

KINDERGARTEN

TEACHER BACKGROUND INFORMATION

DENTAL HEALTH

DENTAL DECAY

The strange-thing about dental decay is that it is so prevalent when so much is known about its causes and prevention.

There is no doubt that dental decay is a bacterial disease and is specifically related to the activity of dental or bacterial plaque which forms on teeth. If the teeth are thoroughly cleaned, this bacterial film or plaque will reform within 24-36 hours. The plaque progressively thickens if left undisturbed for several days, and in some areas of the mouth may become covered by food debris. Much of this food debris can be removed by rigorous mouth rinsing with water, but the plaque itself is only removed by brushing and flossing. The particularly damaging property of dental plaque is the ability of the bacteria to thrive on dietary sugar and to rapidly produce acids which can dissolve the tooth material.

It is apparent that diet is an important factor in decay. The typical Canadian diet is high in refined carbohydrates, and is highly conducive to dental decay. Sticky candies or confections which adhere to the teeth or hard candies which are kept in the mouth for long periods of time are particularly damaging since they provide sugar to the plaque, and hence destructive acids, for a prolonged period of time. It is the food remaining in the mouth that is important to plaque activity. Hence, regular and thorough removal of food and plaque could theoretically eliminate the decay-producing activity of the diet. In reality, it would be dangerous to rely completely on oral hygiene for the prevention of dental decay.

The role of heredity in dental disease is not well understood. Despite seemingly inherited bad gums or proneness to decay, personal neglect and poor quality dentistry are leading causes of poor teeth. Experience does indicate that some mouths are more prone to decay than others, but not because of so-called soft teeth. People who believe they have soft teeth often despair of their chances to keep their teeth. This despair is often associated with poor oral hygiene, dental neglect, faulty nutrition, or experience with poor-quality dentistry. With good home care, regular dental visits and the conscientious application of the principles of modern dentistry, most people should be able to enjoy a healthy mouth and retain their teeth for their lifetime.

