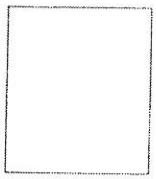
Prostho UG. Clinic

DEPARTMENT OF PROSTHODONTICS
D.A.P.M.R.V. DENTAL COLLEGE & HOSPITAL
J. P. NAGAR, BANGALORE - 560 078.

Certificate



This is to Certify that

Mr. / Ms. Vasundhara

Reg. No. 16D1845

has satisfactorily completed the clinical work in

Department of Prosthodontics

Prescribed by the

Rajiv Gandhi University of Health Sciences for the

III *B.D.S* & IV *B.D.S. Course*

during the year 2019 - 2020

Internal Examiner

Teacher Incharge

External Examiner

Dr. N. KALAVATHY, M.D.S *Professor and Head*
Professor & Head
Department of Prosthodontics
D.A.P.M.R.V. Dental College & Hospital
CA 37, 24th Main, J. P. Nagar 1st Phase,
BANGALORE - 560 078.

Department of Prosthodontics
D.A.P.M.R.V. Dental College
Bangalore

SUMMARY OF WORK DONE

SL.NO.	O.P.NO.	PATIENT NAME	TYPE OF PROSTHESIS	WORK STARTED ON	WORK COMPLETED ON	SIGNATURE
1	19/4/8615	Tasneem Dhanera	Complete Denture	11/10/19	9/12/19	
2	2019/10/14291	KDK. Nambaodri	Complete Denture	16/10/19	20/11/19	
3.	19/9/14084	Kempa. M	Removable Partial Denture	23/10/19	5/11/19	
4.	20/2/2139	Samir Adhya	Removable Partial Denture	24/2/20	28/2/20	
5.	19/12/18393	Basavaraju	Removable Partial Denture	27/2/20	10/3/2020	
6.	2019/11/15870	Prasanth Sagar	Removable Partial Denture	5/3/20	13/3/20	

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INSTRUCTIONS TO THE STUDENTS

1. Students should enter the preclinical laboratory on time.

2. Students should wear clean and neatly ironed apon with name plates and should wear a head cap.

3. Students should observe silence in the department.

4. Students should have the relevant instruments for the specific practical exercise.

5. Students should keep the instruments clean in a tray.

6. Students should spread Mackintosh sheet on the table before starting work.

7. Students should avoid wastage of the materials and conserve the use of water.

8. Students should not put plaster, wax or other waste material in the sink.

9. Students should put off the Bunsen burner when not required.

10. Record book should be kept neat and in good condition.

11. This record book should be handed in for progress reports as and when required to the instructor.

12. **This record should be preserved till FINAL BDS and submitted during FINAL BDS CLINICAL EXAM**

MDS
Rev 15
Clinical

- Fabrication of posterior 3 Unit FPD.
- Fabrication of Metal ceramic crown.
- Fabrication of Resin bonded prosthesis.
- Fabrication of Laminates
- Preparation of post space on extracted natural teeth

MAXILOFACIAL PROSTHESIS

- Fabrication of any one type of maxillofacial prosthesis

DISPLAY OF PRECLINICAL WORK.

By the end of preclinical curriculum, the students are required to display all their preclinical work and other assignments to the Head of the Department

CLINICAL CURRICULUM.

Clinical cases should be started only after case presentation with all the relevant records to the concerned staff and approval of the treatment plan by the Head of the Department

I YEAR M.D.S.

- Fabrication of Complete Dentures on a Mean Value Articulator – 10 nos.

II YEAR M.D.S.

- Fabrication of Complete Dentures on a Mean Value Articulator – 30 nos.
- Fabrication of Complete Dentures in Balanced Occlusion – 05 nos.
- Fabrication of FPD – 15 nos.
- Fabrication of Maxillofacial prosthesis – 05 nos.

- Fabrication of Cast Partial Dentures – 05 nos.

III YEAR M.D.S.

- Fabrication of Complete Dentures on a Mean Value Articulator – 05 nos.
- Fabrication of Complete Dentures in Balanced Occlusion – 10 nos.
- Fabrication of Cast partial RPD – 05 nos.
- Fabrication of FPD – 15 nos.
- Fabrication of Implant supported prostheses – 03 nos.
- Full mouth rehabilitation – 02 nos.

CASE PRESENTATION

Each student is expected to present one clinical case every four months with all the relevant diagnostic and treatment records. Of these at least two shall be challenging cases requiring multidisciplinary approach.

The relevant records of the special cases should be maintained and submitted to the department at the time of examination.

A total of 20 case presentations, which includes 2 Maxillofacial case, 2 CD's, 2CPD's 2 Full Mouth Rehabilitation cases, 2 TMJ cases & 2 Implant cases have to be done by each student in 3 years.

Note:- Presentation of treated patients and records carries 25 marks to the final exam, distribution of marks will be as follows

Particulars	**Max. Marks**

C.D.	01
R.P.D.	02
F.P.D. Including Single tooth & Surface Restoration	02
I.S.P.	05
Occlusal Rehabilitation	05
T.M.J	05
Maxillofacial Prostheses	05
Total	**25**

ACADEMIC ACTIVITIES

SEMINARS AND JOURNAL REVIEW

All the students should actively participate in these activities. Each student should prepare a seminar write-up with a list of references and get it approved by concerned staff member, followed by a presentation using appropriate audio-visual aids to the peers and the staff. The same should be typed and submitted to the department. Each student shall on a monthly basis present a Seminar and journal article review. Apart from this, every month each student is expected to collect one interesting article and prepare and pin-up one abstract of an article from International Journal .

Journal review:-

The journal review meetings shall be held at least once a week. All trainees, associate and staff associated with the post-graduate programme are expected to participate actively and enter relevant details in the log book. The trainee shall make presentations from the allotted journals of selected articles. A model check list for the evaluation of journal review presentation is annexed at Schedule –I of this proforma.

Seminars:-

The seminars shall be held at least twice a week. All trainees are expected to participate actively and enter relevant details in the log book. A model check list for the evaluation of seminar presentation is annexed at Schedule –II of this proforma.

CLINICAL POSTINGS

Each trainee shall work in the clinics on regular basis to acquire adequate professional skills and competency in managing various cases. A model check list for evaluation of clinical postings is annexed at Schedule –III of this proforma.

CLINICO-PATHOLOGICAL CONFERENCE

The clinic-pathological conference shall be held once a month involving the faculties of Oral Medicine and Radiology, Oral pathology and allied clinical departments. The trainees shall be encouraged to present the clinical details, radiological and histo-pathological interpretations and participation in the discussions.

INTER-DEPARTMENTAL MEETINGS

To encourage integration among various specialities, there shall be inter-departmental meeting chaired by the Dean with all heads of post-graduate department at least once a month.

CONFERENCES / WORKSHOPS / ADVANCED COURSES

The trainees shall be encouraged to attend the conference / workshops / advanced courses and also to present at least two scientific papers and two posters at State / National level speciality and allied conferences / conventions during the training period.

DISSERTATION / THESIS

Each student is required to select and finalize the dissertation topic following a pilot study within 03 months of the commencement of the course.

The trainees shall prepare a dissertation based on the clinical or experimental work or any other study conducted by them under the supervision of the guide. A model check list for evaluation of dissertation presentation and continuous evaluation of dissertation work by guide / co-guide is annexed at Schedule –V of this proforma. A model overall assessment sheet to be filled by all the trainees undergoing post-graduate course is annexed at Schedule-VI of this proforma.

The written text of dissertation shall be not less than 50 pages and shall not exceed 150 pages excluding references, tables, questionnaires and other annexure. It shouldbe typed in double line spacing on one side of paper (A4 size, 8.27" x 11.69") and properly. Spiral binding should be avoided. The dissertation shall be certified by the guide, head of the department and head of the Institution.

