make sense to go ahead and treat now, before it gets worse or causes any other health problems?”

9. When perio disease is found, Dr. must come into room to diagnose the condition.
10. Dr. comes in for exam and to make diagnosis. Always tell Dr. in the same order of your periodontal and restorative data. Which consists of: personal data, M.H., # of pockets, bleeding, and pus, etc., what you saw today, and describe the gum infection and the therapy you feel is needed to treat the infection. Patient needs to hear multiple times to help them understand importance and urgency of treatment. Go over restorative needs. Have Dr. confirm diagnosis and treatment plans for perio and restorative.
11. Close by stating that all therapy must be completed within 3 weeks, or the areas you have treated will become re-infected due to germs going from infected sites to sites you have cleaned.
12. The clinician and Dr. agree upon the time it will take to complete therapies.
13. Appointments are scheduled, and financial arrangements signed and completed.
14. Schedule minimum of 2 hours at a time to maximize the procedure time so the patient gets the most clinical time possible.