国際協力での経験

カワムラ歯科医院・南太平洋医療隊
鈴木千鶴

カワムラ歯科医院に就職
＆南太平洋医療隊に加入

国内作業

出国前

・隊員との打ち合わせ
・現地活動のスケジュール作成
・資機材準備
　注文、購入、管理
・荷造り、発送
・資料作成
　検診表、媒体、各対象者への資料
・啓発用のTシャツ作成
・JICAとの連携
etc

帰国後

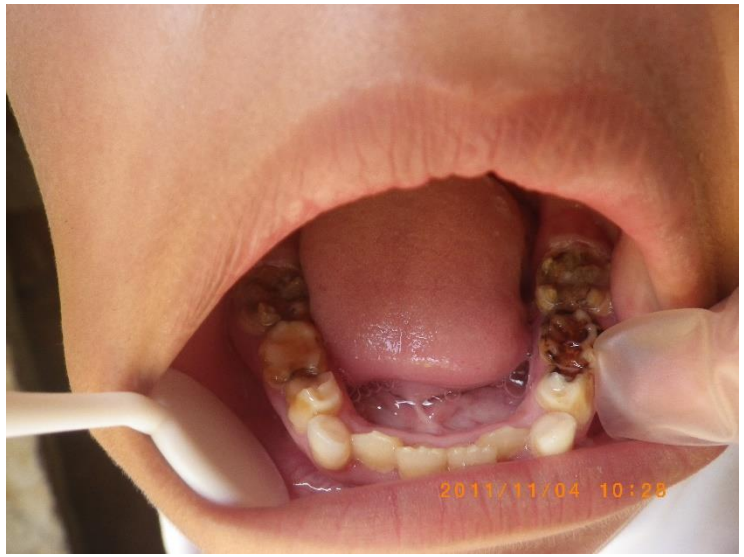
・報告書の作成
・ホームページの更新
・ニュースレターの作成
・現地領収書の整理
・資料作成

南太平洋医療隊のトンガ王国における主な活動は・・・

- 学校歯科保健指導
- 乳幼児歯科保健活動
  （歯科スタッフ、教師、保護者）
- 小学校巡回　フッ化物洗口（週１回）
- オーラルフェステバルの開催
- ワークショップの開催
- スタッフ教育
- 資機材の支援
- 救急車、指令車の寄贈
- 新プロジェクト

など・・・

自立



トンガスタッフとの関わり

＜デンタルセラピストとの職域の違い＞

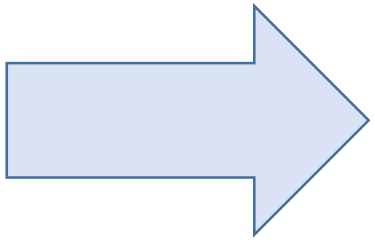
1. 簡単な充填処置
2. 抜歯
3. 予防処置
   - マリマリプログラム
   - 第一大臼歯へのシーラント充填
   - フッ化物歯面塗布

歯科医

デンタルセラピスト

歯科衛生士

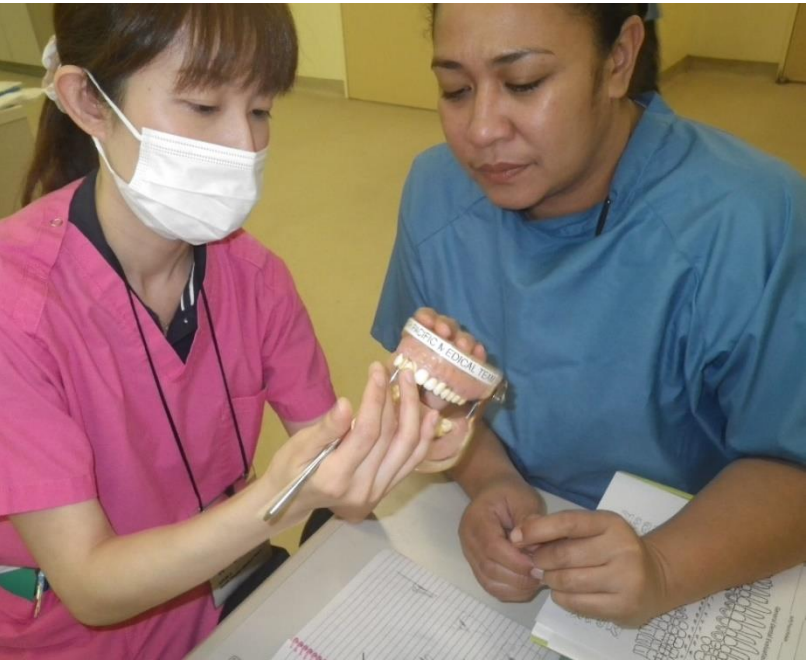
誰がやるべきか

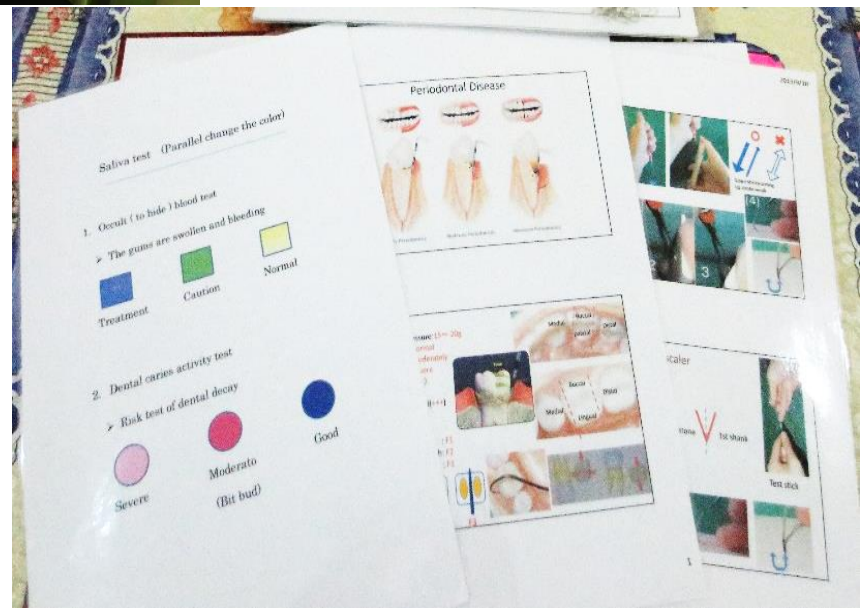


デンタルスタッフへの技術移転

VAIOLA病院にて

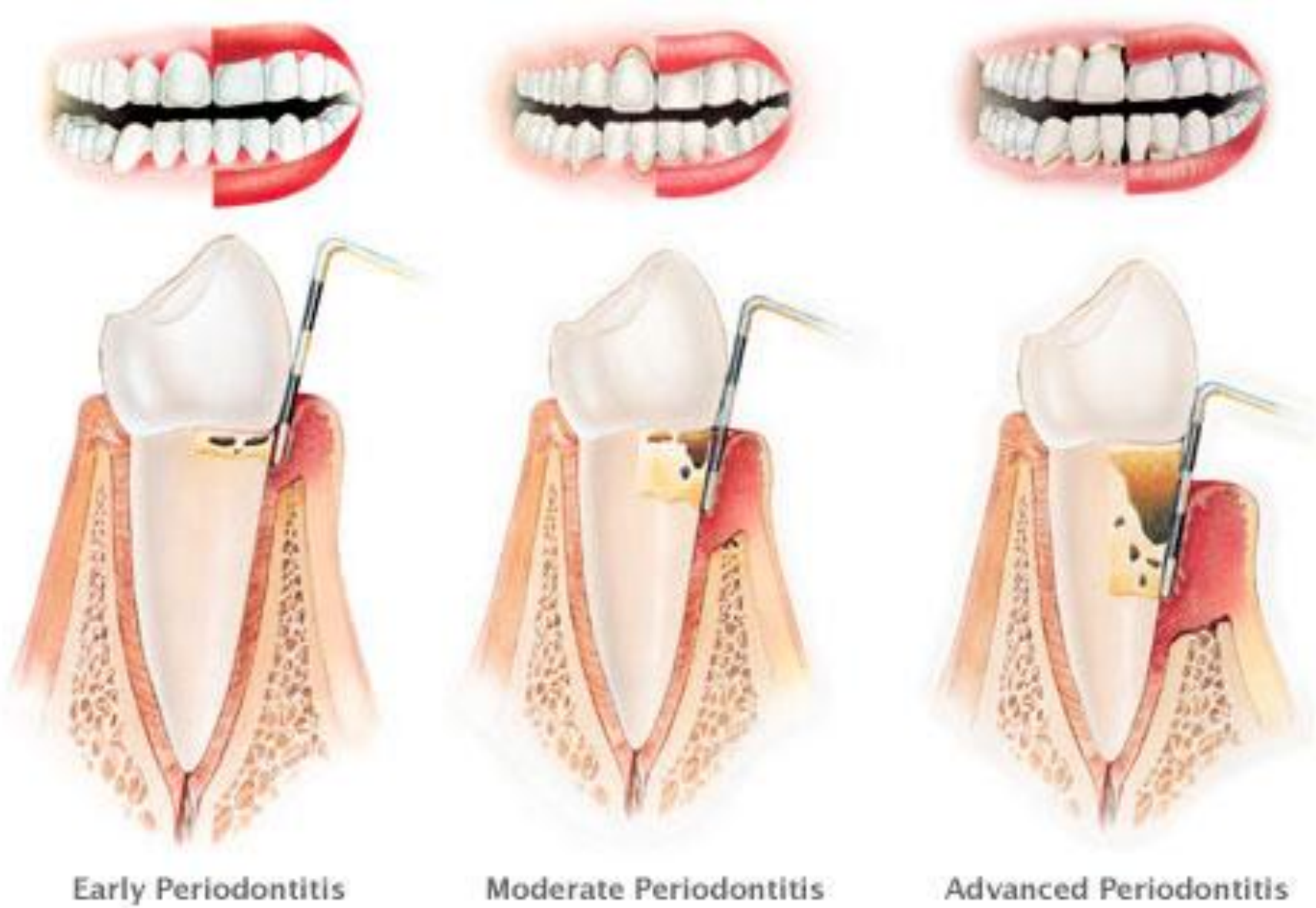
口腔内写真
歯周病検査
歯磨き指導
クリーニング
（SC,SRP,PMTC）





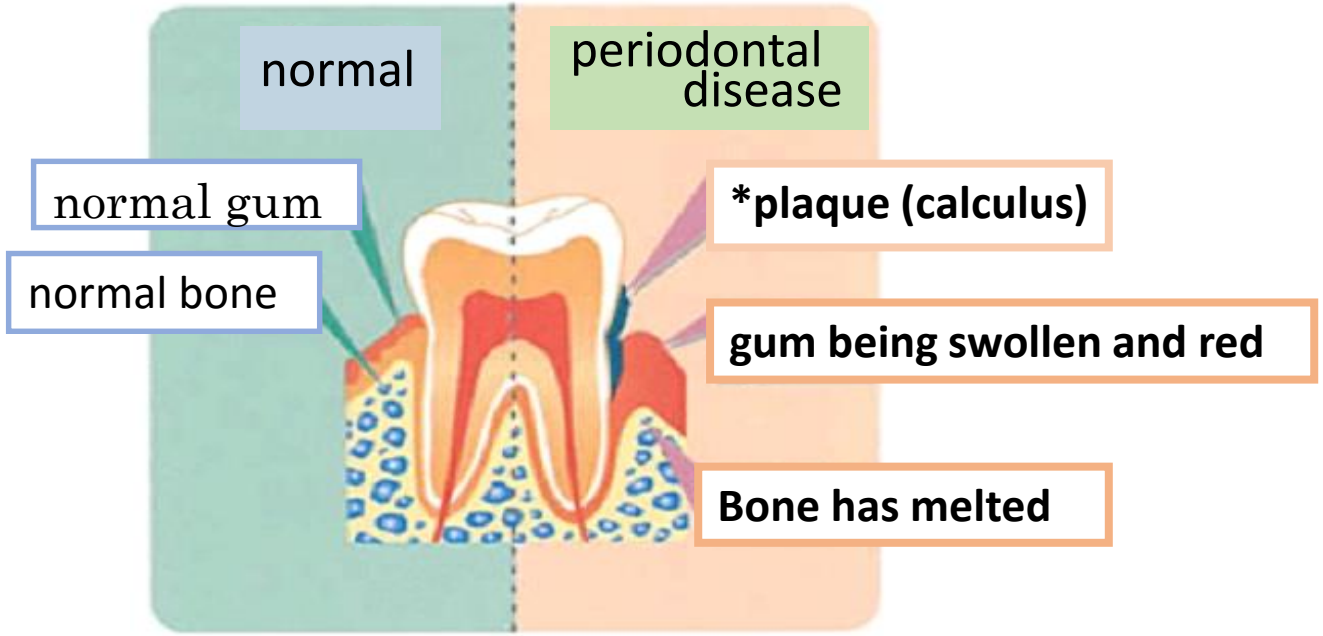
指導用マニュアル作成

Periodontal Disease



What is periodontal disease ?

- Periodontal disease is a chronic bacterial infection that affects the gums and the bone supporting the teeth.



- ∗plaque : a harmful substance which forms on your teeth, which BACTERIA can grow and breed in
- ∗calculus : a hard substance that forms on your teeth and can cause them to dental diseases

- Left untreated, dental plaques spread and grow between the gum and tooth. It produces poisons or toxins that cause the gums to separate from the teeth and form pockets . When this happens, these pockets deepen and eventually the bone holding the tooth in the jaw is destroyed. Teeth then become loose and may have to be removed.

Scaling and root planing

- Current treatment for periodontitis involves scraping dental plaque, the polymicrobial biofilm, off the tooth, a procedure called scaling. Root planing involves scaling the tooth's root. Scaling and root planing are often referred to as deep cleaning.

- The objective for periodontal scaling and root planing is to remove dental plaque and calculus (tartar), which house bacteria that release toxins which cause inflammation to the gum tissue and surrounding bone.

