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What do dental hygienists do? Many people would respond by saying “clean teeth”. Of course, we clean teeth, but it is imperative for the hygiene community to spread awareness to the other aspects of care we provide. How many times have you heard someone say, “I don’t want a deep cleaning, I want my regular cleaning”; or “Why are you taking my blood pressure, it’s just a cleaning”? We know the importance of routine prophylaxis, radiographs, oral cancer screenings, periodontal evaluations, scaling and root planing, etc. Nevertheless, many patients, some may even be our friends or family members, will show up for their appointment anticipating *just a cleaning*. It is up to us to promote our profession.

Deep cleanings should be reserved for housekeeping service providers. What the dental hygienist provides is a sophisticated clinical skill that takes time to develop. Probing depths are measured and recorded, tactile sensitivity assesses the amount of calcified bacteria harboring beneath deep periodontal pockets, the severity of bleeding is often profuse, strokes with strong lateral pressure often leave us feeling fatigued. However, the patients will never know this if we do not tell them. Some may even think by suggesting these services without explanation that they are being finagled. It is up to us to take the time to educate our patients, friends, and family members so they understand the importance of prevention and treatment when indicated.

We screen patients for hypertension and refer to their general practitioners as needed. This may surprise some patients, and that is okay. What also may surprise them is the systemic correlation between periodontal disease and hypertension, cardiovascular diseases, and diabetes. It may really shock our patients to know that periodontitis can lead to ineffectiveness of antihypertensive treatment (Surma et al., 2021). Therefore, it is up to us to promote ourselves and our profession. It is our job to inform our patients, and even our loved ones, on the wealth of knowledge that we hold.

We live in a day and age where people prefer not to speak about work on their time off. For us, we must do the opposite. Talk to others about your difficult cases. See their disbelief in how some young patients experience mobility and purulence, or how some 3-year old’s present with rampant caries. Teach them that periodontal disease is actually a common problem afflicting 50% of the population, then provide them with your knowledge of how to prevent this from occurring (Macedo Paizan & Vilela-Martin, 2014). Educate them that they should begin daily hygiene and routine care as soon as their child’s first tooth erupts.

 While other members of the medical community are recognized and established, sometimes it feels that dental hygienists are not considered as equal. It is up to us to change that. It is up to us to promote our profession and elevate our seat in the medical society. After all, we know best how intricate and fulfilling the profession of dental hygiene really is.

References

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