

Miller-McEntire Periodontal Prognostic Index

www.pdmillerswebtextbook.com

*Our goal is a score of less than 5

Tooth	#	#	#	#
Date	Exam	Treatment	Post-op	Post-op
Age				
Diabetes				
Smoking				
Molar Type				
Probing Depth				
Furcation				
Mobility				
TOTAL				
15 Year Prognosis				
30 Year Prognosis				

Score	15 Year	30 Year
1	98%	94%
2	97%	93%
3	96%	89%
4	95%	85%
5	93%	80%
6	90%	74%
7	86%	66%
8	81%	56%
9	75%	45%
10	67%	33%
11	53%	22%

Excellent
Good
Guarded

Statistically, a score under 4.3 means you should never lose a tooth to periodontal disease

Smoking increases your chance of losing teeth to periodontal disease by 246%

If the A1C score is unknown, assign it a score of 2

Age	A1C Levels	Smoking	Molar Type	Probing (mm)	Furcation	Mobility
1 - 39 = 0	< 6 = 0	Non-smoker = 0	Mand = 0	< 5 = 0	None = 0	None = 0
> 40 = 1	6.1 - 7.0 = 1	Smoker = 4	Max 1st = 1	5 - 7 = 1	1 = 1	1 = 1
	7.1 - 8.0 = 2		Max 2nd = 2	8 - 10 = 2	2 = 2	2 = 2
	8.1 - 9.0 = 3			> 10 = 3	3 = 3	3 = 3
	> 9.1 = 4				T-T = 3 "through & through"	

Keys to success:

- Brush and clean interdentally daily
- Clean the posterior third of the tongue daily
- Complete the recommended treatment
- Adhere to the recommended maintenance schedule
- Control your blood sugar (if diabetic)
- Stop smoking or at least cut back to under 5/day
- For smoking counseling, call 1-800-QUIT-NOW (784-8669)

If you have family or friends interested in saving their teeth, we welcome your referral.

Periodontal Treatment Planning Worksheet

(Circle all that apply)

P.D.

miller

1 CLINICAL SIGNS OF PERIODONTAL DISEASE

<u>TISSUE CHANGES</u> (pre probing)	<u>GINGIVAL DEFECTS</u> (during probing)	<u>*CLINICAL ATTACHMENT LOSS</u>
Redness Edema Loss of Stippling Fibrotic Tissue Absence of knife edge margins Enlarged Tissue Blunted Papilla Frenal Involvement	Attached/Unattached Recession BOP	Recession Probing Depth Bone Loss

2 PREDISPOSING (ETIOLOGIC) FACTORS

ELIMINATE	CONTROL	or ALTER
Defective Restorations Open Contacts Uneven Marginal Ridges Plunger Cusps Food Impaction Ill-fitting Prosthesis **Smoking/Smokeless Tobacco **Intraoral Jewelry Occlusal Disease **Toothbrush Abrasion	**Plaque **Calculus **Systemic Factors	**Diet **Patient's Responsibility

3 QUANTITATING BLEEDING ON PROBING

SLIGHT (trace) – Delayed = minimal inflammatory response

MODERATE – Spontaneous = greater inflammatory response

SEVERE – Profuse and persistent = and even greater inflammatory response

4 TREATMENT FOCUSED DIAGNOSIS

<u>HEALTH</u>			
<u>HEALTH W/ATTACHMENT LOSS</u>			
<u>GINGIVITIS:</u>	GENERALIZED	LOCALIZED	(AREA)
			()
<u>PERIODONTITIS:</u>	GENERALIZED	LOCALIZED	(AREA)
	SLIGHT (5MM)	SLIGHT	()
	MODERATE (6-7MM)	MODERATE	()
	SEVERE (>7MM)	SEVERE	()

5 TREATMENT OPTIONS

<u>HEALTH</u>	<u>GINGIVITIS</u>	<u>PERIODONTITIS</u>
EVALUATE OHI SCALE POLISH	OHI SCALE POLISH RE-EVALUATE	OHI SCALE ROOT PLANING RE-EVALUATE

60% of bacterial removal from the tooth surface is by brushing alone
 40% of bacterial removal from tooth surface is by flossing
 90% of remaining bacteria after brushing and flossing are found on the posterior 1/3 of the tongue

6 TREATMENT FOR BAD BREATH

ONCE YOU BRUSH AND FLOSS use a tongue scraper to remove bacteria on the posterior 1/3 of the tongue.

This area of the tongue contains sulfur forming bacteria that give off the smell of rotten eggs.

Tongue Scraper – Tongue Sweeper (Biocurv Medical)
www.tonguesweeper.com; (800) 589 - 3043