The flow chart of Periodontitis treatment

Plaque Control is Important!

＊1st Time
- Oral Examination
- Take Photo
- Probing
- Porphyromonas Gingivaris (Bacteria) with the microscope is shown.
- Tooth Brushing
- Motivation

＊Home care

<Early Periodontitis>

＊2nd Times

Tooth Brushing

Professional Tooth Cleaning

<Moderate Periodontits>

＊2nd Times～3th times

Recheck after 1 Month （4th times）

Tooth Brushing

0,1~0,2%Chlorhexidine

Professional Tooth Cleaning

Root Plaining (The recheck will be recommended / required to the patient according to the risk.)

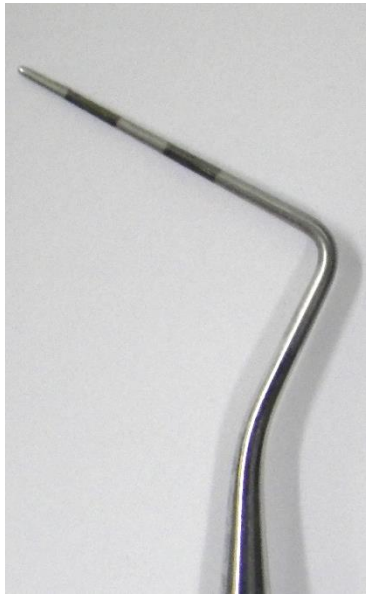
<Advanced Periodontits>

(Pocket Depth : over 7mm or Furcation Ⅱ)

Flap operation :Modified Widsman's Flap

a periodic medical check-up

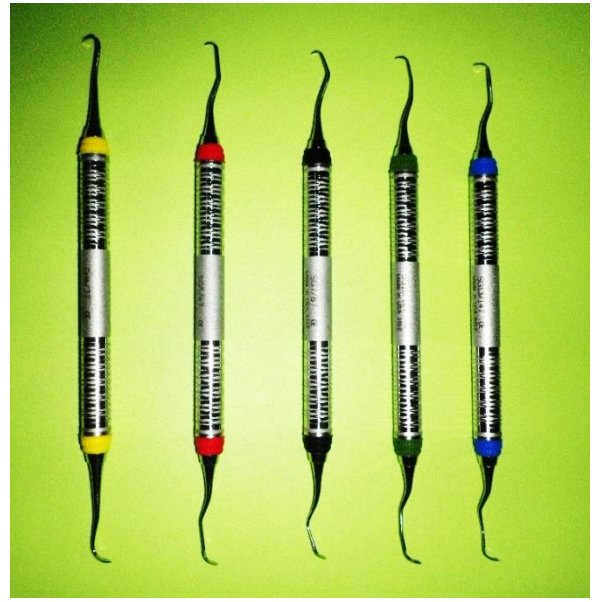
▪Periodontal Treatments' Instruments



▪Pocket Probe

▪Probe for Furcation

▪Ultrasonic scaler



▪Hand scaler

▪Prophy brush

▪Prophy cup

▪Prophy paste

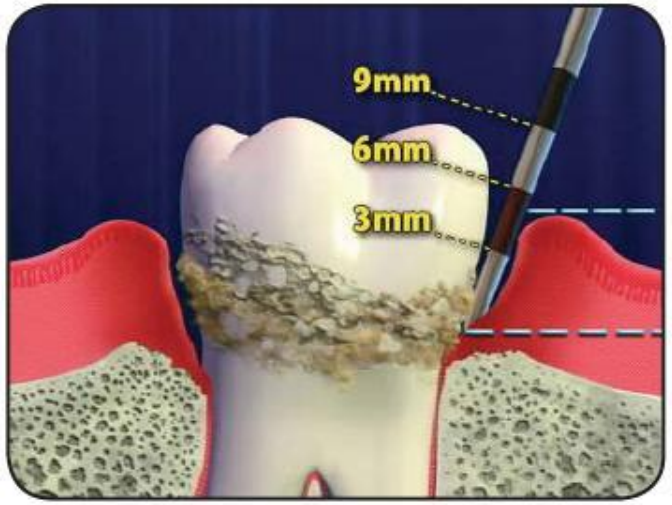
▪ Pocket depth

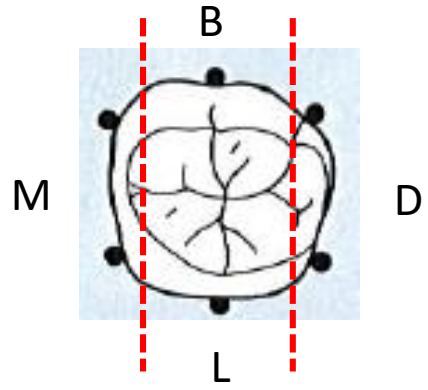
Probing pressure:15～ 20g

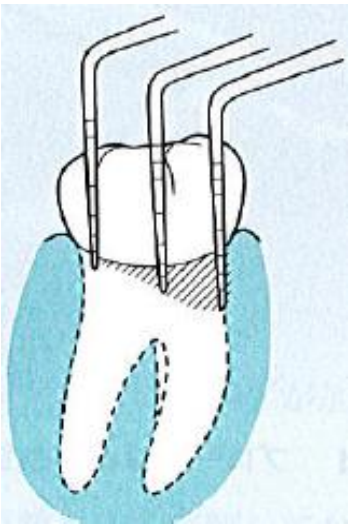
1～3mm: Normal

4～6mm: Moderately

7～ mm: Severe

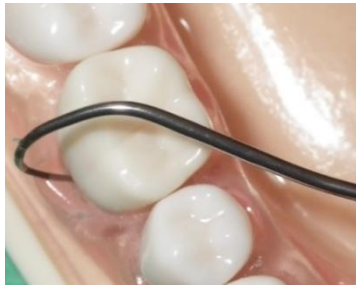






▪ Bleeding on Probing: (＋)

after 30sec check

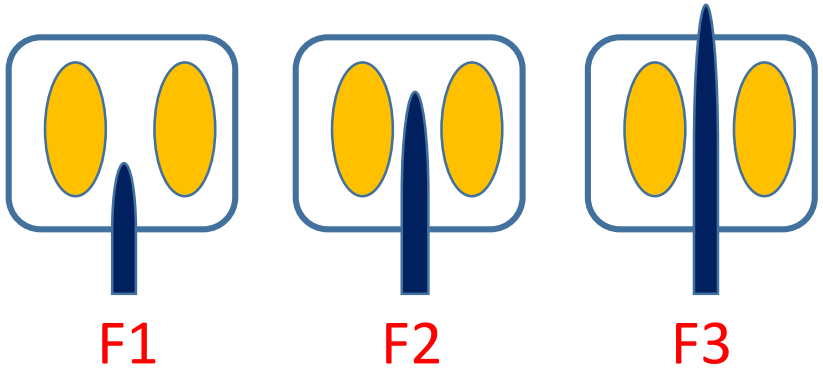


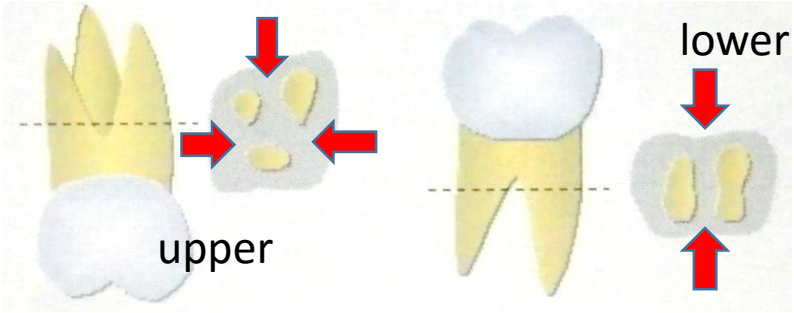
▪ Furcation involvement

1/3 : F1

1/3～not Through: F2

Through : F3



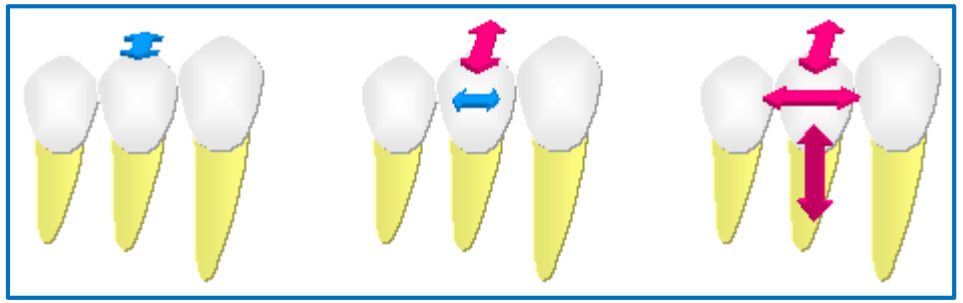


▪ Mobility

Front and back:(+)

Four quarters:(++)

Up and down:(+++)

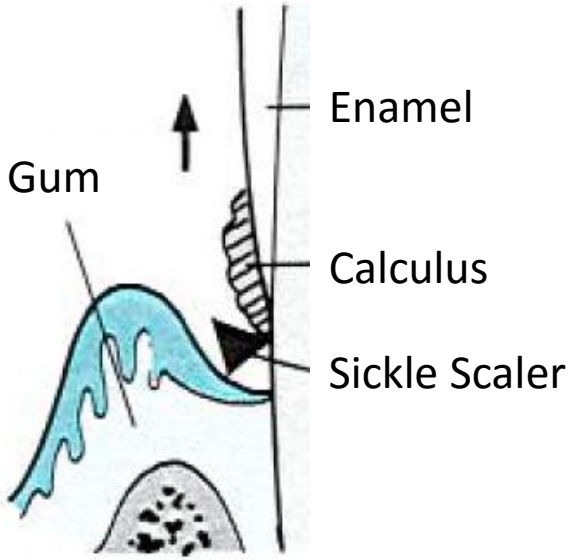


Sickle type scaler

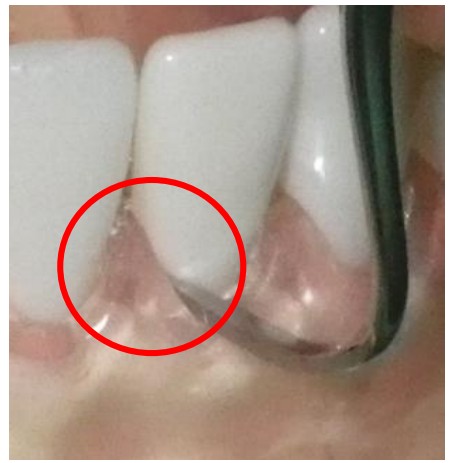
- supragingival scaling

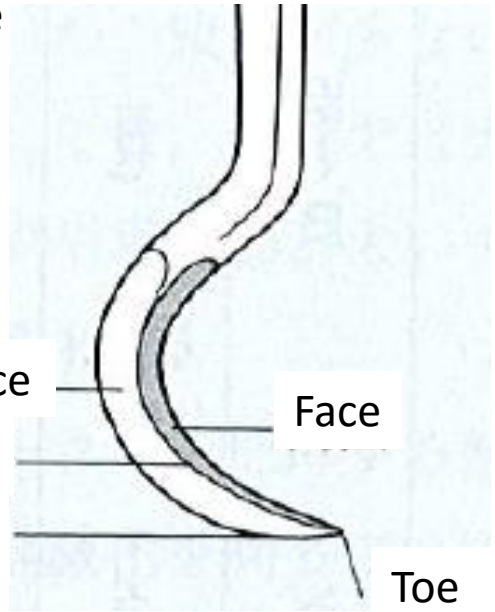
place the 1st shank pararell to tooth surface

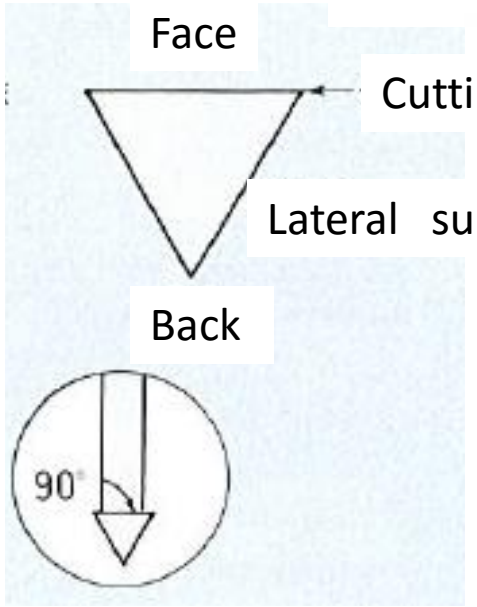
①A scaler is operated in the direction of dentes axial direction within a gingival pocket.
② The blade is always operated at the fitness angle along dental curved surface.
③The scaler carry out operation to which the starting point and the end point are always decided.
④It certainly fixes and operates a scaler.