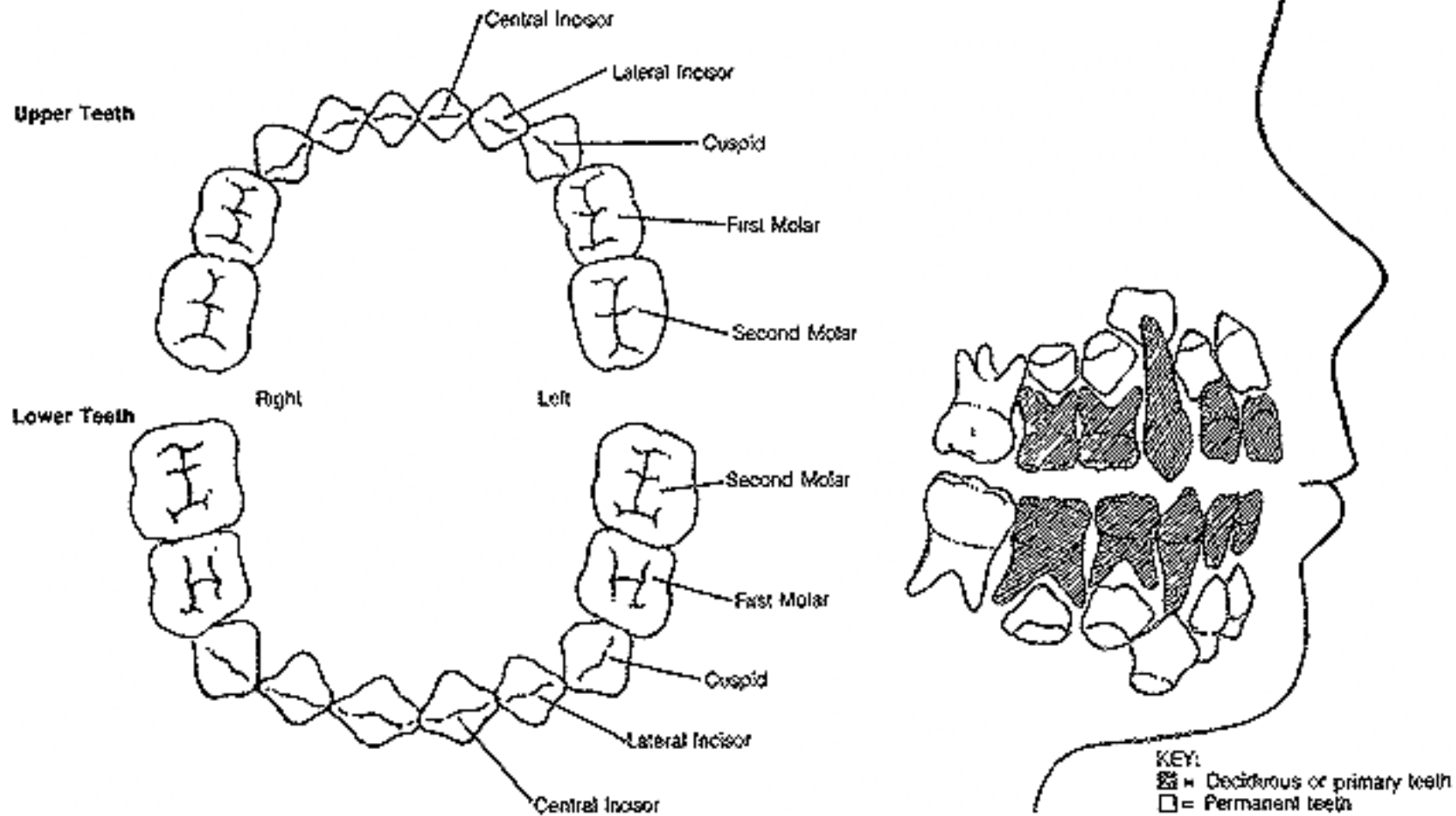
Good oral hygiene (proper brushing after each meal and brushing and flossing prior to going to bed) is difficult enough for adults to establish; for children, it is doubly difficult. Not only do young children lack the dexterity to brush and floss their teeth properly, but the benefits of such skills would be considerably reduced in the typical young "continuous eater". Parents should not only assist their young children in the brushing technique and floss their children's teeth up to about age 8, but should strive to keep the snack habit to the minimum, particularly of foods and drinks containing sugar. In lunches or at snack time children should not be given hard or sticky treats such as lollipops or toffee having sugar that remains in the saliva for a long time.