Four copies of dissertation thus prepared shall be submitted to the Registrar (Evaluation), six months before final examination on or before the dates notified by the University

The dissertation shall be valued by examiners appointed by the University. Approval dissertation work is an essential precondition for a candidate to appear in the University examination.

All the students of the speciality departments shall complete the minimum quota for the teaching and learning activities, as follows:-

1	Journal clubs	5 in a year
2	Seminars	5 in a year
3	Clinical case presentations	4 in a year
4	Lectures taken for undergraduates	1 in a year
5	Scientific Paper / poster presentations in State / National Level conferences	2 papers / 2 poster during three years of training workshop period
6	Clinico pathological conferences	2 presentations during three years of training period
7	Scientific publications (optional)	1 publication in any indexed scientific journal
8	Submission of synopsis	1 synopsis within 6 months from the date of commencement of the course
9	Submission of Dissertation	1 dissertation within 6 months before appearing for the university
10	Submission of library dissertation	1 dissertation within 18 months from the date of commencement of the course

UG TEACHING BY PG STUDENTS

Each student is expected to participate in undergraduate teaching and training program (theory, practical & clinical)

CDE PROGRAM

Each student should attend symposia, seminars, workshops, advanced courses and conferences-at State and National level regularly. Each student should also present at least three papers at State/National specialty meetings during their training period.

EXAMINATIONS

A. ELIGIBILITY:

The following requirements shall be fulfilled by the candidate to become eligible for the final examination.

CHECK LIST FOR EVALUATION OF JOURNAL REVIEW PRESENTATIONS

Name of the Trainee : **Date:**

Name of the Faculty /Observer:

Sl No.	Items for observation during presentation	Poor 0	Below average 1	Average 2	Good 3	Very good 4
1	Article chosen was					
2	Extent of understanding of scope and objectives of the paper by the candidate					
3	Whether cross references have been consulted					
4	Whether other relevant publications consulted					
5	Ability to respond to the questions on the paper / subject					
6	Audio visual aids used					
7	Ability to defend the paper					
8	Clarity of presentation					
9	Any other observation					
	Total score					

SCHEDULE - II

CHECK LIST FOR EVALUATION OF SEMINAR PRESENTATIONS

Name of the Trainee : **Date:**

Name of the Faculty /Observer:

Sl No.	Items for observation during presentation	Poor 0	Below average 1	Average 2	Good 3	Very good 4

CHECK LIST FOR EVALUATION OF JOURNAL REVIEW PRESENTATIONS

Name of the Trainee : **Date:**

Name of the Faculty /Observer:

Sl No.	Items for observation during presentation	Poor 0	Below average 1	Average 2	Good 3	Very good 4
1	Article chosen was					
2	Extent of understanding of scope and objectives of the paper by the candidate					
3	Whether cross references have been consulted					
4	Whether other relevant publications consulted					
5	Ability to respond to the questions on the paper / subject					
6	Audio visual aids used					
7	Ability to defend the paper					
8	Clarity of presentation					
9	Any other observation					
	Total score					

SCHEDULE - II

CHECK LIST FOR EVALUATION OF SEMINAR PRESENTATIONS

Name of the Trainee : **Date:**

Name of the Faculty /Observer:

Sl No.	Items for observation during presentation	Poor 0	Below average 1	Average 2	Good 3	Very good 4

7	Chair – side manners					
8	Rapport with patients					
9	Overall quality of clinical work					
	Total Score					

SCHEDULE - IIIb

EVALUATION OF CLINICAL CASE PRESENTATION

Name of the Trainee : **Date:**

Name of the Faculty /Observer:

Sl No.	**Items for observation during presentation**	**Poor 0**	**Below average 1**	**Average 2**	**Good 3**	**Very good 4**
1	Completeness of history					
2	Whether all relevant points elicited					
3	Clarity of presentation					
4	Logical order					
5	Mentioned all positive and negative points					
6	Accuracy of general physical examination					

7	Chair – side manners					
8	Rapport with patients					
9	Overall quality of clinical work					
	Total Score					

SCHEDULE - IIIb

EVALUATION OF CLINICAL CASE PRESENTATION

Name of the Trainee : **Date:**

Name of the Faculty /Observer:

Sl No.	**Items for observation during presentation**	**Poor 0**	**Below average 1**	**Average 2**	**Good 3**	**Very good 4**
1	Completeness of history					
2	Whether all relevant points elicited					
3	Clarity of presentation					
4	Logical order					
5	Mentioned all positive and negative points					
6	Accuracy of general physical examination					

7	Diagnosis: whether it follows logically from history and findings					
8	Investigations required					
	Complete list					
	Relevant order					
	Interpretation of investigations					
9	Ability to react to questioning whether it follows logically from history and findings					
10	Ability to defend diagnosis					
11	Ability to justify differential diagnosis					
12	Others					
	Grand Total					

SCHEDULE - IV

CHECK LIST FOR EVALUATION OF TEACHING SKILL

Name of the Trainee : **Date:**

Name of the Faculty /Observer:

Sl No.	**Items for observation during presentation**	**Poor 0**	**Below average 1**	**Average 2**	**Good 3**	**Very good 4**
1	Communication of the purpose of the talk					
2	Evokes audience interest in the subject					
3	The introduction					
4	The sequence of ideas					
5	The use of practical examples and / or illustrations					
6	Speaking style (enjoyable, monotonous, etc. specify)					

7	Attempts audience participation					
8	Summary of the main points at the end					
9	Asks questions					
10	Answers questions asked by the audience					
11	Rapport of speaker with his audience					
12	Effectiveness of the talk					
13	Uses audio-visual aids appropriately					

SCHEDULE - Va

CHECK LIST FOR DISSERTATION PRESENTATION

Name of the Trainee : **Date:**

Name of the Faculty /Observer:

Sl No.	**Items for observation during presentation**	**Poor 0**	**Below average 1**	**Average 2**	**Good 3**	**Very good 4**
1	Interest shown in selecting topic					
2	Appropriate review					
3	Discussion with guide and other faculty					
4	Quality of protocol					
5	Preparation of proforma					
	Total Score					

SCHEDULE - Vb

CONTINUOUS EVALUATION OF DISSERTATION WORK BY GUIDE / CO-GUIDE

Name of the Trainee : **Date:**

Name of the Faculty /Observer:

Sl No.	Items for observation during presentation	Poor 0	Below average 1	Average 2	Good 3	Very good 4
1	Periodic consultation with guide / co-guide					
2	Regular collection of case material					
3	Depth of analysis / discussion					
4	Quality of final output					
5	Others					
	Total Score					

SCHEDULE - VI

OVERAL ASSESSMENT SHEET

Date:

Sl No.	Faculty member	Name of Trainee and Mean Score									
		A	B	C	D	E	F	G	H	I	J
1											
2											
3											
4											

Signature of Head of the Department

Signature of Principal

LOG BOOK

TABLE 1

ACADEMIC ACTIVITIES ATTENDED

Name: Admission Year:

College:

Date	Type of activity (Specify Seminar, Journal club, presentation, under-graduate teaching)	Particulars

TABLE 2

ACADEMIC PRESENTATIONS MADE BY THE TRAINEE

Name: Admission Year:

College:

Date	Topic	Type of activity (Specify Seminar, Journal club, presentation, under-graduate teaching)

TABLE 3

DIAGNOSTIC AND OPERATIVE PROCEDURES PERFORMED

Name: Admission Year:

College:

Date	Name	O P No	Procedure	Category O, A, PA, PI

Key:-

O- Washed up and observe – Initial 6 months of admission

A - Assisted senior surgeon – I year MDS

PA – Performed procedure under the direct supervision of a senior surgeon- II year MDS

PI- performed independently- III year MDS

NOTE:- All the log books and evaluation sheets for all academic activities have to be shown to the guide and HOD periodically and signatures should be taken. The same should be maintained and presented at the time of the final examination.

