

## Letter to the Editor

Throughout society more attention is being paid to the importance of oral hygiene and the prevention of periodontal disease. Many of our orthodontic patients do not do a very good job of keeping their mouths and teeth clean. This is particularly true when they have not been taught a proper cleaning technique. To simply hand an individual a brush and say "have a go at it," is entirely inadequate. As clinicians we have a responsibility to teach our patients how to maintain healthy teeth and mouths.

Very few people know how to brush their teeth efficiently unless they have been properly trained. Most children load their brush with paste, bend over, and start brushing with their heads almost to the bottom of the wash basin. They start brushing both the upper and lower front teeth at the same time, seldom touching the soft tissues. . . and, with that. . . the job is finished.

A much better way is to ask the person to stand erect and to look in the mirror to closely observe the brushing process. It could be suggested to right-handed people that they start brushing the buccal surfaces of the maxillary molars on the left side. Then, with short, horizontal strokes, gradually move anteriorly, tooth by tooth, slowly brushing each tooth and the soft tissue until the centrals are reached. The same procedure would follow on the right side as well. The lingual surfaces are then brushed in similar manner with special attention paid to these surfaces in the mandibular arch.

In addition to thorough brushing, it is important for us all to recognize the value of rinsing, whether we rinse with water, mouthwash or fluoride. The following steps can help:

First, take a mouthful of water from a CLEAR glass and rinse vigorously for 10 to 15 seconds. Empty the mouthful back into the glass and hold it up to the light taking note of the floating food particles.

Next, take a second glass of water and after another rinse, note that there are fewer food particles than in the first rinse.

A third rinse usually shows clear water in the glass. Flossing in some cases is necessary and should be done before rinsing.

Removal of plaque on the gums can be done more effectively with a toothbrush after the toothbrushing has been completed.

This procedure of rinsing can be done at other times of the day such as after eating, and whenever brushing is inconvenient. When these suggestions become habits it can only result in cleaner teeth, healthier soft tissues and fresher breath. One should not forget to praise the cooperative patients and congratulate them when improvement is noticed. Even people with retainers have to be reminded to floss, rinse and brush thoroughly. The last rinse can, of course, be fluoride.

The letters "PI" for Prophylactic Instructions can be entered on the patient's chart and underscored in red to remind one later that appropriate attention was given toward improving oral hygiene.

The coordination of regularly scheduled appointments with a hygienist can also be coordinated by the orthodontic office. A circle can be placed in red on the patient's chart at six month intervals with a "D" in the center. This will serve to remind all concerned when it is time for the individual to see the dental office for a prophylaxis or dental care.

The old adage that states "The more things change, the more they stay the same," certainly does not apply to the dental profession. The last 60 years has seen tremendous progress and it has been my good fortune to witness much of this change. What will the science of orthodontics be like in another 60 years? Only time will tell, but you can be certain that continuous improvements in every phase of our work are inevitable.

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*(Dr. Lewis, one of the founders of the graduate orthodontic program at the University of Washington, will celebrate his 95th birthday in May.)*