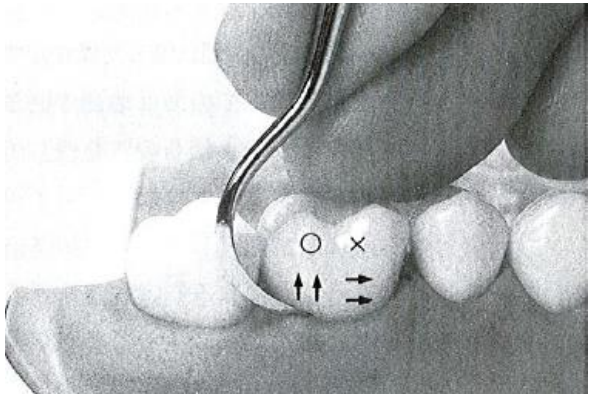


- **Pull Stroke**





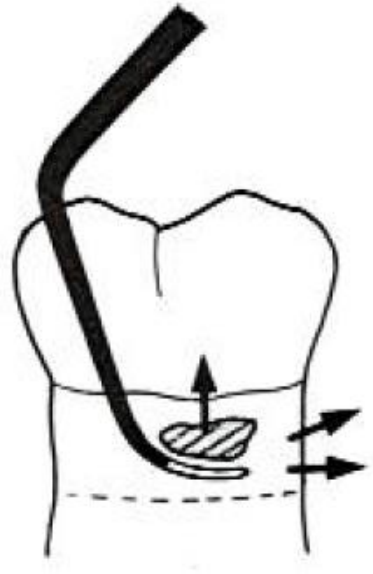


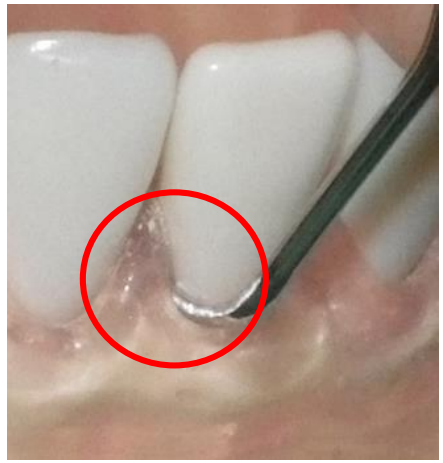


Curette type scaler (Glacey curette)

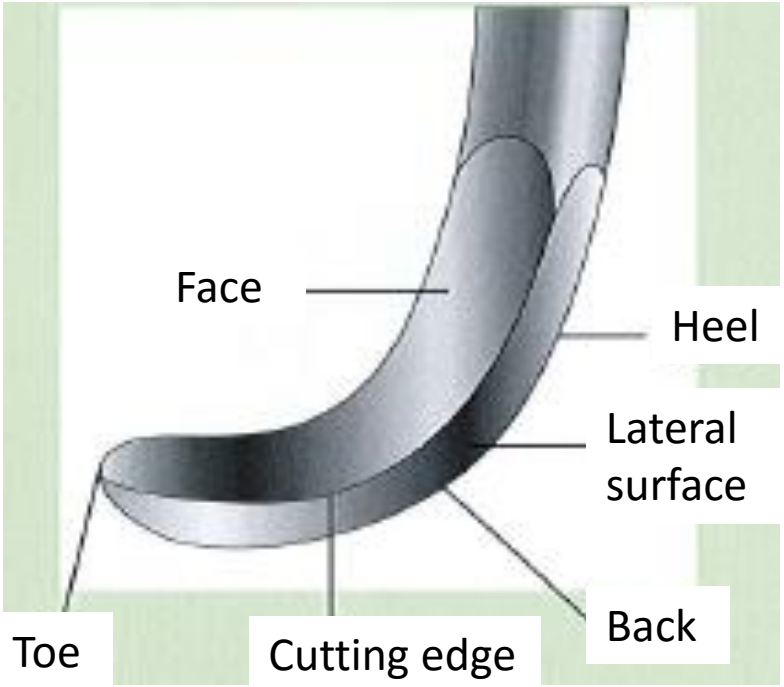
- subgingival scaling

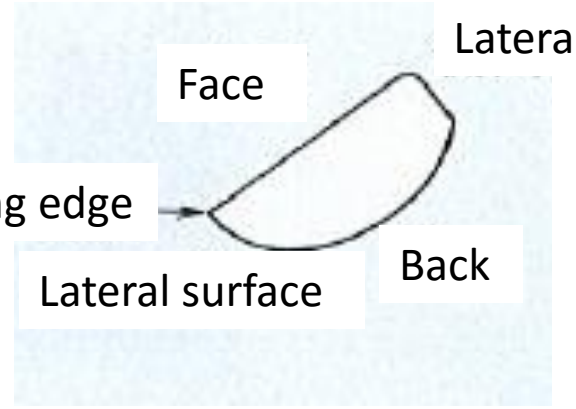
place the curette below the gingival margin and move 1~5mm stroke and place the curette parallel to tooth surfaces

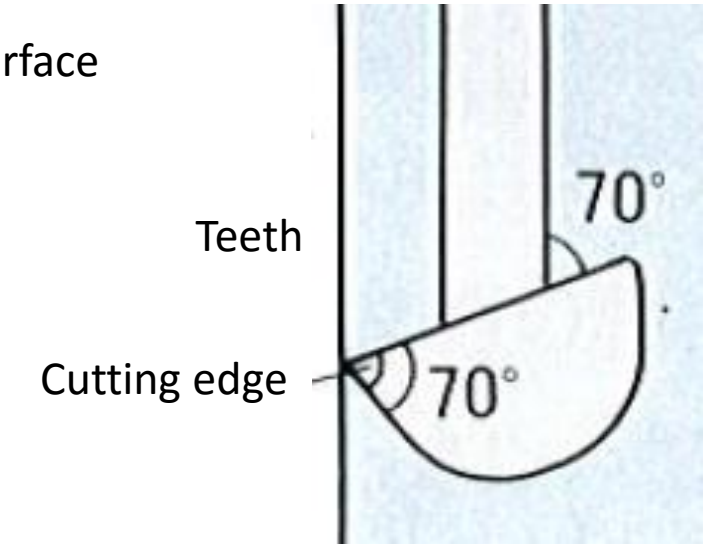




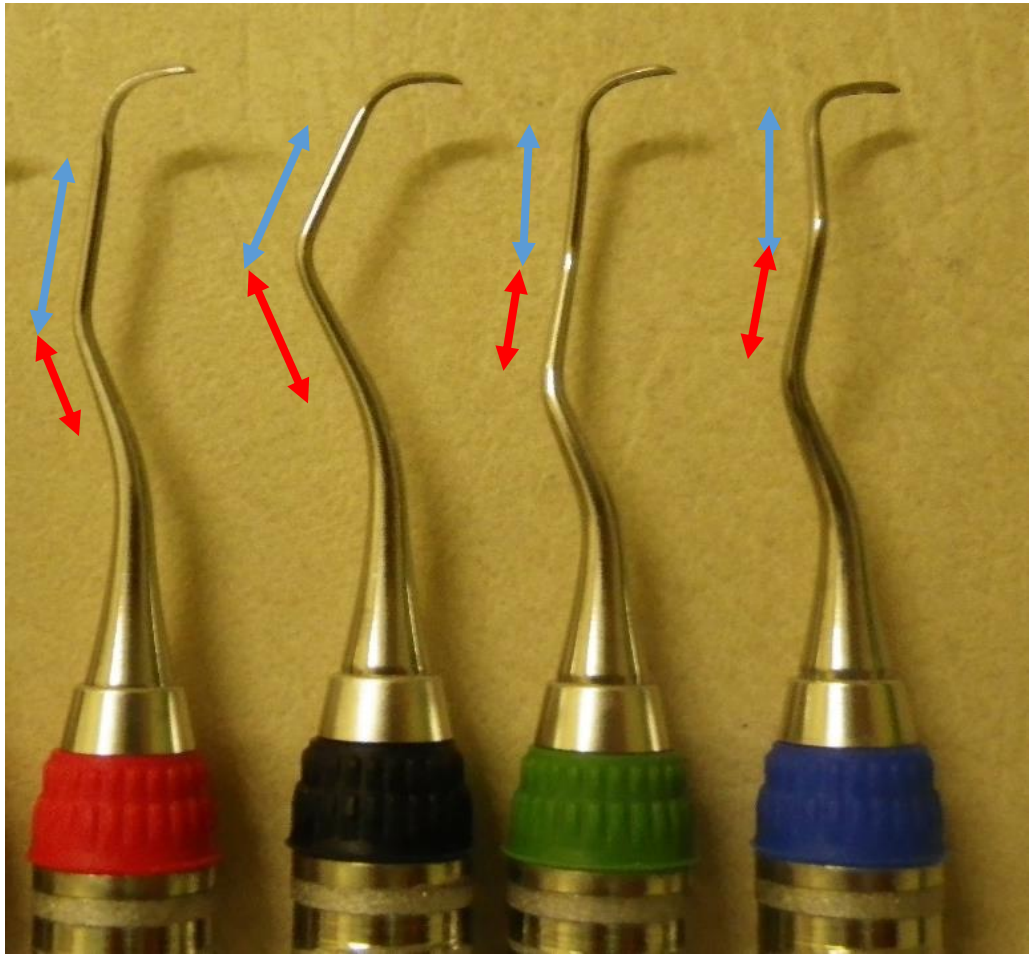
- Pull or Push Stroke





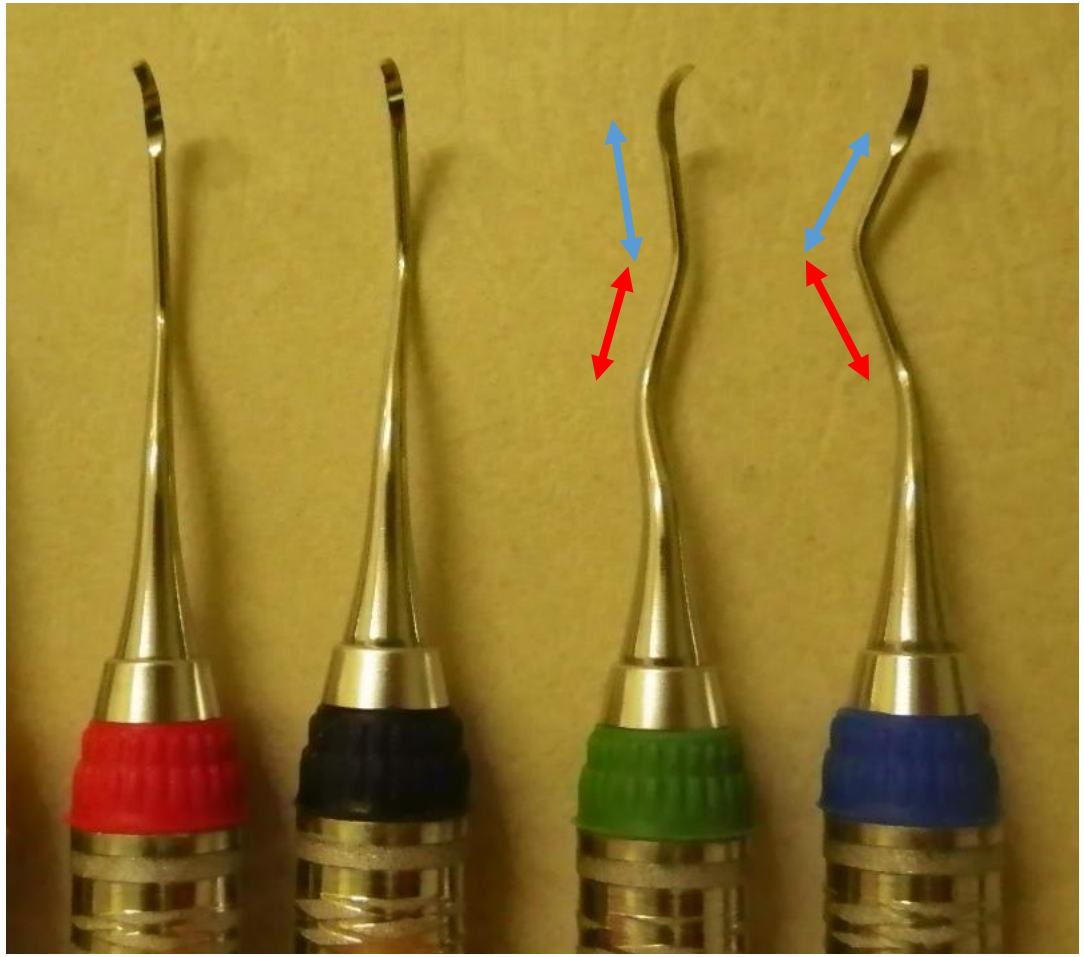


lower shank(1st shank)



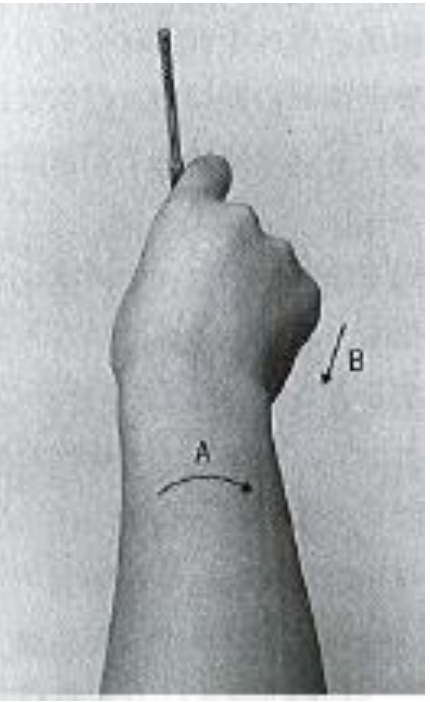
#5/6 #7/8 #11/12 #13/14

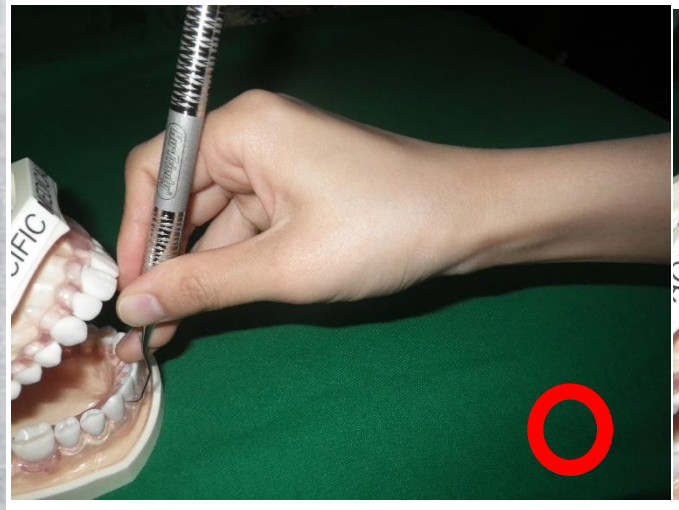
Upper shank(2nd shank)