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS
RV DENTAL COLLEGE , 24TH MAIN. J P NAGAR, BANGALORE

ENDODONTIC CASE SHEET

PATIENT NAME: **OPNO**
AGE: **SEX MALE/FEMALE**

ADDRESS: **TEL NO:**

CHIEF COMPLAINT:

SYMPTOMS:

LOCATION: LOCALIZED/DIFFUSED/ REFFERED/ RADIATION

CHRONOLOGY: INCEPTION (SINCE) CONSTANT/ INTERMITTENT

QUALITY: SHARP/ DULL/ PULSATING/ THROBBING/ STEADY/ ANY OTHER

INTENSITY: SPONTANEOUS/ PROVOKED/REPRODUCIBLE

AFFECTD BY:

HOT/ COLD/BITING/CHEWING/PALPATION/ PERCUSSION/

HEAD POSITION/ TIME OF THE DAY

PRIOR TREATMENT:
RESTOTATIVE/ EMERGENCY ROOT CANAL TREATMENT

HEART CONDITION:
ANGINA/CORONARY SURGERY/ PACEMAKER/ RHEUMATIC FEVER/ CARDIAC MURMUR/ HYPERTENSION/ IMMUNE-COMPROMISED

OTHER CONDITION:
ANEMIA/ BLEEDING DISORDERS/
DIABETES/KIDNEY/LIVER/HEPATITIS/HERPES/
HORMONAL/ ASTHMA/ RESPIRATORY DISEASE/ ULCERS/DIGESTIVE DISORDERS/
MIGTRAINE/EPILEPSY/FAINTING/SINUSITIS/GLAUCOMA/MENTAL/NEURAL/
NEOPLASM/ALCOHOLISM/ADDICTION/INFECTION/INFECTIOUS DISEASES/VENEREAL

ALLERGIC TO:
PENCILLIN/ANTIBIOTICS/
ASPIRIN/ASPIRIN/PARACETEMOL/CODEINE/IBUPROFEN/
DICCOGESIC/NARCOTICS/LOCAL ANESTHETIC/ LATEX/EDUGENOL

Format of Case papers

Dr. B.S. Keshava Prasad, MI
Professor & Head
...vati

18

OTHER DETAILS:

RECENT HOSPITALIZATION / CURRENT MEDICATION, IF ANY/PREGNANCY

EXAMINATION:
CLINICL / RADIOGRAPHIC

TOOTH:
WNL/
CARIES/CALCIFICATION/RESORPTION/FRACTURE/PERFORATION/PRIOR/RCT.SEPARATED INSTRUMENT/CANAL OBSTRUCTION/ WILD OPEN APEX/PRIOR ACCESS/RESTORATION

SOFT TISSUE:
WNL/PDL THICKENING/APICAL/LATERAL/HYPER CEMENTOSIS/ PERIODONTAL POCKET/ GINGIVAL RECESSION/ GINGIVITIS/ ACUTE/CHRONIC

CLINICAL TEST:
PERIODONTIUM / WNL/MOBILITY

REACTIONS/RESULTS:
PALPATION:
PERCUSSION:
HOT TEST:
COLD TEST:
EPT:
TRAN ILLUMINATION:
TEST CAVITY:
ANESTHETIC TEST:

DIAGNOSIS:
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PERIAPICAL:
WNL/ACUTEAPICAL PERIODONTITIS/ ACUTE APICAL ABSCESS/ CHRONIC APICAL
ABSCESS/ PHOENIX ABSCESS/ PERIAPICAL GRANULOMA/ PERIAPICALCYST/ OTHERS

PROGNOSIS:
FAVOURABLE/QUESTIONABLE/POOR/UNFAVORABLE RESTORATION/ ORTHODONTIC
TREATMENT/ PERIODONTAL TREATMENT

FINAL RESTORATION:
POST & CORE/ CERAMIC CROWN/ GOLD CROWN/ AMALGAM/ COMPOSITE BUILDUP/ ONLAY/ OTHERS

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTIC
R. V. DENTAL COLLEGE AND HOSPITAL
24TM MAIN. J P NAHAR. IPHASE, BANGALORE

CONSENT FOR RESTORATIVE PROCEDURE AND ENDODONTIC TREATMENT

NAME: DATE:
AGE: O.P.NO:
ADDRESS: TEL.NO:

I.....the undersigned give consent for the Restorative/Endodontic procedure ..... which has been explained to me by .....(P G Student)

1 acknowledge that I have answered all the questions about my health and revealed details of Systemic health, allergies, medication, previous treatment, etc and I will not hold my dentist or any member of staff/ student responsible for any error of omissions that 1 have made during clinical examination.

It has been explained to me that there are certain inherent and potential risks in any treatment procedure and I understand that a perfect result is not guaranteed or warranted and cannot be guaranteed or warranted.

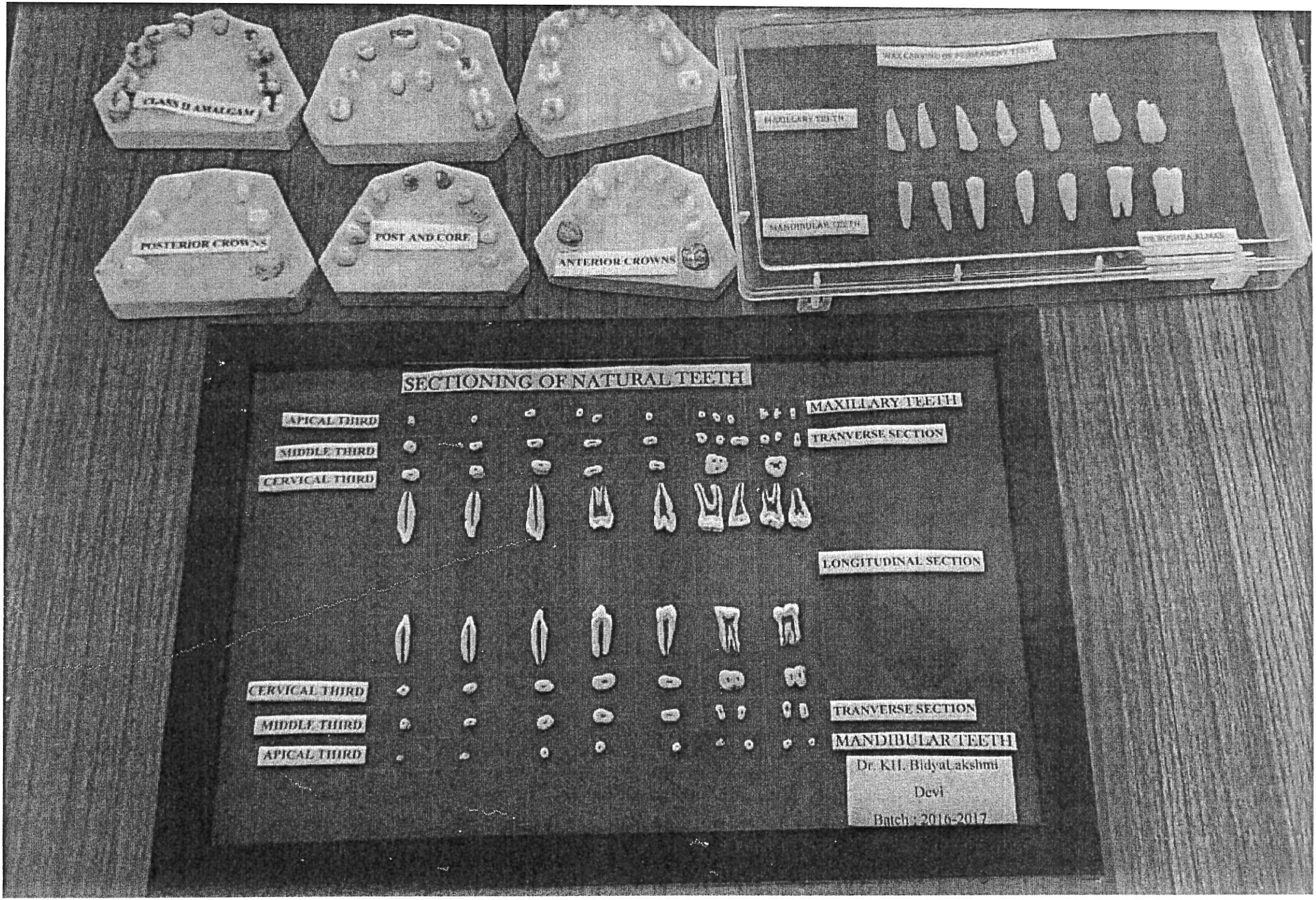
The doctor has explained to me in detail the medication and the post-operative complication which may arise due to the operative procedure / anesthesia and also that vary from patient to patient depending on individual response.

