

TB MED 250 APPENDIX F PERIODONTAL SCREENING AND RECORDING (PSR)

Periodontal Screening and Recording (PSR) is a rapid and effective way to screen patients for periodontal diseases and summarizes necessary information with minimum documentation. PSR is an adaptation of the Community Periodontal Index of Treatment Needs (CPITN), which is endorsed by the World Health Organization (WHO) and the Federation Dentaire Internationale (FDI) for periodontal screening. The American Dental Association and the American Academy of Periodontology recommend that PSR be conducted by dentists for all patients as an integral part of oral examinations.

F-1. Benefits

- a.* Early detection: PSR includes evaluation of all sites at periodontal risk. For this reason, it is a highly sensitive technique for detecting deviations from periodontal health and a uniquely appropriate screening tool for periodontal diseases that are, by nature, site specific and episodic.
- b.* Speed: Once learned, PSR takes only a few minutes to conduct for each patient. It can be readily incorporated into routine oral examinations without lengthening appointment time.
- c.* Simplicity: PSR is easy to administer and comprehend. The simplicity of the scoring system aids in monitoring patients and helps patients understand their periodontal status.
- d.* Cost-effectiveness: PSR utilizes a simple periodontal probe designed specifically for use with this screening system. It does not require the use of expensive equipment.
- e.* Recording ease: Documentation for PSR requires the recording of six numerical scores, one for each sextant of the mouth. It does not require extensive charting or lengthy narrative explanation.
- f.* Risk management: Proper, consistent, and documented use of PSR shows that the dentist is evaluating a patient's periodontal status and satisfies dental-legal requirements in the area of monitoring and record keeping.

F-2. Limitations

a. PSR is a screening system designed to detect periodontal diseases. It is not intended to replace a comprehensive periodontal examination when indicated. Patients who have been treated for periodontal diseases and are in a maintenance phase of therapy require periodic comprehensive periodontal examinations. In addition, PSR is designed primarily for use with adult patients, age 18 and older, and has limited utility in screening children and adolescents. However, valuable information can be obtained in screening children and adolescents, giving due attention to pseudo-pocketing.

b. The objective of this screening system is to examine every tooth individually. Implants are examined in the same manner as naturally occurring teeth. For screening, the dentition is divided into sextants as shown in figure:

c. The use of a periodontal probe is mandatory. The recommended probe has a ball end 0.5mm in diameter. A color-coded area extends from 3.5 to 5.5mm. A gentle probing force should be used.

d. The probe tip is gently inserted into the gingival crevice until resistance is met. The depth of insertion is read against the color-coding. The total extent of the crevice should be explored by "walking" the probe around the crevice. At least six areas in each tooth should be examined: mesiofacial, midfacial, distofacial, and the corresponding lingual/palatal areas.

e. For each sextant with one or more teeth or implants, only the highest score is recorded. An X is recorded if the sextant is edentulous. A simple box chart is used to record the scores for each sextant.

f. The examiner may pass to the next sextant whenever Code 4 is recorded or the sextant is completely examined.

g. In addition to these scores, the symbol * should be added to the sextant score whenever individual findings indicate clinical abnormalities.

h. The management of patients according to their sextant scores should be at the discretion of the examining dentist. The practitioner's clinical judgment will determine the need for consultation with a periodontist. The guidelines for patient management for each code are suggested with the code descriptions.

i. The American Dental Association and the American Academy of Periodontology recommend the use of this screening system by dentists to meet the public's need for early diagnosis of periodontal disease in a convenient and cost-effective manner.

F-3. Periodontal Screening and Reporting Codes

See figure F-1 below for an explanation of periodontal screening and reporting codes.

PERIODONTAL SCREENING AND REPORTING CODES

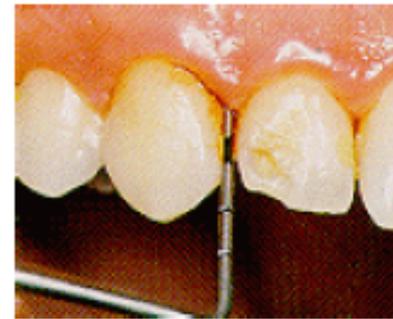
CODE 0:



Colored area of probe remains completely visible in the deepest crevice in the sextant. No calculus or defective margins are detected. Gingival tissues are healthy with no bleeding after gentle probing.

Treatment Option: Appropriate preventive care.

CODE 1:



Colored area of probe remains completely visible in the deepest probing depth in the sextant. No calculus or margins are detected. There is bleeding after gentle probing.

Treatment Option: Oral hygiene instructions (OHI). Appropriate therapy, including subgingival plaque removal.

CODE 2:

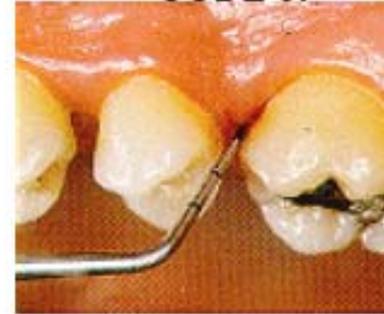


Colored area of probe remains completely visible in the deepest probing depth in the sextant. Supra- or subgingival calculus and/or defective margins are detected.

Treatment Option: OHI and appropriate therapy, including subgingival plaque removal, plus removal of calculus and correction of plaque-retentive margins of restorations.

Patients whose scores for all sextants are Codes 0, 1, and 2 should be screened in conjunction with every oral examination.

CODE 3:



Colored area of probe remains partly visible in the deepest probing depth in the sextant.

A comprehensive periodontal examination and charting of the affected sextant is necessary to determine an appropriate treatment plan. This examination should include but not be limited to identification of probing depths, mobility, gingival recession, mucogingival defects, furcation invasion & radiographs. If therapy is indicated and performed, a comprehensive examination is necessary to assess therapy and need for further treatment.

CODE 4:



Colored area of probe completely disappears, indicating probing depth greater than 5.5mm.

Treatment Option: A comprehensive full mouth periodontal examination and charting is necessary to determine an appropriate treatment plan. This examination and documentation should include but not be limited to identification of probing depths, mobility, gingival recession, mucogingival defects, furcation invasion and radiographs. It is probable that complex treatment will be required.

CODE *:

Denotes clinical abnormalities including but not limited to: Furcation invasion, mobility, mucogingival problems, recession extending to the colored areas of the probe (3.5mm or greater).

Treatment Option: If an abnormality exists in the presence of Codes 0, 1, or 2, specific notation and/or treatment for that condition is warranted. If an abnormality exists in the presence of Code 3 or 4, a comprehensive periodontal examination and charting are necessary to determine an appropriate treatment plan.

CODE X: Denotes edentulous sextant.