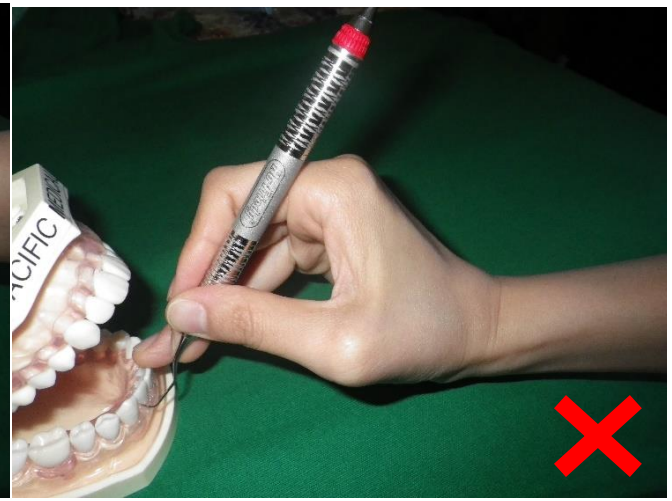


#5/6 #7/8 #11/12 #13/14

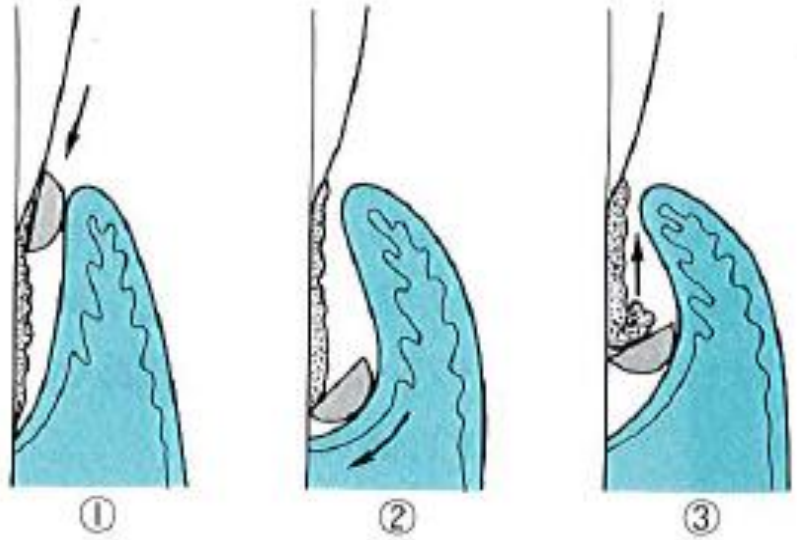
Basic of Scaling technique

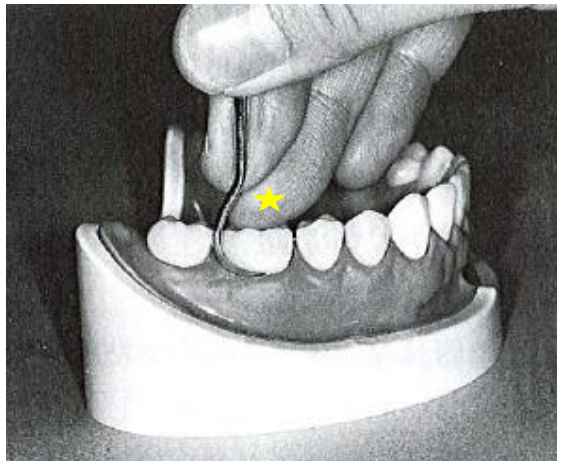






Support with your ring finger and don't stroke up and down but gently move your arm right and left