I give my Consent that in the event of any unforeseen complications, I may be shifted to any hospital for further treatment and I will not hold them responsible for any damages, liabilities and expenses incurred. I understand that the doctors, hospital staff and students are acting in good faith and intentions. I also understand the student of this institution will be working under direct supervision of the faculty members of the department. I give my consent to any investigative procedures such as bacterial cultures, sensitivity tests, FNAC, biopsy and the use of approved and standardized materials for conservative and' restorative procedure.

I have no objection to work, research, experiments carried out on my extracted teeth or any other tissue excised by the post graduate students under supervision of the faculty with the understanding that my identity will be kept confidential.

I also give my consent for filming, video graphing, of the operative procedures for the purpose of medical education, records, periodicals and articles.

Patient's Signature Staff Signature Attendant's Signature


CLASS II AMALGAM
POSTERIOR CROWNS
POST AND CORE
ANTERIOR CROWNS
SECTIONING OF NATURAL TEETH
APICAL THIRD
MIDDLE THIRD
CERVICAL THIRD
MAXILLARY TEETH
TRANVERSE SECTION
LONGITUDINAL SECTION
CERVICAL THIRD
MIDDLE THIRD
APICAL THIRD
TRANVERSE SECTION
MANDIBULAR TEETH
Dr. KH. Bidyalakshmi
Devi
Batch : 2016-2017

Clinical Cons PG

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS
RV DENTAL COLLEGE , 24TH MAIN. J P NAGAR, BANGALORE

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Patient's Signature Staff Signature Attendant's Signature

CLINICAL EXERCISES

1. Case history recording, diagnosis and treatment planning.
2. Clinical examination and use of various diagnostic aids
3. Pit and fissure sealants -10
4. Pulp Capping-10
5. Glass ionomer restorations-10
6. Composite restorations in anterior teeth-10
7. Composite restorations in posterior teeth-10
8. CLASS I Amalgam restorations-10
9. CLASS II Amalgam restoration-10
10. Rootcanal treatment for Anterior teeth- 2

Demonstration:

1. Cast inlay restoration
2. Post core restoration
3. Molar endodontic treatment
4. Peri apical surgery
5. Esthetic restorative procedures

- Bleaching of teeth
- Veneers
- Diastema closures etc..

6. Tooth coloured inlays,onlays, crowns.

Department of Conservative Dentistry
& Endodontics
D.A.P.M.R.V. DENTAL COLLEGE & HOSPITAL
CA 37, 24th Main, 1st Phase J.P. Nagar
BANGALORE - 560 078

Pedo Clinical VIVA

TOOTH IDENTICATION FOR 10 CHILDREN

NAME: Harshal Gowda AGE: 7 years OP. NO. 19/1/1163

TEETH PRESENT: ~~54~~ 53 52 51 61 62 63 64
84 83 82 81 71 72 73 74

STAFF SIGNATURE

CLINICAL EXCERCISE

RESTORATIONS

Sl. No.	Date	Hosp. No.	Name of Patient	Tooth Restored	Signature of Staff
1	16/5/19	19/5/7320	Zaiba	64	
2	16/5/19	19/5/7338	Samarth D.M	64, 74	
3	18/5/19	19/5/7288	Nivas P.S	36, 45	
4	21/5/19	19/5/7076	Vaishnavi C.N	85, 75, 84, 65, 55	
5	23/5/19	19/5/7692	Roshni Singh	85, 36, 75	
6	23/5/19	19/5/7580	Keerthi M	65, 85	
7	24/5/19	17/12/30425	R. Akshaya	64, 65	
8	24/5/19	19/5/7076	Vaishnavi C.N	26, 36, 46	
9	27/5/19	19/5/7320	Zaiba	84	
10	28/5/19	19/5/7692	Roshni singh	54, 63, 64	

ORAL PROPHYLAXIS

Sl. No.	Date	Hosp. No.	Name of Patient	Fluoride Applied (YES / NO)	Signature of Staff
1	20/5/19	19/5/7554	B.M Phuthi	No	
2	22/5/19	19/5/7580	Keerthi. M	No	
3	23/5/19	19/5/7692	Roshni Singh	No	
4	3/6/19	19/5/7650	Abhijit Mandal	No	
5					
6					
7					
8					
9					
10					

FISSURE SEALANT APPLICATION

Sl. No.	Date	Hosp. No.	Name of Patient	Tooth Restored	Signature of Staff
1	17/5/19	19/S/7394	Swati	16, 26	
2					
3					
4					
5					

EXTRACTIONS

Sl. No.	Date	Hosp. No.	Name of Patient	Tooth Extracted	Signature of Staff
1	22/5/19	19/S/7580	Keerthy. M	[redacted] 83	
2	3/6/19	19/S/7650	Abhijit Mondal	73, 83, 84	
3					
4					
5					
6					
7					
8					
9					
10					

STUDENT PROJECTS

Sl. No.	Date of submission	Title	Signature of Staff
1	[redacted]		
2			

Ph Clinical
Peds.

SCHOOL DENTAL HEALTH PROGRAM

SL.NO	NATURE OF WORK DONE		NO.OF CASES TREATED	NO.OF PROGRAMS ATTENDED
1	ORAL PROPHYLAXIS		5	
2	TOPICAL FLUORIDE APPLICATION			
3	PIT AND FISSURE SEALANT RESTORATIONS			
4	CAVITY PREPARATION	CLASS – I		
		CLASS – II		
5	RESTORATIONS	G.I.C	4	
		COMPOSITE		
	TOTAL TREATED			

SIGNATURE OF STAFF

INSTRUCTIONS FOR RECORDING CASE HISTORY

Case number
Enter a sequential number to record the total number of case histories recorded.

Hospital number
Enter the Out Patient card number given by the reception.

Patient name
Enter the name of the patient for better communication.
Also provides the patients cultural background.

Date of Birth (D.O.B.)/ age
This enables calculation of chronologic age and correlate the same with dental age (based on the last erupted tooth in the oral cavity).
Some oral diseases show age predilection.
Age helps calculate drug dosage. It is also a significant factor in treatment planning.

Sex
Correlates with sex predilection of some diseases. Growth and development shows variation in boys and girls.