Adapted from 'Dental Health: A Teacher's Guide K-12,' Health and Welfare Canada

PRIMARY (BABY) TEETH

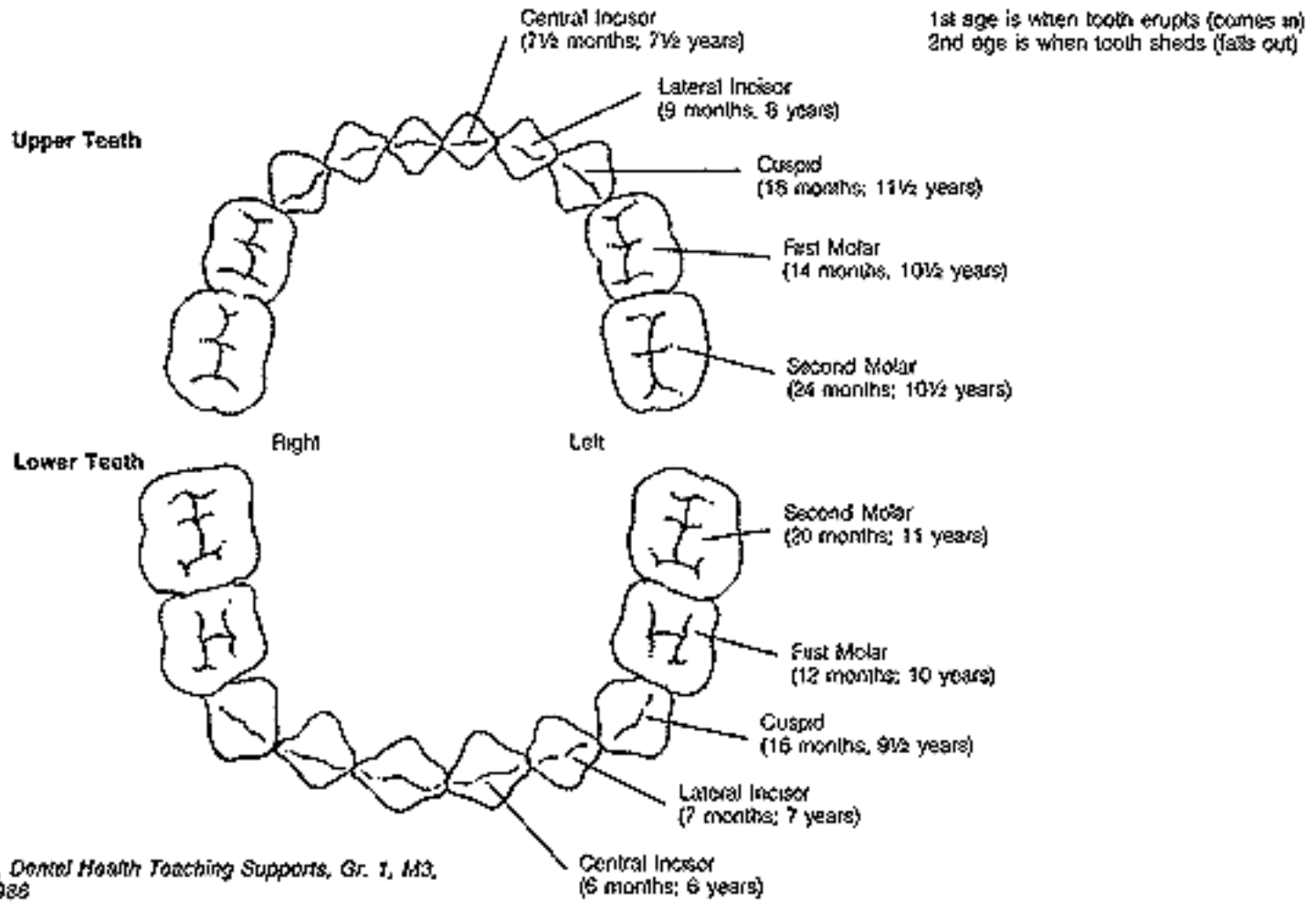
LOCATION OF TEETH AT 6 YEARS OF AGE

*From Health Education, Dental Health Teaching Supports, Gr. 1, M3,
Manitoba Education, 1988*