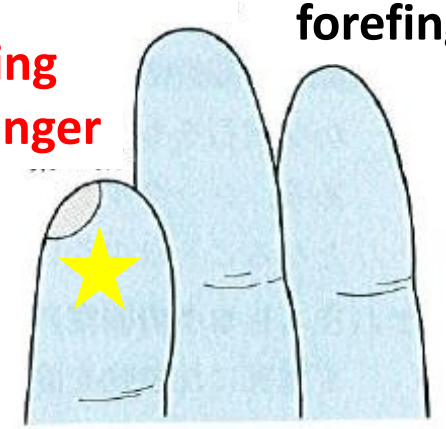


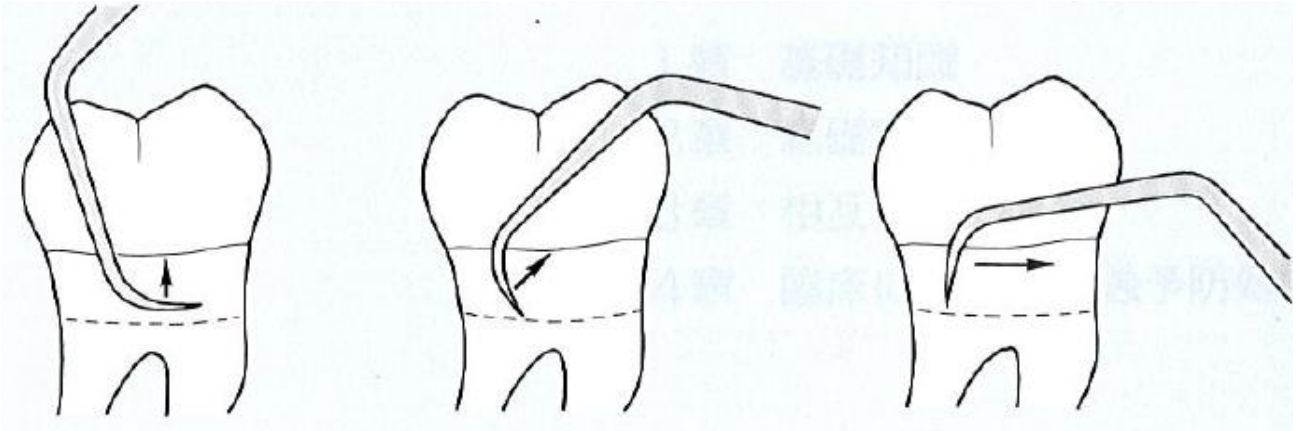


middle finger

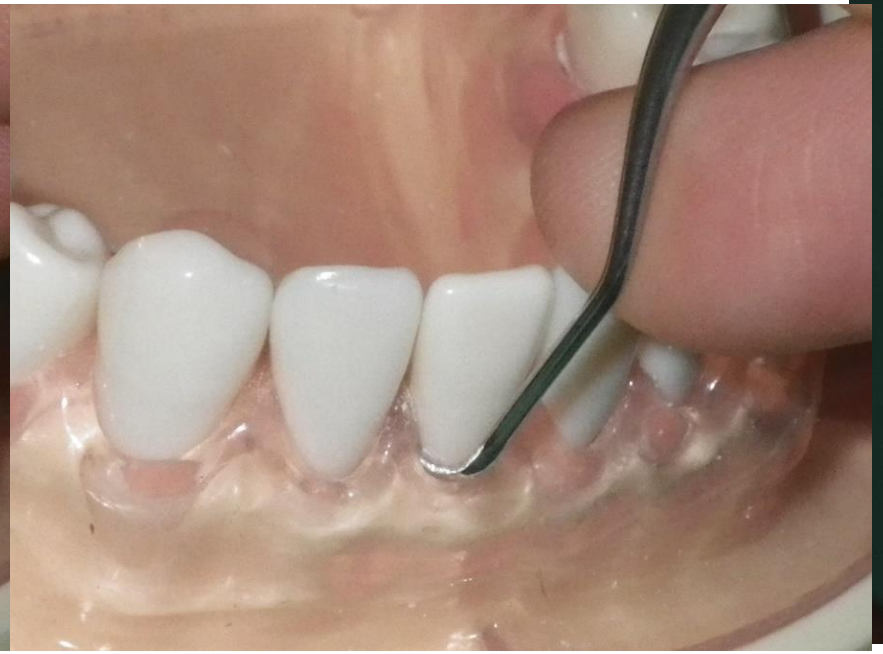
forefinger

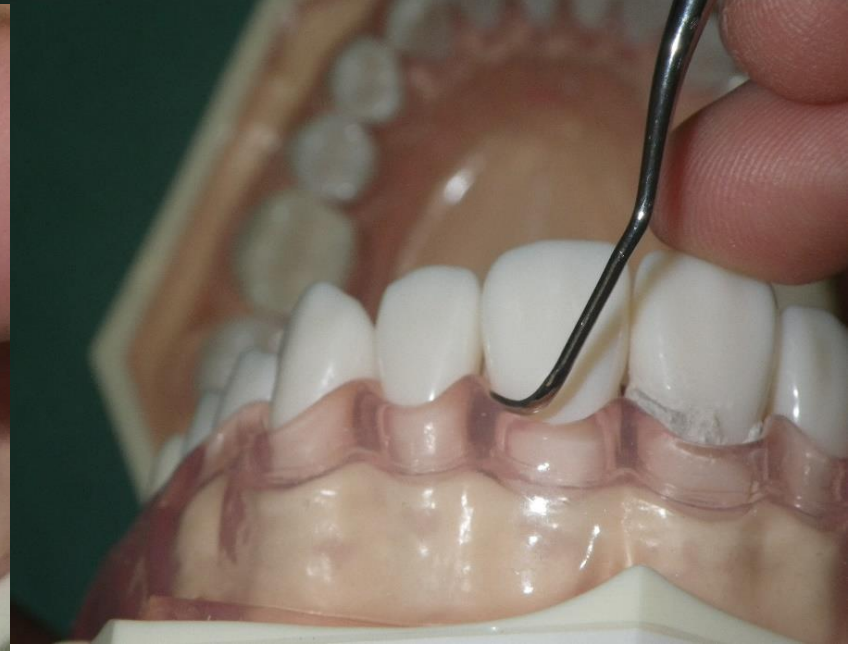
Ring finger





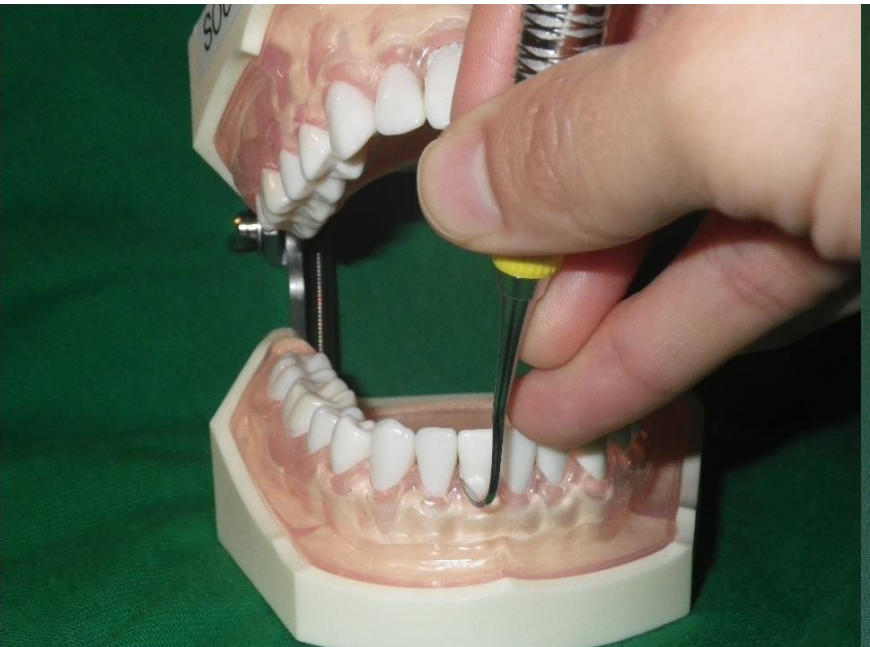
Anterior teeth

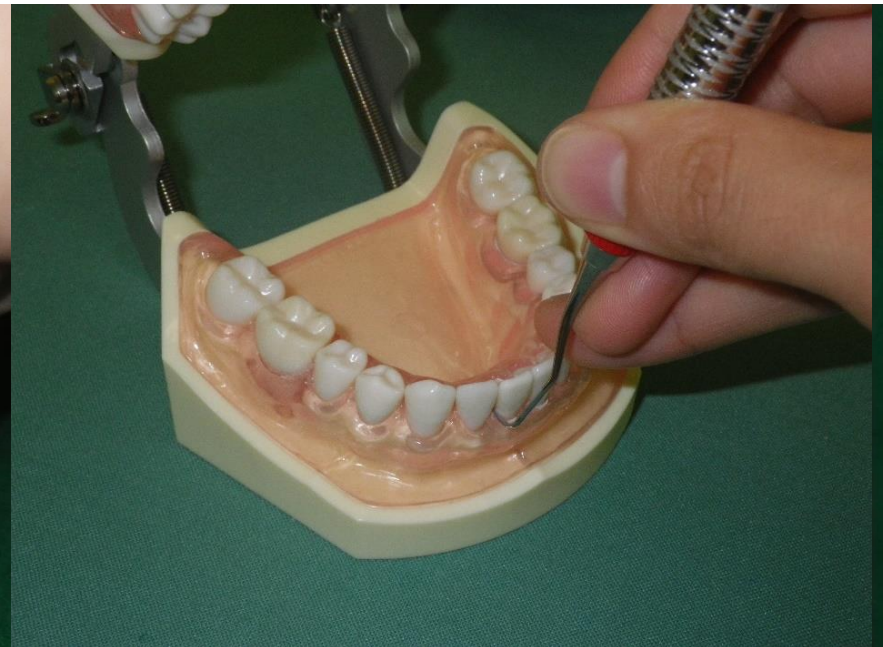


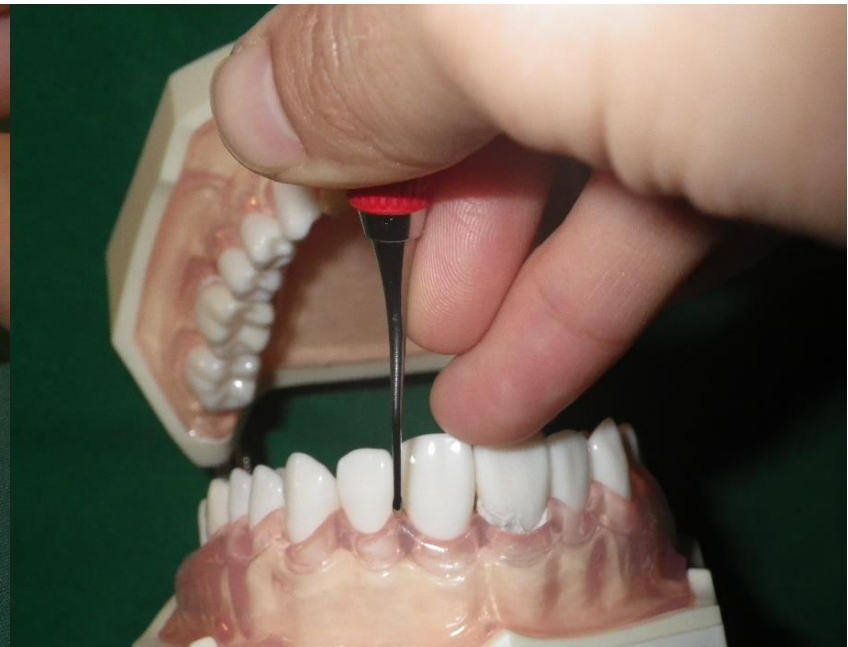


- Sickle

#5/6

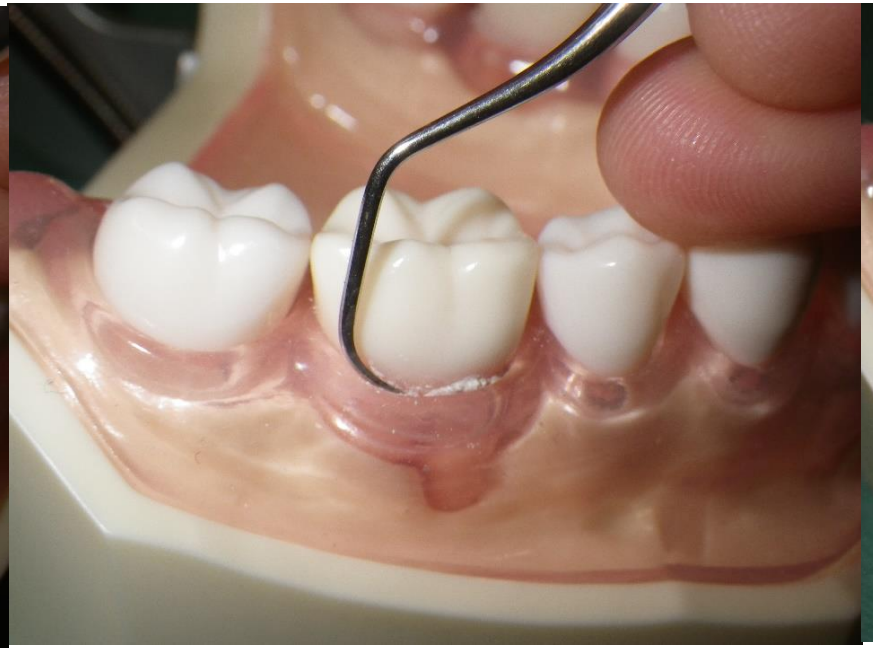




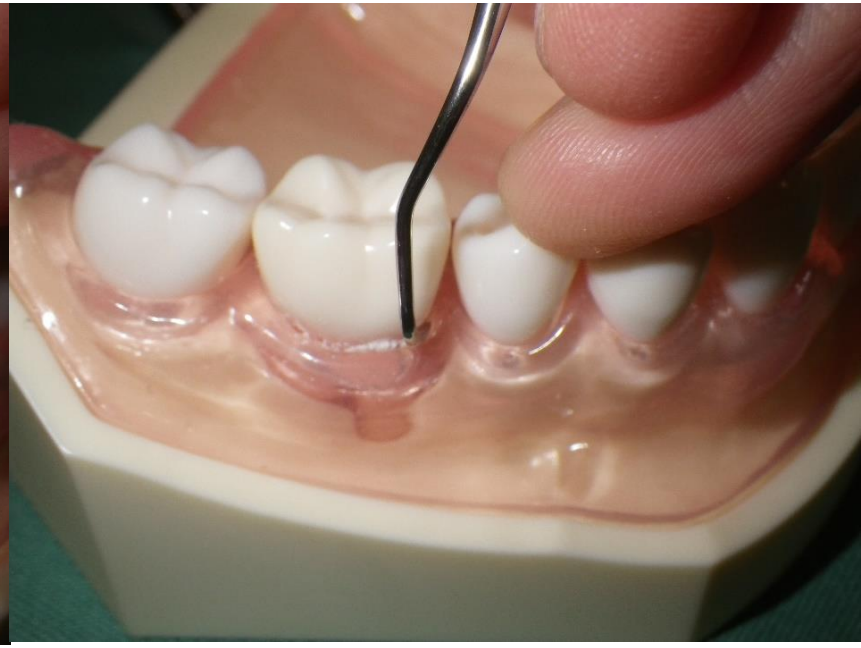


Posterior teeth

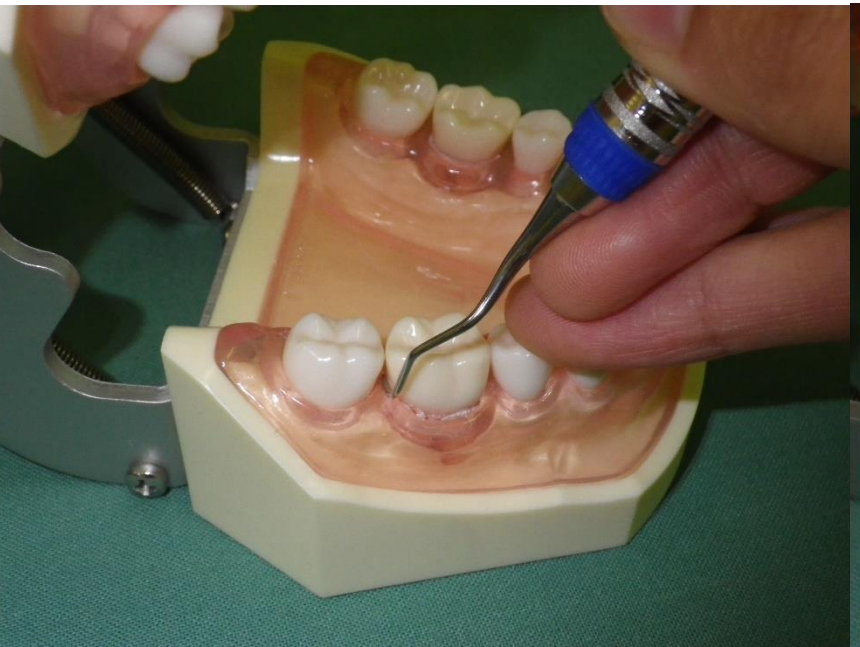
#13/14 Distal

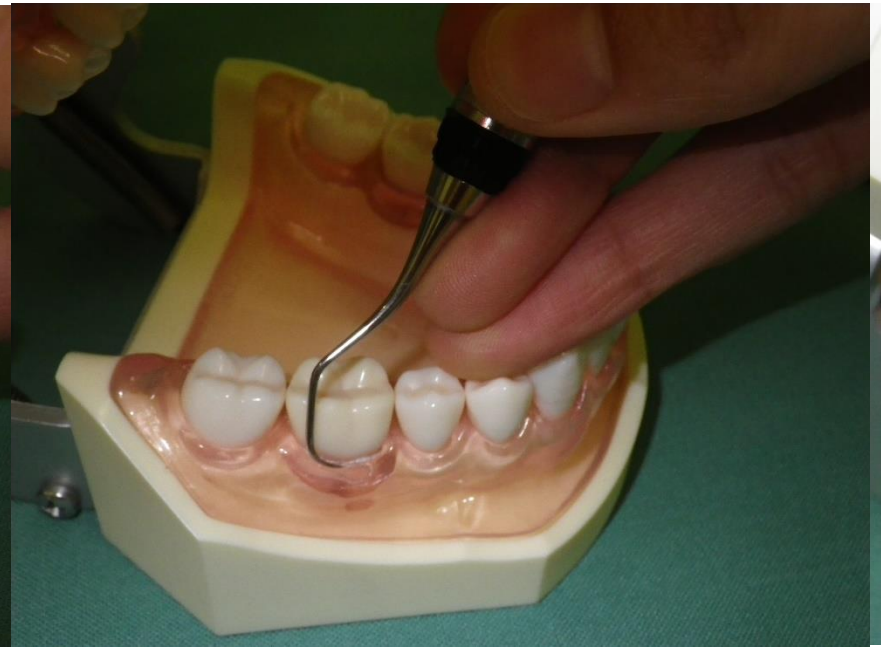


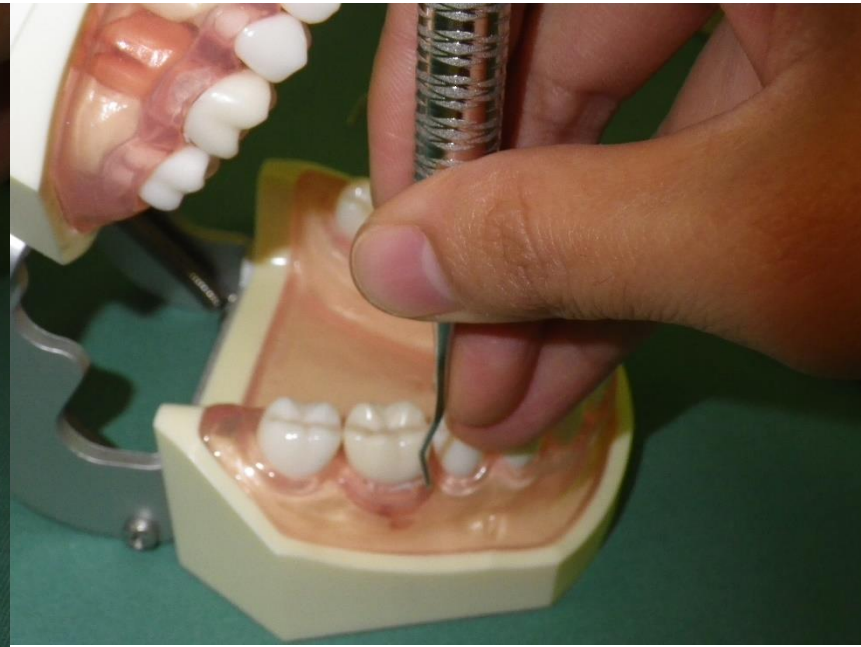
#7/8 Buccal&Lingual(P)