Place of birth
Record of city/town helps identify endemic conditions.

Name of parent/accompanying person
Facilitates communication and builds rapport.

Occupation of parent
This helps determine the family socioeconomic status.

Address and Phone number
Record full mailing and contact details for communication.

Languages known
Mention all languages known .

Siblings
Record the names of brothers/sisters and their ages in order to assess caries patterns within families.

Chief complaint
This should be recorded in the patient's own words. This indicates the reason for which the patient reported to the dentist.

History of Present Illness
This includes a detailed description of the chief complaint including pain, swelling, mobility – the duration, mode of onset, severity, nature, aggravating and relieving factors, associated symptoms, postural and diurnal variations.

Past dental history
Record of previous visit to a dentist, reason for visit, type of treatment undergone, reason for tooth loss if any.
Add a note on patient's attitude to past dental care.

Past medical history

Systematically document symptoms of as well as treatment for any systemic illness, any hospitalizations as these can significantly alter the treatment plan, pose major risk during treatment to the patient and/or dentist as well as affect the prognosis of care.

Physician's/Pediatrician's Name and contact number

This whenever available will help obtain immediate opinion regarding the patient's health status as well as help enhance professional relationships.

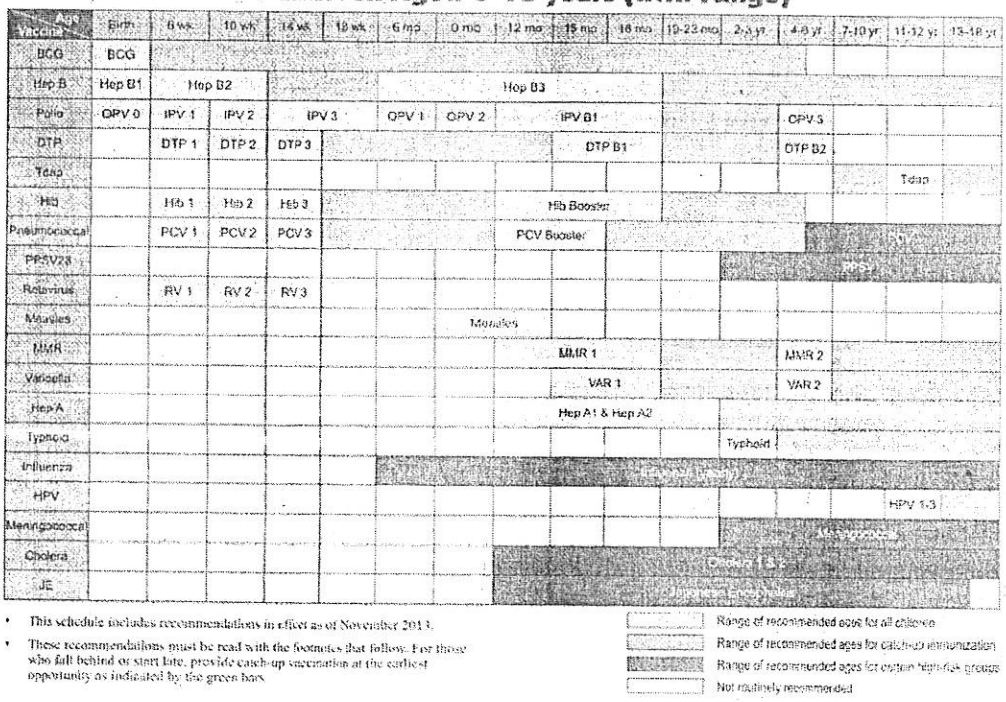
Allergy history

Record all known allergic reactions actual/suspected to any substances including medicines. If present the allergen should be written prominently on the patient's case sheet/card and the parent/patient should be instructed to inform the treating doctor of the same whenever he visits.

Immunization status

Confirm with the parent if the child has been immunized as per the current Immunization schedule followed which is usually recorded in the child's health records.

IAP Recommended Immunization Schedule 2013
for Children Aged 0-18 years (with range)



- This schedule includes recommendations in effect as of November 2013.
- These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars.

Range of recommended ages for all children
Range of recommended ages for catch-up immunization
Range of recommended ages for certain high-risk groups
Not routinely recommended

History of hospitalization

Record any hospitalizations as these will correlated with the medical history recorded. Obtain patient's hospitalization records especially the discharge summary if required.

Prenatal, natal, postnatal and infancy history

Record any significant prenatal details such as, maternal illnesses during pregnancy, drug/antibiotic therapy, presence of rH incompatibility between mother and baby.

Natal history should include - type of delivery, full-term/premature birth, any forceps use birth weight and neonatal jaundice. Postnatal and infancy history should include delay in developmental milestones, delay in eruption of teeth, duration of breast/bottle feeding, age of weaning, use of pacifiers, occurrence of convulsions medications or nutritional supplements given.

Personal history
This includes type of diet – vegetarian/non-vegetarian/mixed
Brushing habits – When does the child brush, morning/evening/both
Is the child supervised while brushing How frequently is the toothbrush replaced?
Does the child use dental floss? If yes, how often?

Behavioral History
To know from the past medical or dental experience and to schedule the child's appointment and to find out the ability of the child in understanding the dentist.
1.Has the child had an unpleasant medical or dental experience?
2How do you think the child will react to this visit? Very poorly/ poorly/ well/ excellent.
3.Does the child nap during the day? When?
(Appointments to be avoided during napping hours)
4.Does the child have problems in learning, concentrating, cooperating, and understanding?
5.How does the child react without you in a new and possibly stressful situation?

Examination
Height to be measured in cms. And weight in kgs to find out whether the child is averagely built or below average and to be treated accordingly.

General appearance of child:
Stature:
The general survey is done quickly as the child enters the reception room or operatory. To find out whether the patient is over all tall or short for his age.
Child's height may be compared to that of others by reference to a percentile growth
table or chart
Sheldon's body types is noted:
Ectomorph – thin and bony stature
Endomorph – fat and broad
Mesomorph – muscular

Gait:
As the child walks into the dental office the examiner can quickly ascertain weather the gait is normal or affected. Most abnormal gait is that of a sick child walking with the unsteady gait of weakness.

Check for vital signs:
Pulse, respiratory rate, pallor, cyanosis, clubbing, icterus, edema, etc.

Cleanliness
Observing the child's overall appearance, cleanliness of the hair, fingernails and skin assesses this.

Hands:
The patient's hands may reveal information pertinent to the comprehensive diagnosis. The dentist may first detect an elevated temperature by holding the patient's hand. Cold, Clammy hands or bitten fingernails may be the first indication of abnormal anxiety in child. Calloused or unusually clean digit suggests a persistent sucking habit. Clubbing of the fingers or a bluish color in the nail bed suggest congenital heart disease that may require special precaution during dental treatment.
Check for shape of fingernails

Habits:
Dentist should see in these habits, the possibility of harmful unbalance pressure which may be brought to bear upon the immature, highly malleable alveolar ridges, the potential changes in position of teeth and occlusion, which may become decidedly abnormal if habits are continued for long period of time. It is of the great

rtance for the dentist to be able to diagnose the changes in oral structure, which appear to result from oral
s.

a orally look for:

1) Wet finger that will be pale in color and usually clean.
2) Scab formation can be seen, short nails.

a orally look for:

1) Anterior open bite
2) Proclination of the upper incisors and retroclination of the lower Incisors
3) Maxillary arch constriction.

dism:

ism means night grinding of the teeth

ings:

1) Abnormal attrition of primary and permanent teeth
2) Periodontal disease and TMJ disturbances

gue Thrusting:

ormal Tongue position and a deviation from the normal movement of the tongue during swallowing have been associated with anterior open bite, protrusion of maxillary incisors, deviate swallow, visceral low or infantile swallow can be seen.

n bite, protrusion of incisors and Lisping can be seen

th Breathing:

thing through Mouth. Tests to be done are

1) **Butterfly Test:**
   A butterfly shaped piece of cotton is placed over the upper lip below the nostrils. If the cotton flutters down it indicates nasal breathing, if it does not, mouth breathing can be suspected.
2) **Fog Test:**
   A double mouth mirror is held between the nose and the mouth.
   Fogging on the nasal side indicates nasal breathing and fogging on the oral side indicates mouth breathing.
3) **Water test:**
   The patient is asked to fill his mouth with water and retain it for period of time.
   While nasal breathers accomplish this with ease, mouth breathers find the task difficult.

