Parameter on Comprehensive Periodontal Examination*

The American Academy of Periodontology has developed the following parameter on comprehensive periodontal examination for periodontal diseases. Appropriate screening procedures may be performed to determine the need for a comprehensive periodontal evaluation. Periodontal Screening and Recording (PSR), a screening procedure endorsed by the American Dental Association and the American Academy of Periodontology, may be utilized. J Periodontol 2000;71:847-848.

KEY WORDS

Periodontal diseases/diagnosis; dental history; medical history; patient care planning.

PATIENT EVALUATION/EXAMINATION

Evaluation of the patient's periodontal status requires obtaining a relevant medical and dental history and conducting a thorough clinical and radiographic examination with evaluation of extraoral and intraoral structures. All relevant findings should be documented. When an examination is performed for limited purposes, such as for a specifically focused problem or an emergency, records appropriate for the condition should be made and retained.

1. A medical history should be taken and evaluated to identify predisposing conditions that may affect treatment, patient management, and outcomes. Such conditions include, but are not limited to, diabetes, hypertension, pregnancy, smoking, substance abuse and medications, or other existing conditions that impact traditional dental therapy. When there is a condition that in the judgment of the dentist requires further evaluation, consultation with an appropriate health care provider should be obtained.
2. A dental history, including the chief complaint or reason for the visit, should be taken and evaluated. Information about past dental and periodontal care and records, including radiographs of previous treatment, may be useful.
3. Extraoral structures should be examined and evaluated. The temporomandibular apparatus and associated structures may also be evaluated.
4. Intraoral tissues and structures, including the oral mucosa, muscles of mastication, lips, floor of mouth, tongue, salivary glands, palate, and the oropharynx, should be examined and evaluated.
5. The teeth and their replacements should be examined and evaluated. The examination should include observation of missing teeth, condition of restorations, caries, tooth mobility, tooth position, occlusal and interdental relationships, signs of parafunctional habits, and, when applicable, pulpal status.
6. Radiographs that are current, based on the diagnostic needs of the patient, should be utilized for proper evaluation and interpretation of the status of the periodontium and dental implants. Radiographs of diagnostic quality are necessary for these purposes. Radiographic abnormalities should be noted.
7. The presence and distribution of plaque and calculus should be determined.
8. Periodontal soft tissues, including peri-implant tissues, should be examined. The presence and types of exudates should be determined.
9. Probing depths, location of the gingival margin (clinical attachment levels), and the presence of bleeding on probing should be evaluated.
10. Mucogingival relationships should be evaluated to identify deficiencies of keratinized tissue, abnormal frenulum insertions, and other tissue abnormalities such as clinically significant gingival recession.
11. The presence, location, and extent of furcation invasions should be determined.
12. In addition to conventional methods of evaluation; i.e., visual inspection, probing, and radiographic examinations, the patient's periodontal condition may warrant the use of additional diagnostic aids. These include, but are not limited to, diagnostic casts, microbial and other biologic assessments, radiographic imaging, or other appropriate medical laboratory tests.
13. All relevant clinical findings should be documented in the patient's record.
14. Referral to other health care providers should be made and documented when warranted.
15. Based on the results of the examination, a diagnosis and proposed treatment plan should be

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presented to the patient. Patients should be informed of the disease process, therapeutic alternatives, potential complications, the expected results and their responsibilities in treatment. Consequences of no treatment should be explained to the patient.

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