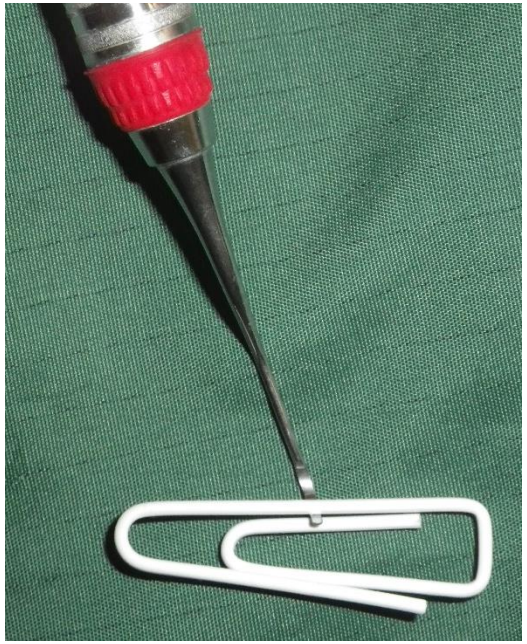
#11/12 Medial

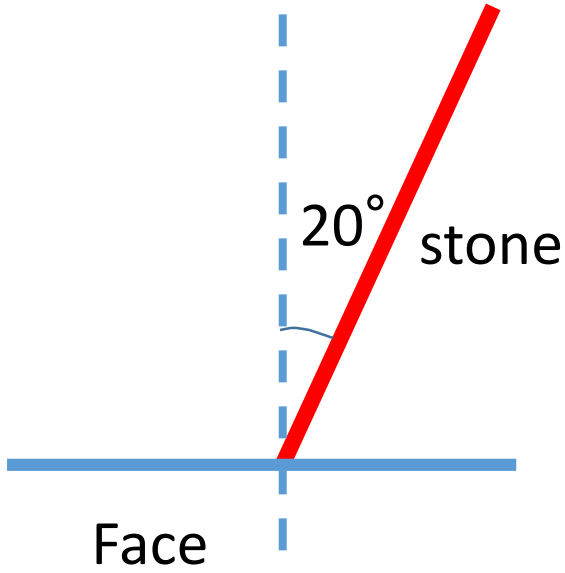


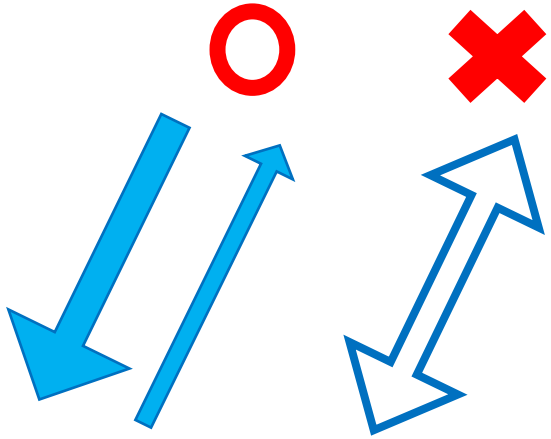




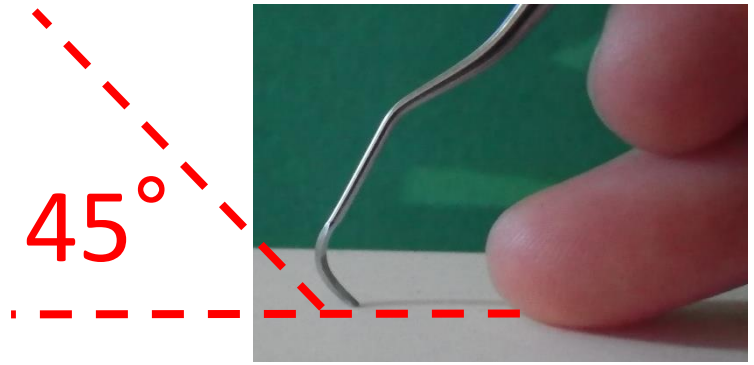
Basic of Sharpening technique





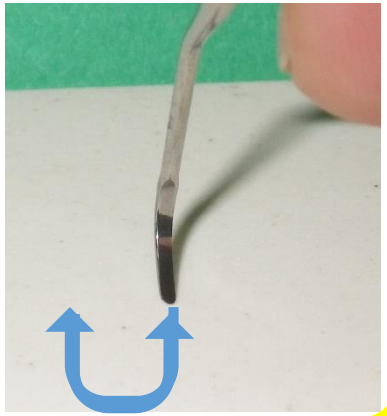


* Down stroke-strong
Up stroke-weak

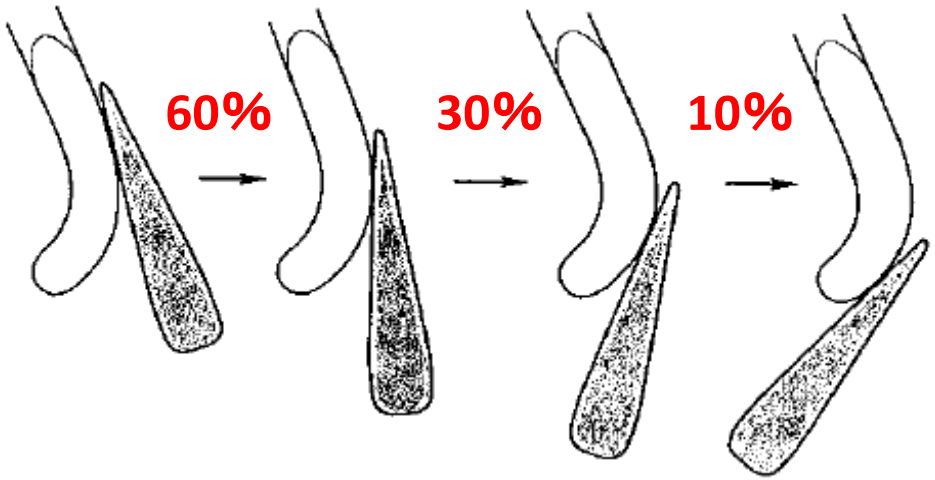


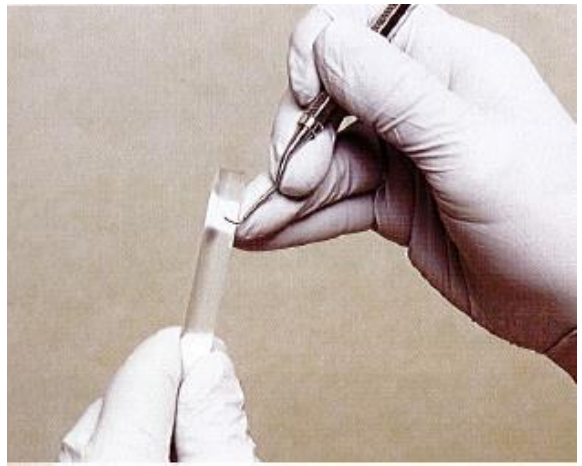
Toe Sharpening

* Once every ten times



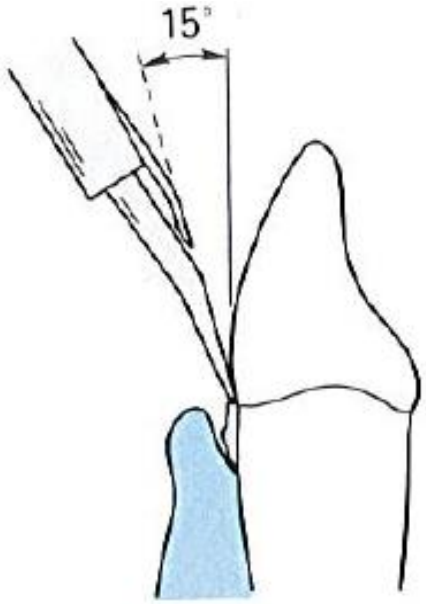
* A Face should become a floor and parallel.
* As for a ceramic stone, oil is unnecessary.





Test stick

Ultrasonic scaling



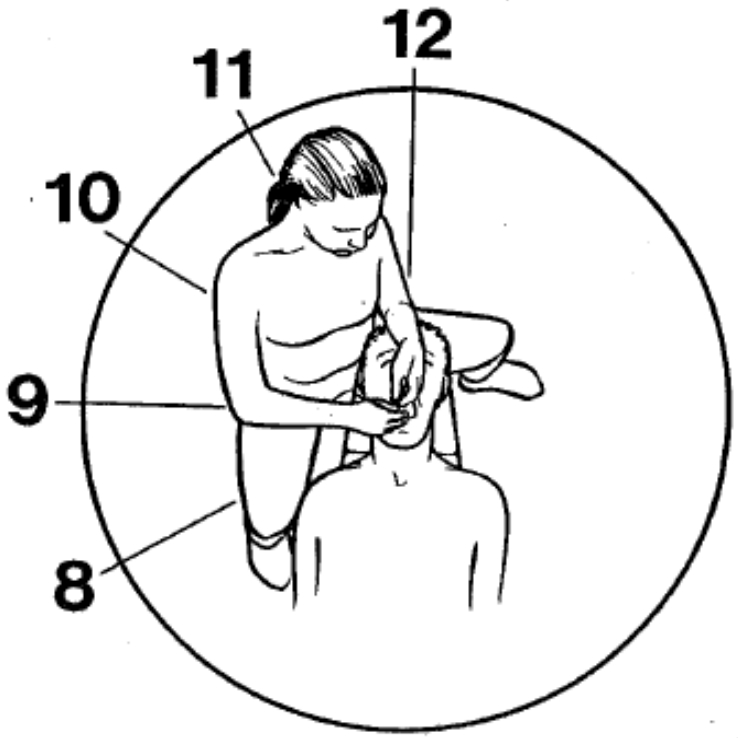
- Feather touch
- Removal of big dental calculus
- It finishes it up by the curette.
- On a gingival margin
- The patient who is using Pacemakers is absolutely taboo.

PMTC

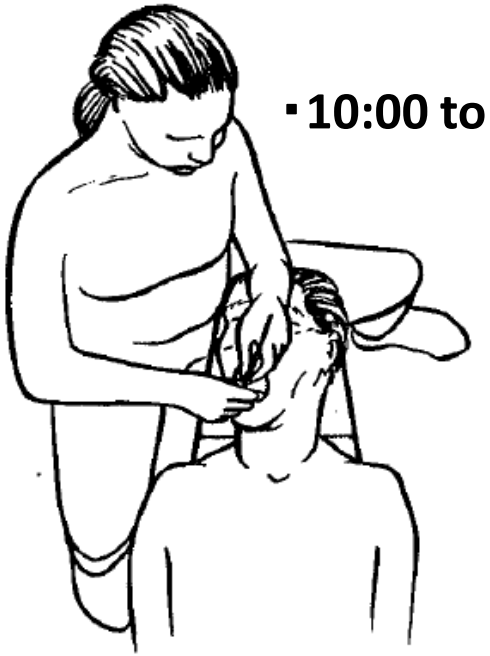
Professional
Mechanical
Tooth
Cleaning

- Secondary polishing
- Primary Polishing
- Removal of coloring and Strong dirt

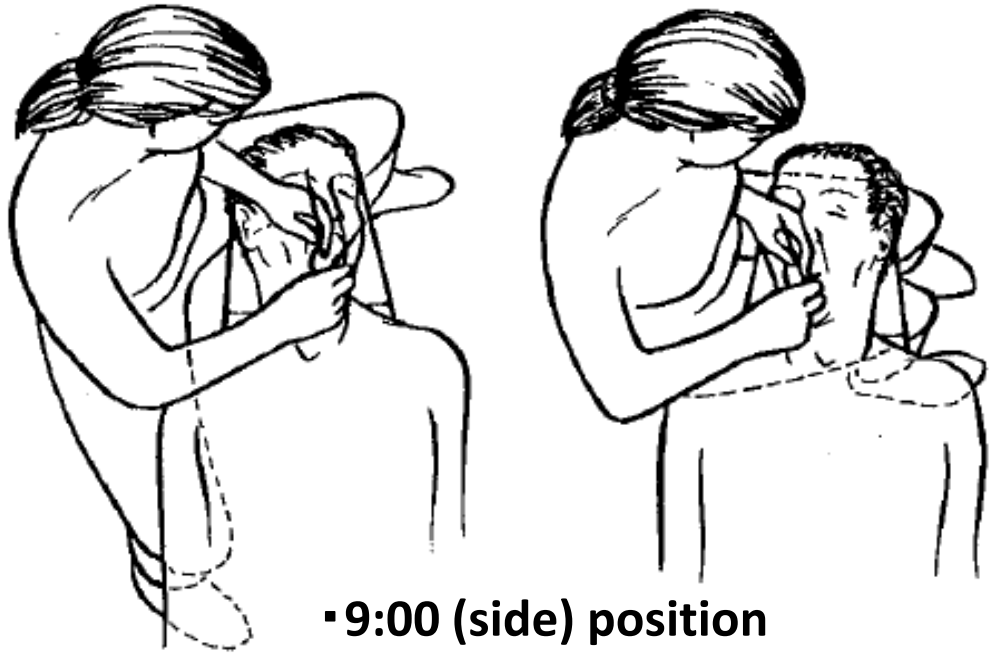
Chair position



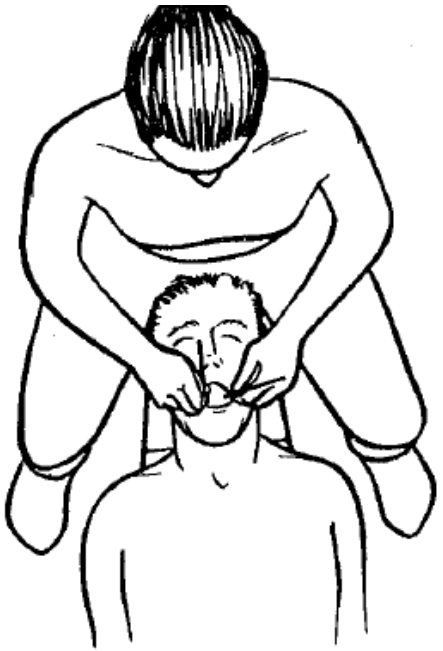
▪ 8:00 (front) position



▪ 10:00 to 11:00 position



▪ 9:00 (side) position



▪ 12:00 position (behind the Patient)

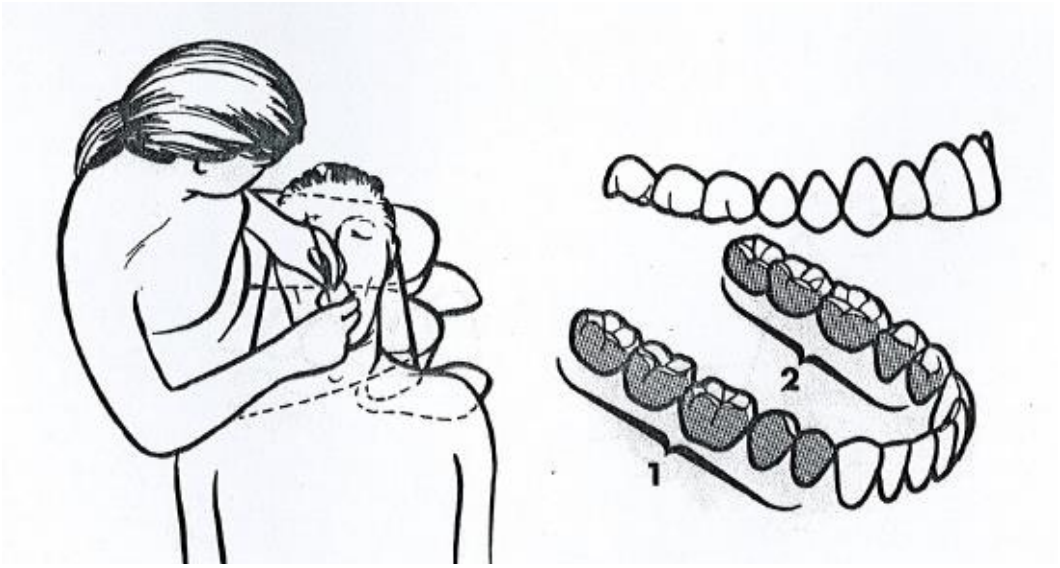
▪Areas1 and 2

▪Patient position:

Area1-head straight ahead

Area2-head turned slightly away from operator

Area1&2-chin down

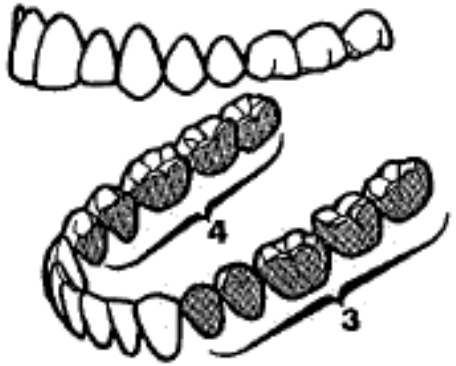


▪Operator position: 9:00

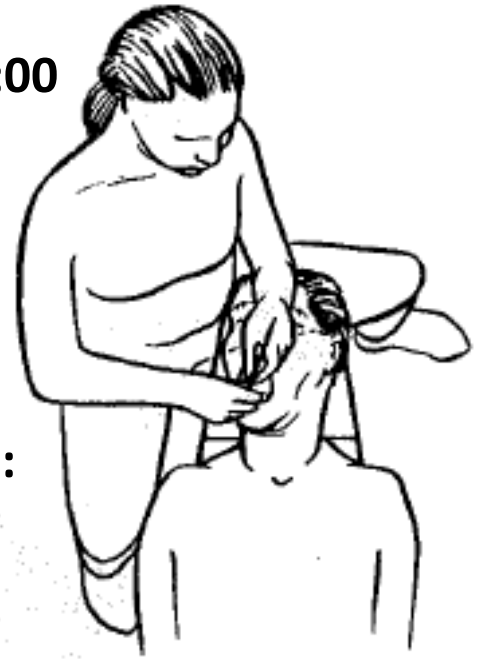
▪Aereas3 and 4

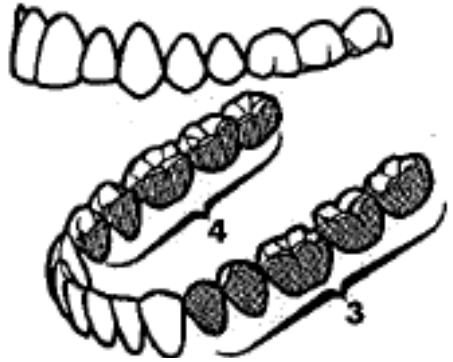
▪Patient position:

head turned toward operator,chin down



▪Operator position: 9:00





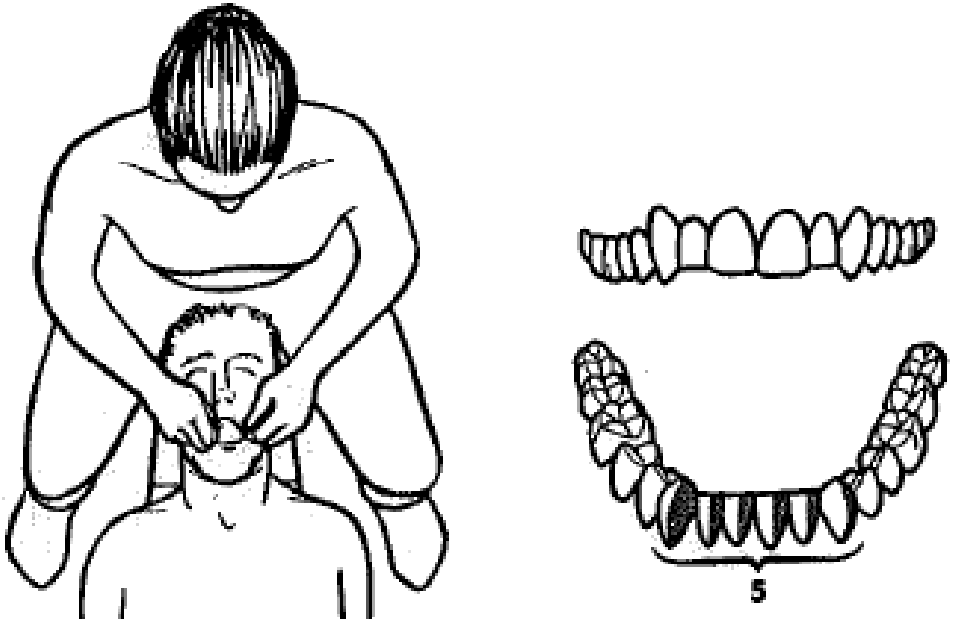
▪Operator position:

10:00 to 11:00

▪ Areas5

▪ Patient position: head straight ahead,chindown

▪ Operator position: 8:00

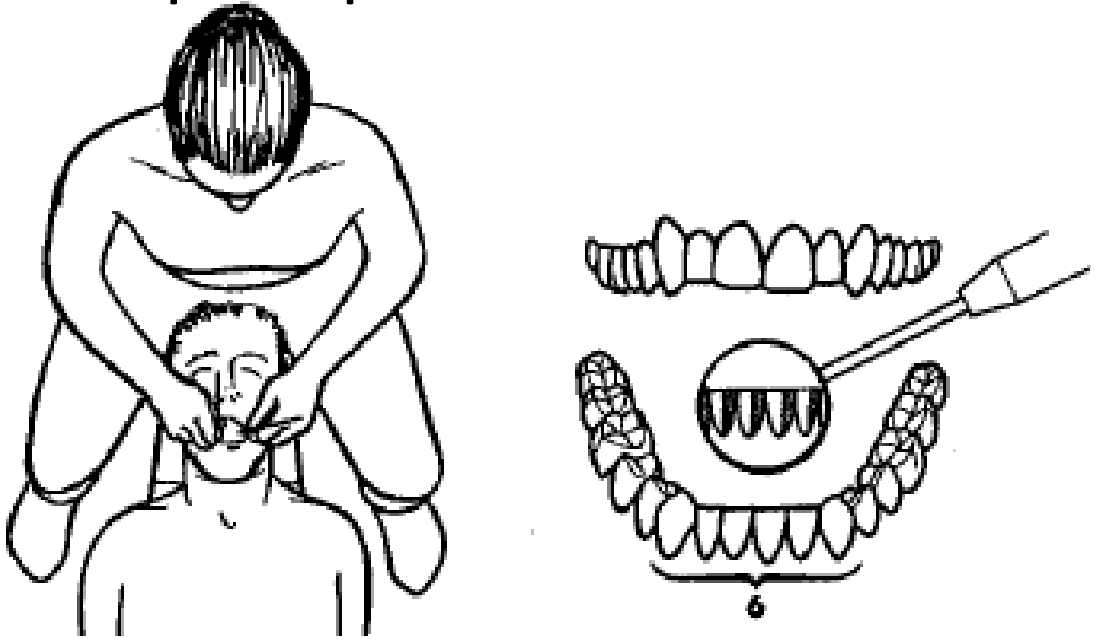


▪ Operator position: 11:00 to 12:00

▪ Areas6

▪ Patient position: head straight ahead,chin down

▪ Operator position: 8:00



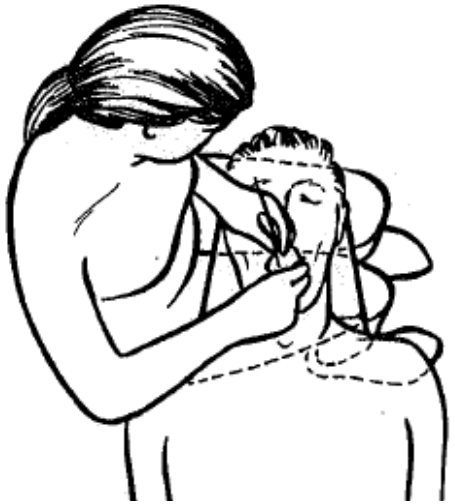
▪ Operator position: 11:00 to 12:00

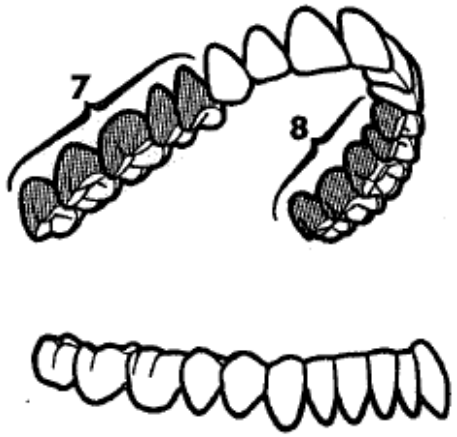
▪Aereas7 and 8

▪Patient position:

Area 7-head straight ahead

Area 8-head turned slightly away;chin up



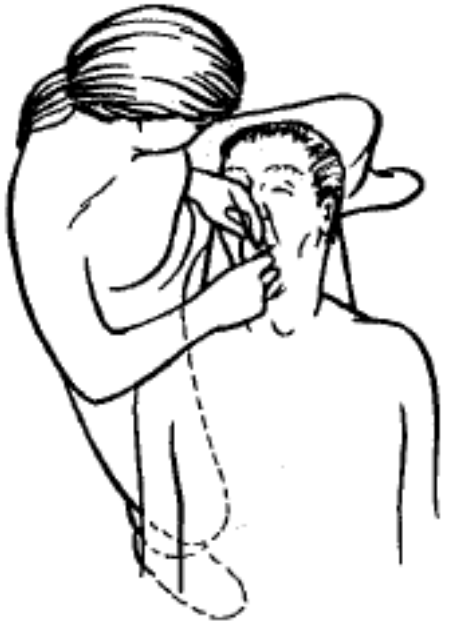


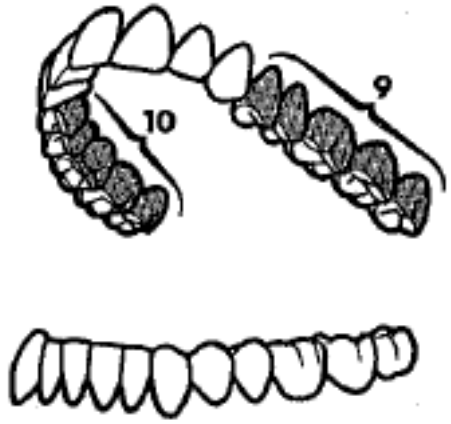
▪Operator position: 9:00

▪Aereas 9 and 10

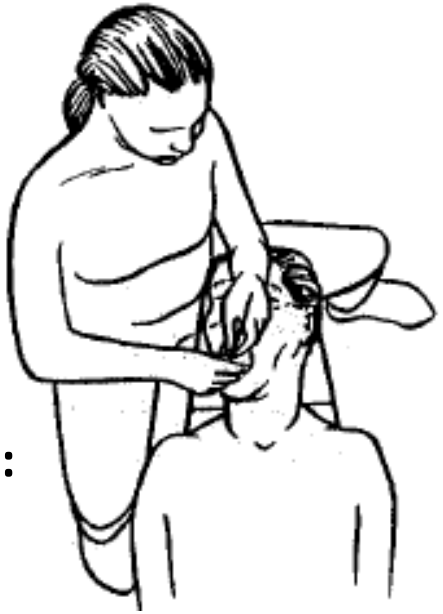
▪Patient position:

head turned toward operator,chin up





▪Operator position: 9:00



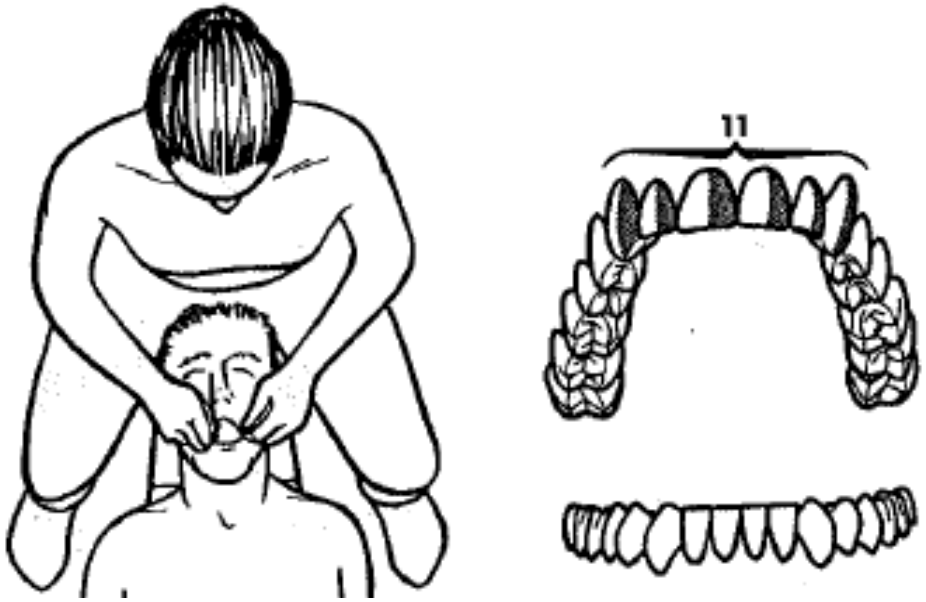
▪Operator position:

10:00 to 11:00

Areas11

- Patient position: head straight ahead, chin up

- Operator position: 8:00

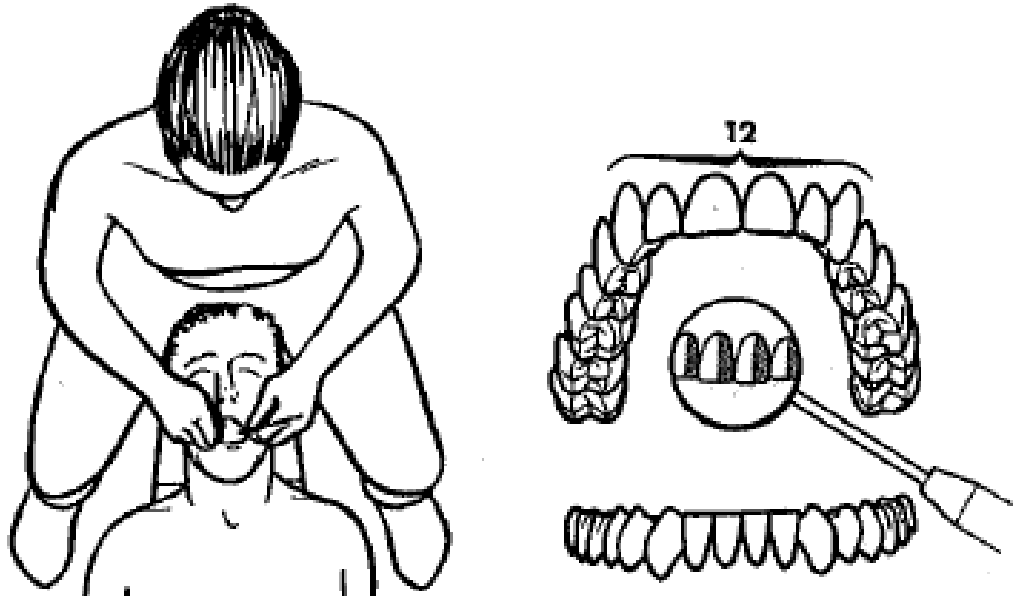


- Operator position:11:00 to 12:00

Areas12

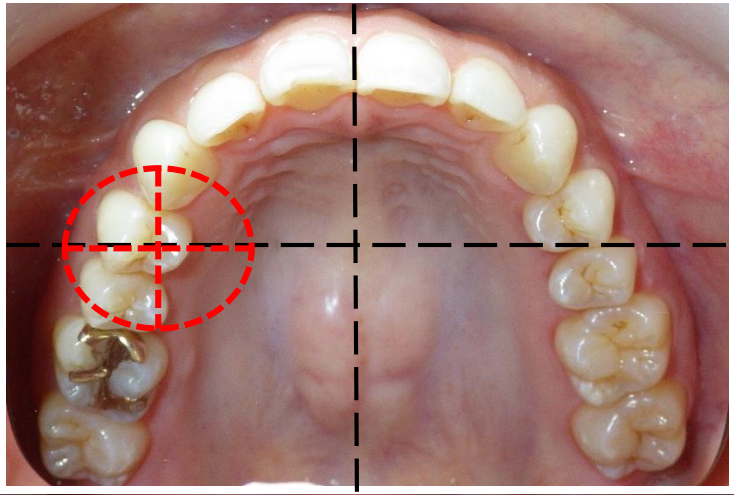
- Patient position: head straight ahead, chin up