Clinical Findings

Adenoid Face, upper anterior teeth protrude labially; lips are open with lower lip extending behind the upper lips. High arched V-Shaped Palate, posterior cross- bite, xerostomia, increased caries activity, gingivitis

ra Oral Examination

anium:

e and shape of the head: The size of the Child's head can be normal, too large or too small. Macrocephaly large head is frequently due to a developmental or early traumatic disturbance. Microcephaly or small head y be due to a growth disturbance, a disease or trauma affecting the CNS.

normal Head Shapes may be caused by premature closure of the sutures, interference with the growth of cranial bones.

Face:
Observe the patient's face, some diseases for example; Parkinson's disease, depression, hypothyroidism, thyrotoxicosis, Acromegaly and third and seventh cranial nerve palsies produce characteristic facial appearance.

Skin:
The skin of the face, like that of the hands, should be observed for signs of disease. A number of primary and secondary skin lesions may be found on the face. While the child's face tends to reflect the general health, the observed changes may not necessarily be directly related to a dental problem.

Eyes:
The Dentist should observe and recognize any abnormalities of the structures of the eyes and the surrounding tissues. Check the sclera for icterus, indicating jaundice and blue coloration as in case of osteogenesis imperfecta. Check the lower palpebral conjunctiva for signs of pallor. Rule out any oral condition as etiologic factor and refer the patient to a reputed ophthalmologist for a complete examination.
Example: inflammation associated with maxillary teeth may extend to the orbital region, causing swelling of the eyelids and conjunctivitis

Lips:
The lips protect teeth from trauma and are therefore frequent site of contusions in children. Nutrition and allergic reaction may cause dramatic changes in the lips, scars may be evident of surgical repair of developmental anomalies of past trauma. Any swelling or mass in the lips is palpated between the thumb and first finger to note the size and consistency. Note lip color, texture and any surface abnormalities, angular or vertical fissures, lip pits, cold sores, ulcers, scabs, nodules, keratotic plaques and scars. Palpate upper and lower lips for any thickening or swelling. Note orifices of minor salivary glands and the presence of Fordyce's granules

Lymph Nodes:
Normal lymph nodes may be difficult to palpate, enlarged lymph nodes are usually readily located. Many patients have isolated enlarged submandibular and cervical nodes
from past oral or pharyngeal infection. Nodes draining area of active infection are usually tender, the overlying skin may be warm and red and there may be the history of recent enlargement. Nodes enlarged as result of metastatic spread of malignant tumor have no characteristic clinical appearance. Check whether the nodes are single or multiple, fixed moveable, firm, hard or soft in consistency, discrete or matted, tender or non-tender.Examination is done by standing behind the patient and palpating the areas that include sub mental, submandibular, preauricular, post auricular, occipital, glands.

T.M.J:
Observe deviations in the path of the mandible during opening and closing, as well as the range of vertical and lateral movement. Palpate the joints and listen for clicking and crepitus during opening and closing of the jaw. Note any tenderness over the joint. Sore masticatory muscles may also signal TMJ dysfunction. Such deviations from normal TMJ function may require further evaluation and treatment. Examination should be done by standing in front of the patient and placing the finger in pretragus area

Intra Oral Examination

Tongue:
The child should be asked to extend the tongue so that the examiner may note its size, shape, color and movement. Pathologic enlargement of the tongue may be due to cretinism or mongolism or may be associated with cyst or neoplasm. A desquamation of the surface papillae associated with the change in color and tenderness may be due to certain avitaminosis, anemia or stress disorders. The surface of the tongue in the

small child is fairly smooth and slick. Dryness of the tongue may be due to dehydration or may occur in children who are mouth breathers. The tongue may be coated white, grayish or brownish white in the febrile state or in early stages of exanthematous diseases

Palate:
The child's head should be tipped back slightly for direct observation of the shape, color and presence of any lesions on the hard and soft palate. The consistency of deformities or swellings should be investigated carefully by palpation. Scars on the Palate may be evidence of past trauma or surgical repair of developmental anomalies. Example: clefts.
Neoplasms, infection or systemic disease or chemical agents may cause color changes.

Buccal and Labial Mucosa:
Normally the buccal and labial mucosa is pink. However melanin may cause a normal physiologic brownish pigmentation frequently seen in the Negroid face. On the other hand Addison's disease and intestinal polyps may cause a pathologic brownish or bluish black pigmentation of these tissues. Check for red or white lesions, blanching, ulcers and swellings. Check whether normal pliability of mucosa is present or any fibrotic changes have occurred. Check for openings of Stensen's duct opposite to maxillary first molar. Look for cheek bite.

Gingiva:
The gingival color, size, form, consistency and capillary fragility should be noted. Redness and swelling may be due to inflammation from poor oral hygiene. Be aware the gingiva is sensitively responsive to metabolic and nutritional changes, certain drugs and developmental disturbances. As a tooth erupts the overlying gingiva may be swollen, pain -full and inflamed. Periodontal pockets, furcation involvement, gingival recession should be checked.

Floor of the Mouth:
With the tongue still elevated, observe the openings of the Wharton's ducts, the salivary pool and the character and extent of right and left secretions and any swellings, ulcers and red or white patches. Swellings in the floor of the mouth may cause the tongue to be elevated which affects the speech and tongue movement of the child. The openings of the sublingual and sub maxillary salivary glands and minor salivary glands may become clogged, causing a mucous retention cyst or ranula.

Frenal Attachment:
An Abnormally short lingual frenum may prevent the tip of the tongue from coming forward. Such frenula may be responsible for certain speech defects. High labial or buccal frenum may cause tension on the gingiva leading to detachment of gingiva pre disposing to periodontal disease.

Tonsils:
The examiner must depress the tongue with either a mouth mirror or a tongue blade to note any color changes, ulcerations or swelling. Proliferation of the laryngeal tonsil tissue can obstruct the passage of food and air.

Hard tissue.
Teeth present:
It should be recorded in FDI system. Record number of deciduous and permanent teeth accurately.

Dental caries:
Mention all teeth with enamel caries only.
Mention teeth with enamel and dentin caries.
Mention teeth with caries involving enamel, dentin and pulp.

Fractured teeth:
Mention teeth fractured according to Ellis' classification.

Mobility:
Mention if teeth mobility is physiological or pathological.
Grading of mobile teeth should also be done if mobility is pathological.

Discolored teeth:
Mention if teeth are discolored. If they are, mention the color and if they are intrinsic or extrinsic stains.

Congenitally missing teeth:
Mention, which teeth are missing. Care should be taken while listing a tooth as missing, it should be dc only after considering the patient's chronological age.

Occlusion:
Ask the patient to bite down on his back teeth. Molar, cuspid interdigitation should be carefully ch bilaterally. Check for any crowding or spacing, deep bite, other malocclusion. I the Permanent molar present, the flush terminal plane should be considered.

