# SENDODONTIC ASSOCIATES ROOT WORDS

Promoting just a little bit of knowledge...and a whole lot of Healthy Smiles

#### Mission Statement

To provide excellent endodontic care in a professional, friendly environment by a highly trained and motivated team!

We work to fulfill our mission by making patient care our #1 goal.

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## **Treating Traumatic Crown Fractures**

hen a patient presents to your office with a fractured crown due to trauma, it is usually a stressful situation for the patient and the practitioner. The patient is usually in pain and fearful about how the injury will affect their smile. The practitioner has to interrupt their normal schedule to perform an emergency evaluation and treatment. Luckily these situations are rather rare in occurrence. The goal of this letter is to provide a review and general guidelines on how to treat traumatic crown fractures.

After acquiring and reviewing the patient's medical history, the next step is evaluate the patient's central nervous system to rule out concussion or cerebral hemorrhage. These situations require immediate medical attention prior to dental treatment.

Your clinical evaluation should include soft tissue examination, hard tissue examination (ruling out alveolar fractures and changes in bite), radiographs, and vitality tests. Soft tissue examination should include looking for lacerations of lips, cheeks, and tongue as well implantation of any foreign body or possibly the broken tooth fragment. For radiographs, the AAE recommends taking one occlusal and two periapical radiographs. Vitality testing including percussion, cold and electric should be performed.

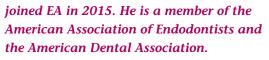
When dealing with crown fractures,

first try to find the broken-off segment. Advances in bonding technology have made it possible to rebond the fragment, which can be more esthetic. If there is less than 0.5 mm dentin remains adjacent to pulp, place a pulp cap or liner. If the pulp has been exposed for than 24 hours, remove all inflamed tissue and place a pulp cap of either CaOH, MTA, or bio ceramic material.

Prognosis for pulpal survival is usually good, but root canal therapy may be indicated later. Evaluations should be scheduled six to eight weeks after treatment and then every three months for a year. It is worth noting that the pulp may be unresponsive for several weeks and the AAE advises postponing until another sign, which includes swelling, periapical lesion, pain, or change in crown color.

Remember, this is just a brief review and may not apply to every situation

Dr. Brandon Schultz earned his D.D.S. degree from the University of Michigan in Ann Arbor and went on to complete his endodontic training at the University of Alabama in Birmingham. Dr. Schultz



*Quality Patient Care in a Comfortable Environment* 

### Staff Vitals — Hilary

Hilary has been with Endodontic Associates for 17 years as an Endodontic Assistant. She is in charge of training new assistants and ordering the uniforms to keep our staff looking sharp. When asked what she liked best about her job, she said, "We are all family here." Hilary started working at EA when she was 18 years old, so this place practically raised her. She said EA is "definitely my second family!" Hilary is married to her best friend, JR, and they have a large blended family, with six kids, one grandson, a Great Dane named Princess Cookie and a cat named Houdini. In her spare time, Hilary likes to fish, hunt, camp and refurbish furniture.



Hilary — Endodontic Assistant

Dental

doctors and staff volunteering their

Schultz, Dr. Duke and River.

#### EA team volunteers at OkMOM The Oklahoma







#### Congratulations... February Lottery Winners

**Our February drawing was** for two passes to Riversport **Rapids Adventure Park!** 



Janelle Gritz Dr. Megan Hill's Office



Susan Stinner Dr. Timothy Rothwell's Office

### Bravo

Congratulations to **Dr. Justin** Beasley, D.D.S. on becoming President of the Oklahoma County Dental Society.