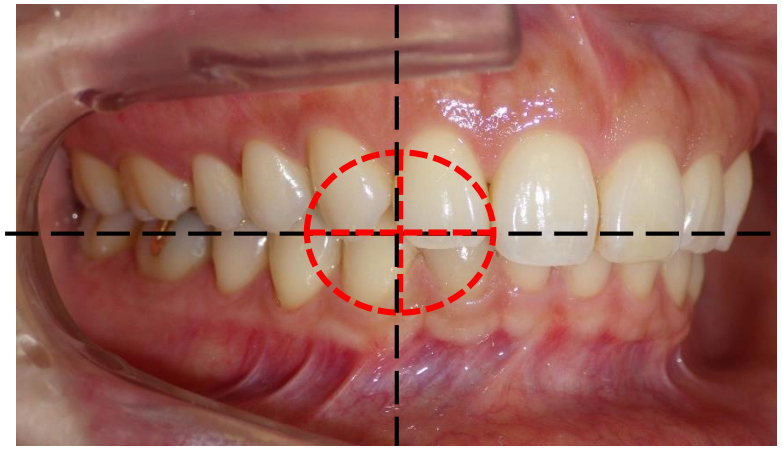
- Operator position: 8:00

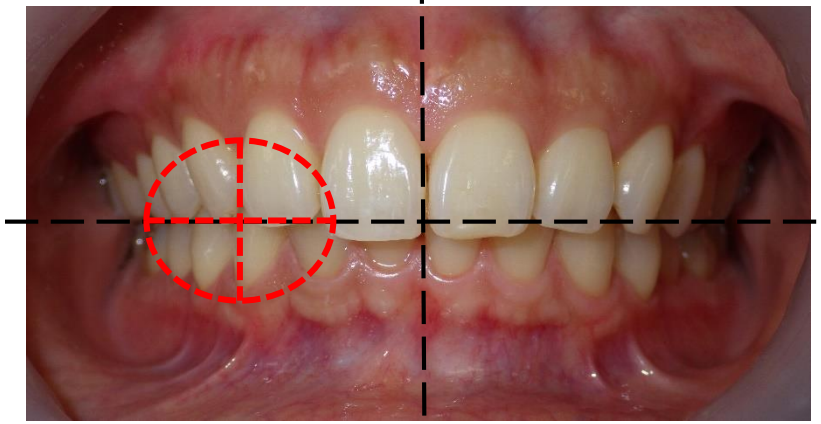


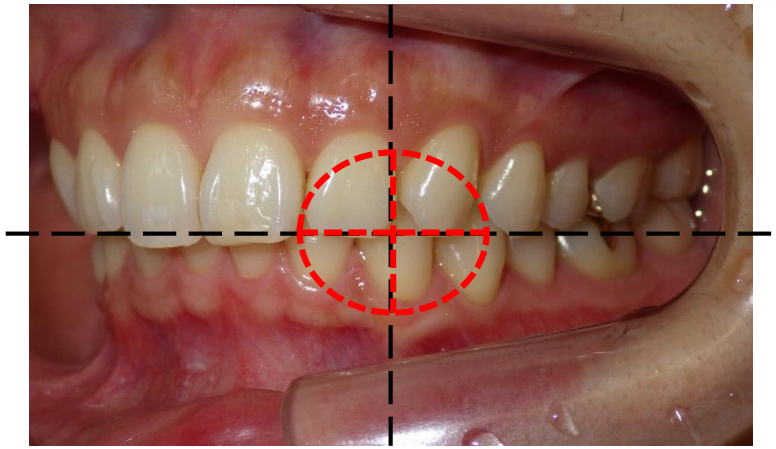
- Operator position:11:00 to 12:00

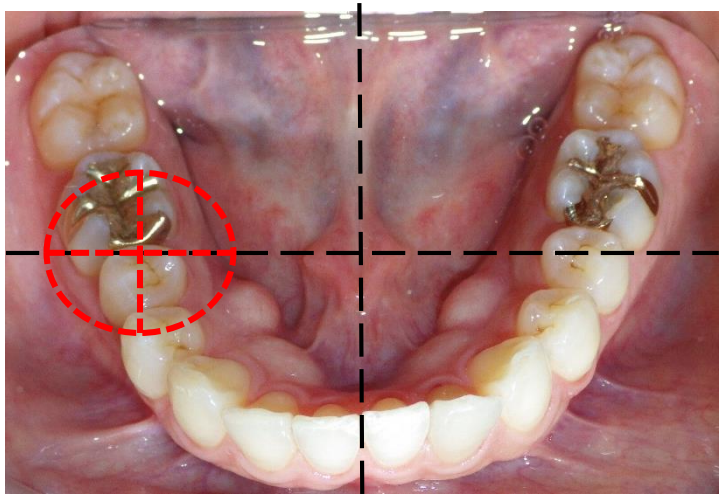
Take photo





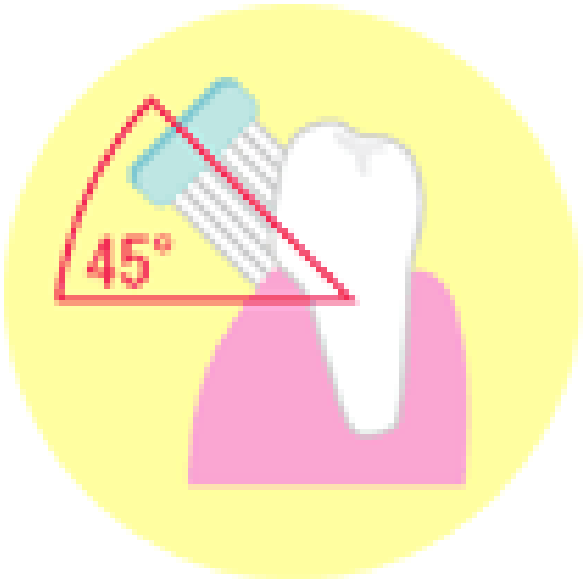


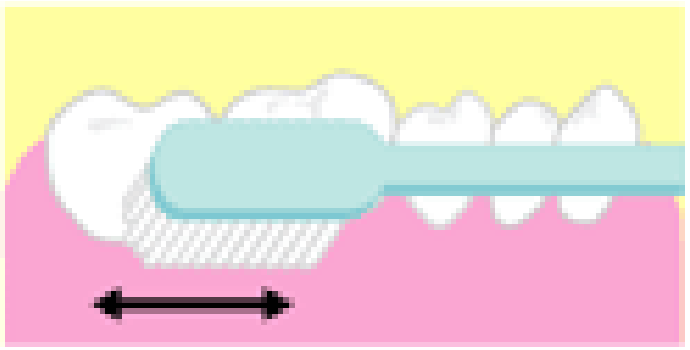




: focus

The Angle of Tooth Brush

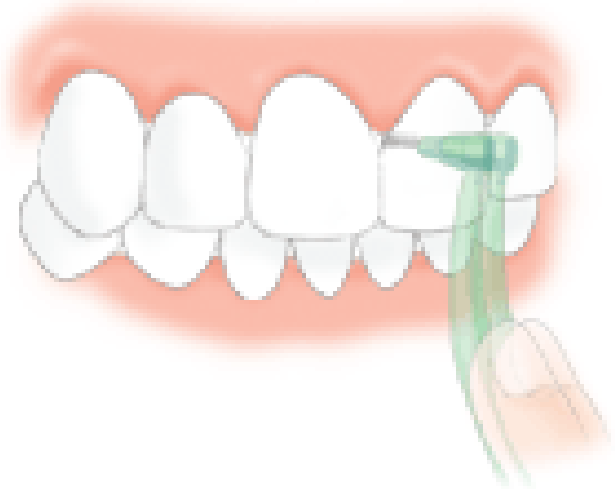


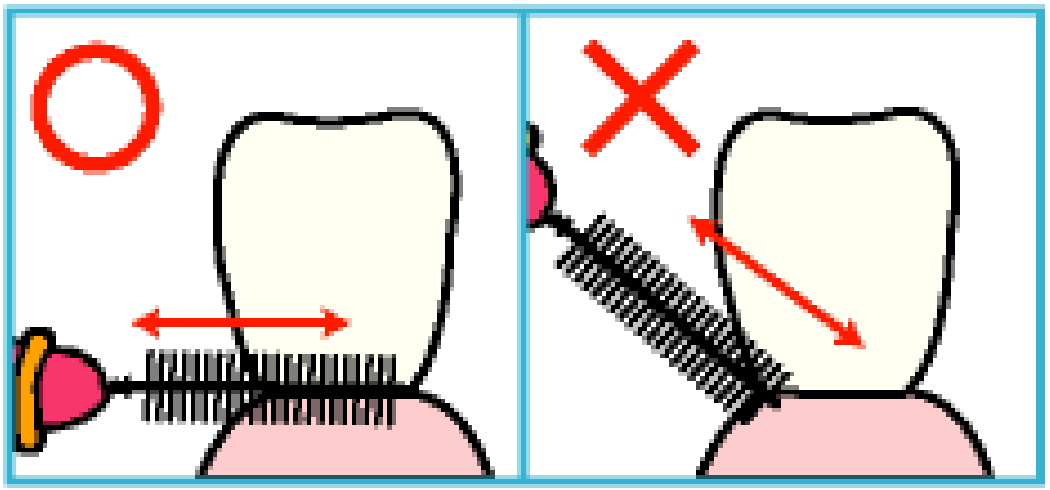


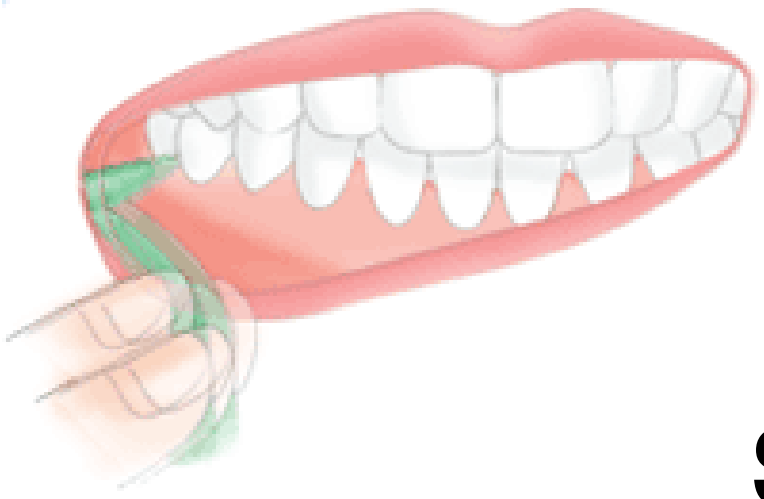
Bass method

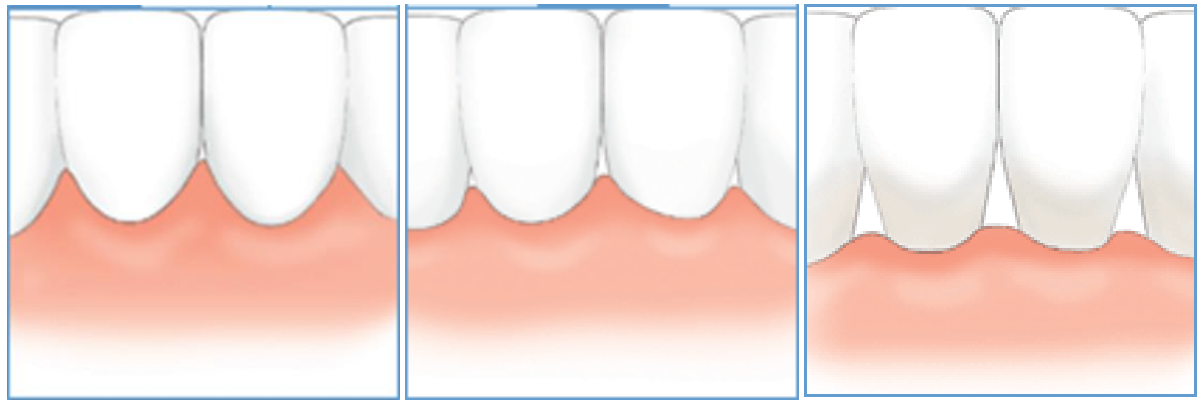
Scrubbing method

Interdental Brush









Size SSS → L

自立支援

学校健診

歯ブラシの販売

ワークショップ

幼稚園教諭による歯科保健講話

保護者に対するアプローチ