Oral hygiene index-simplified :
It is the measure used for the total surface area covered by calculus and debris.
It is composed of calculus index and debris index. Teeth to be examined: 16,11,26.36.31,46.
Surfaces to be examined: Buccal surface of 16, 26.
Labial surface of 11, 31.
Lingual surface of 36,46.
If the teeth to be examined are missing then the adjacent tooth has to be examined.
Ex: If UPPER FIRST PERMANENT MOLAR is missing then SECOND PERMANENT MOLAR has examined.

Debris Index:
It is measured by placing the probe in the incisal third of the tooth and moving to the gingival third.
The tooth is divided into incisal, middle, and gingival third.
Score - 0- if there is no debris on the tooth surface.
Score – 1 - If there is debris present on the incisal one third of the tooth surface.
Score – 2 - If there is debris present on more than one third but less than two third of the tooth surface.
Score – 3 - If there is debris present on more than two third of the tooth surface.

Calculus Index:
It is measured by moving the probe from distal gingival crevice to the mesial gingival crevice.The t divided into distal, middle and mesial third.
Score – 0 -If no calculus.
Score – 1 -If supragingival calculus covering not more than one third of the exposed tooth surface.
Score – 2 -If supragingival calculus covering more than one third but less than two third of the exposed tooth or presence of the individual flecks of sub gingival calculus
Score – 3 -Supra gingival calculus covering more than two third of the exposed tooth surface or continuous band of sub gingival calculus around the cervical portion.

DI

6	1	6

CI

6	1	6

(Add all the scorings divide it by number of teeth examined. It should be done separately for DI &CI)

$$OHI(s) = DI + CI$$

Grading
0.0-1.2 – good
1.3-3.0 – fair
3.1-6.0 – poor
Rules for DMFT/dmfs

1. No tooth should be counted or listed more than once.
2. Any tooth decay /temporary filling should be listed under decayed.

3. Any tooth, which needs to be extracted immediately, should be listed under missing.
4. Any unerupted tooth should not be listed under missing.
   If only the root is present or the tooth missing due to the caries, then we should assume that there was decayed crown and list it under missing. [Posterior as 5 surfaces &anterior as 4 surfaces missing.]
5. In permanent restorations F/f for permanent and deciduous teeth respectively should be written. In temporary restorations, D/d for permanent and deciduous tooth respectively should be mentioned.

6. **Deciduous tooth should not be listed under DMFT and permanent teeth should not be listed under dmft.**
7. In a group of children the number of decayed teeth should be counted and the average should be taken.
8. Any tooth that is decayed, missing or filled should be listed separately.

Provisional diagnosis:
Should be arrived at with respect to the chief complaint and any other oral condition observed
Investigations:
Medical: - Example: Blood and urine examination etc …
Dental: - **Example: Radiographs etc…**

Confirmatory Diagnosis:

1. Should be based on all the findings and the history and it should be pertaining to the chief complaint of the patient.
2. Any other diagnosis that you may come across during examination should be entered after the first diagnosis.

Treatment plan:

1. **Emergency/Surgical Phase:**
   (a) Emeregency abscess drainage / pulp therapy/ wound repair/ splinting/ emergency procedures.
   (b) Antibiotics and analgesics is given to relieve the pain.
2. **Medical and systemic phase:**
   (a) When the history and examination suggest a past or present medical problem, the dentist should refer the child to a physician to ensure the health and safety of the child during treatment.
   (b) Premedication of apprehensive children, spastic patients or those with cardiac problem is frequently necessary. Such premedication should be done only after consultation with the child's physician.
3. **Preventive Phase:**
   (a) Oral Prophylaxis and fluoride treatment
   (b) Pit and fissure sealant application
   (c) Oral hygiene counseling
   (d) Diet counseling
   (e) Caries Control
   (f) Orthodontic Consultation
4. **Corrective Phase:**
   (a) Extractions
   (b) Restorations
   (c) Minor oral surgical procedures
   (d) Space maintainers
   (e) Minor orthodontic corrections
   (f) Prosthetic rehablitation
5. **Periodic recall examination and maintenance Phase:**
   Based on the oral hygiene status and the treatment given to the patient recall the patient as required.

DRUG DOSAGE CALCULATIONS FOR CHILDREN UNDER 12 YEARS

1. YOUNG'S FORMULA = $\frac{\text{AGE IN YEARS}}{\text{AGE IN YEARS} + 12}$ x ADULT DOSE

2. CLARK'S FORMULA = $\frac{\text{WT. IN POUNDS}}{150}$ x ADULT DOSE

3. FRIED'S FORMULA = $\frac{\text{AGE OF CHILD IN MONTHS}}{150}$ x ADULT DOSE

4. DILLING'S FORMULA = $\frac{\text{AGE}}{20}$ x ADULT DOSE

5. COWLING'S FORMULA = $\frac{\text{AGE AT NEXT BIRTHDAY}}{24}$ x ADULT DOSE

LIST OF TOPICS TO BE WRITTEN IN OBSERVATION BOOK

- Students are instructed to write notes on the following topics in the beginning of thier clinical posting and submit the same to the department at the end of thier posting.
- Draw diagrams wherever necessary.
- Maintain a 200 pages one sided note book for the same.

TOPICS

- Introduction to pedodontics.
- Primary tooth morphology.
- Chronology of primary and permanent teeth.
- Differences between primary and permanent teeth.
- Tooth numbering system.
- Glass ionomer cement , amalgam, composites.
- Sterilization and disinfection.
- Radiographic techniques.
- Steps in cavity preparation.
- Local anesthesia and exodontia.
- Chair side position.
- Importance of first permanent molar.
- Pit and Fissure selants , Preventive Resin restorations.
- Set up of pedodontic clinic.

LIST OF TEXT BOOKS TO BE REFERRED

- PEDIATRIC DENTISTRY: INFANCY THROUGH ADOLESCENCE -PINKHAM
- KENNEDY'S PEDIATRIC OPERATIVE DENTISTRY- KENNEDY AND CURSON
- CLINICAL PEDODONTICS- FINN
- DENTISTRY FOR ADOLESCENT – MC DONALD AVERY
- PEDIATRIC DENTISTRY-MATHEWSON
- PEDIATRIC DENTISTRY- DAMLE S G
- CLINICAL PEDODONTICS- SHOBHA TANDON
- PRINCIPLES AND PRACTICE OF PEDODONTICS- AARTHI RAO

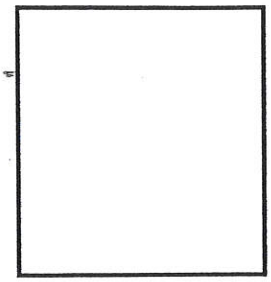
Ortho Clinical Ph

DAPM R.V. DENTAL COLLEGE AND HOSPITAL

(RECOGNIZED BY THE DENTAL COUNCIL OF INDIA, NEW DELHI.)
(AFFILIATED TO RGUHS, KARNATAKA, BANGALORE)

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS

POST GRADUATE LOG BOOK



NAME OF THE STUDENT: Dr. Vinay S Hegde

ACADEMIC YEAR: 2019 MDS/DIPLOMA

NAME AND DESIGNATION OF THE GUIDE: Dr. Prashanth C.S
Prof + HOD

SIGNATURE OF THE STUDENT:

CERTIFICATE

This is to certify that the content of this log book is the bonafide work of Dr. Vinay S Hegde, a Postgraduate student of Department of Orthodontics and Dentofacial Orthopaedics of DAPM R.V. Dental College and Hospital, Bangalore, Rajiv Gandhi University of Health Sciences for the academic year 2019

Guide

(signature)

Professor and H.O.D.

(signature)

Dept. of Orthodontics &
Dentofacial Orthopaedics
D.A.P.M.R.V. Dental College
J.P. Nagar, 1st Phase,
Bangalore - 560 078.

Ortho Clinical VK

D.A.P.M.R.V. DENTAL COLLEGE & HOSPITAL

J. P. NAGAR, BANGALORE - 560 078.

Certificate

This is to Certify that

Mr. / Ms. Sahana. L.S.

Reg. No. 15 D1827 *has satisfactorily*

completed the clinical work in

Department of Orthodontics & Dentofacial Orthopedics

Prescribed by the Rajiv Gandhi University of

Health Sciences for the III B.D.S & IV B.D.S

Course during the Year 2018 / 2020.

Date : 18/1/2020

Professor and Head
Department of Orthodontics & Dentofacial Orthopedics
D.A.P.M.R.V. Dental College
Bangalore

Dept. of Orthodontics &
Dentofacial Orthopaedics
D.A.P.M.R.V. Dental College
J.P. Nagar, 1st Phase,
Bangalore - 560 078.

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CASE RECORD

No. 1

Patient's Name : Amrutha Rao.

Date of Birth : 9/11/1997 Ortho No : O.P. No. :

Postal Address : 005 Ramalokapuram Ethnic Origin : Indian Religion : Hindu.
A.P. Nagaththar.

Father/Guardian's Name : Srinivas. Occupation Student Diet : Vegetarian

HISTORY

1. CHIEF COMPLAINT pt c/o irregularly placed anterior teeth.

2. PRE-NATAL HISTORY

Informer : Self

Condition of Mother during Pregnancy : Unaware

Delivery Type : Unaware.

3. POST-NATAL HISTORY

Feeding : Unaware

Duration and Frequency, of bottle feeding : Unaware.

Milestones of Development : Unaware.

4. CHILDHOOD DISEASES No relevant history

5. HABITS No relevant history

6. INJURIES No relevant history

7. FAMILIAL MALOCCLUSION HISTORY

Parents : Unaware. Siblings : Unaware.

8. GENERAL HISTORY

Reasons for taking Orthodontic Treatment : Esthetics/Functions/Speech/Hygiene

Patient's Concern for Orthodontic Treatment : Esthetics.

Attitude of Patient to Treatment : +ve / -ve / to be motivated

9. PUBERTAL STATUS Post pubertal.

10. ANY OTHER INFORMATION Nil.

CLINICAL EXAMINATION

1. PHYSICAL STATUS :

Build : Well Height : 155cm Weight : 60kg Body Type : Endo

2. EXTRA ORAL EXAMINATION

Shape of Head : Mesocephalic.

Facial Form : Mesoprosopic.

Facial Profile : Orthognathic profile.

Facial Divergence : Straight profile.

3. FUNCTIONAL EXAMINATION

Respiration : No abnormality detected.

Mastication : No abnormality detected.

Postural Rest Position : No abnormality detected

Perioral Muscle Activity : No abnormality detected

Amount of incisor exposure : During Speech ..... 4 ..... m.m

During Smile ..... 10 ..... m.m

Interlabial Gap : 1mm

Lip Posture and Tonicity : Competent

Mento Labial Sulcus : Normal

V.T.O. :

Deglutition : No abnormality detected.

Speech : No abnormality detected.

Hyperactive Mentalis/Hypotonic Upperlip : absent.

T M J : No abnormality detected

Others : —

4. INTRAORAL EXAMINATION

Soft Tissues :

Oral Hygiene Status : Satisfactory

Gingiva : Normal / Oedematous / Fibrous

Brushing Habits : Good / Satisfactory / Poor

Position of Mucogingival Junction : No abnormality detected

Frenal Attachment Upper/Lower : mandibular - normal maxi

Tongue : Size No abnormality dete

Shape No abnormality det

Movements No abnormality d

Oral Mucosa : No abnormality detect

HARD TISSUES :

Number of teeth present :

7 6 5 4 3 2 1	1 2 3 4 5 6 7
7 6 5 4 3 2 1	1 2 3 4 5 6 7

Number of unerupted teeth :

8	8
8	8

Supernumerary /Missing teeth :

Size, form of teeth : No abnormality detected

Texture : No abnormality detected

Caries : absent

Endodontically Treated : absent

Occlusal Facets wear : absent

Maxillary Arch :

Shape : Average / 'V' Shaped / 'U' Shaped / Square

Arch Symmetry : Symmetrical / Asymmetrical

Arch Alignment : Rotated 13, 23, 24

Palatal Contour : Normal.

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Mandibular Arch :

Shape : Average / 'V' Shaped / 'U' Shaped / Square

Arch Symmetry : Symmetrical / Asymmetrical

Arch Alignment : Rotated 33495

Relation of Mandibular to Maxillary Arch :

Maximum Opening (Incisal edges) : Hmm.

Freeway space : 2mm.

Curve of spee : 2mm.

Midline : Upper : No deviation. Lower : Shifted to right side by 2mm Functional : Absent

Antero-Posterior Relationship :

Molar Relation : class I

Canine Relation : class I

Incisor Relation : class I

Classification :

A-P:

Overjet ..... 2 ..... m. m.

Vertical Relationship :

Overbite ..... 4 ..... m. m. / ..... Percentage

Transverse Relationship :

Crossbite / Scissor bite etc., Right 15, 45

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Bolton's analysis

Maxilla.	11	7	7.5	8	7	9	9	7	8	7.5	7	11
	6	5	4	3	2	1	1	2	3	4	5	6
Mandible.	11	7.5	7.8	7.5	5.5	6	6	5.5	7	8	7.5	11

Sum of maxillary 12 = 99

Sum of mandibular 12 = 91

Overall ratio $= \frac{91}{99} \times 100 = 91.9\%$

Inference:

Since overall ratio is greater than 91.3% there is mandibular tooth excess.

Mandibular excess $= 91 - \frac{99 \times 91.3}{100} = 91 - 90.4 = 0.6mm$

Sum of max 6 = 48.

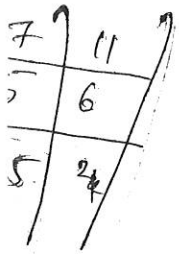
Sum of mand 6 = 38

Anterior ratio $= \frac{38}{48} \times 100 = 79.1\%$

Inference:

Since anterior ratio is more than 77.2% there is mandibular tooth excess.

Mand anterior excess $= 38 - \frac{48 \times 77.2}{100} = 0.94mm$



CEPHALOMETRIC ANALYSIS

Carey's Analysis

Arch Length anterior to 1st permanent molar = 68mm.

Sum of mesiodistal width of teeth anterior to 1st molar = 69mm

Discrepancy = 1mm.

Arch perimeter analysis

Arch length - anterior to 1st permanent molar = 75mm.

Sum of mesiodistal width of teeth anterior to 1st molar = 77mm.

Discrepancy = 2mm.

Inference

Since the discrepancy is less than 2.5mm for both the arches it is feasible to do proximal stripping

85mm.

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DIAGNOSIS & TREATMENT PLAN

Diagnosis : Angle's class I molar relation class II incisor cant

Rotation wrt 13, 23, 43, 45
Cross bite wrt 15, 45
Lower midline shift to right side by 2mm

Treatment Objectives :

To derotate 13, 23, 24, 33, 45
To correct Lower midline shift
To maintain class I molar re
-Skip

Type of Appliance (Mechanotherapy) :

- Proximal stripping of both arches
Fixed mechanotherapy - Pre adjusted edgewise.

Design of Appliance :

Retention : Periodontium wrt 13, 23, 24, 33 945
Begg's retainer for upper arch
Fixed lingual retainer for lower arch