AGE SCHEDULE FOR PRIMARY TEETH

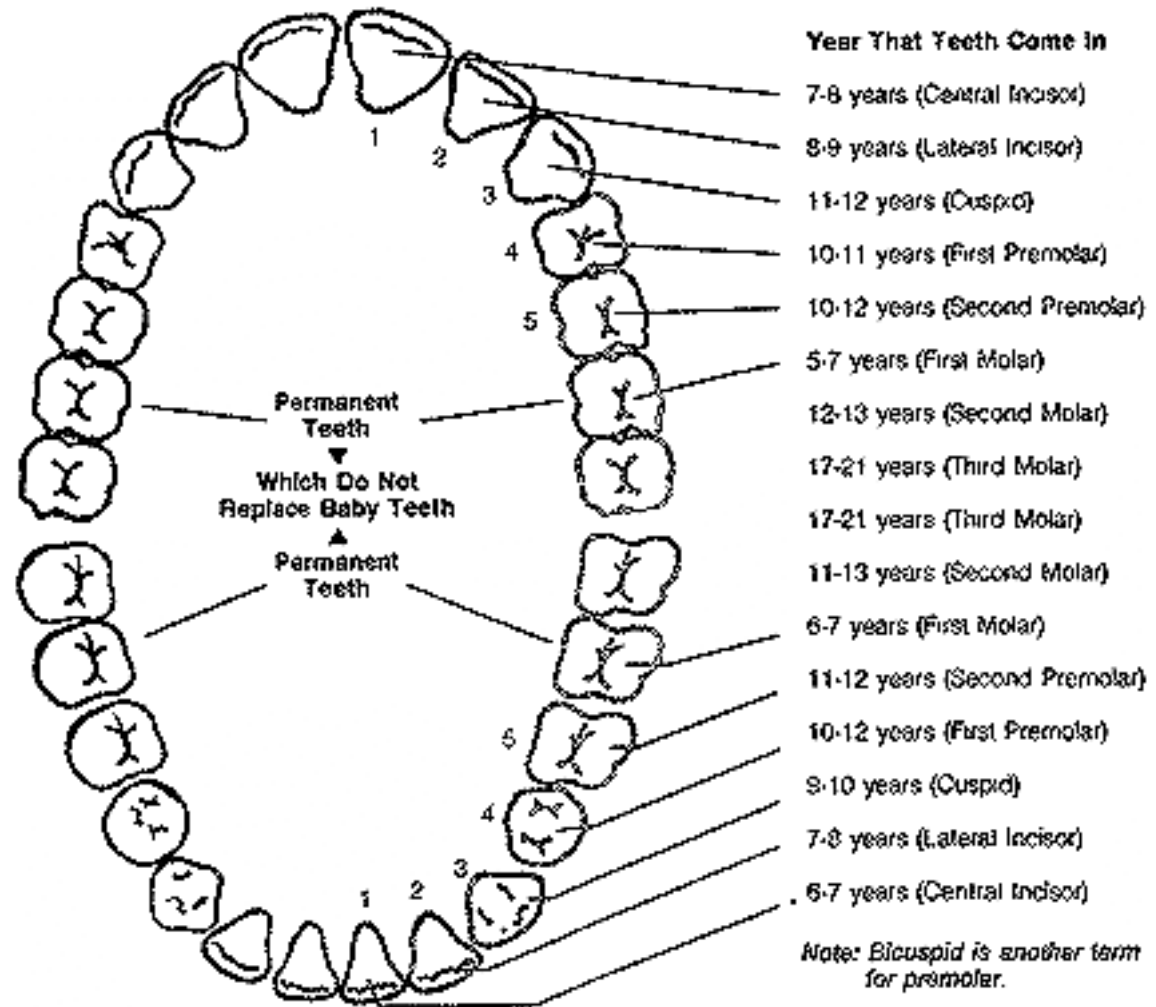
PRIMARY (BABY) TEETH



From Health Education, Dental Health Teaching Supports, Gr. 1, M3,
Manitoba Education, 1988

AGE SCHEDULE FOR PERMANENT TEETH

(Teeth numbered 1 to 5 replace baby teeth)



DENTALLY SAFE FOOD

and

DENTALLY UNSAFE FOOD



unsweetened fruit juice
unsweetened vegetable juice
raw vegetables and salads
raw fruits
nuts, seeds
cheese
plain milk
plain yogurt
enriched, whole wheat bread
and bannock
whole grain cereals
crackers
bran muffin
pizza
popcorn
meats

fruits



raisins, dried fruits
ice cream, milkshakes
sweetened juice and canned

flavoured yogurt
chocolate milk
puddings
popsicles/fudgsicles/revelos
sugar lumps
cake
candy
jam
chocolate bars
cookies
jelly, jam, honey
soft drinks (sweetened)
fruit drinks
sweetened powdered drink mixes
gum
lozenges

*** Teeth should always be brushed after eating sticky food.**

TOOTHBRUSHING - REMOVAL OF PLAQUE

How to Brush

Toothbrushing disrupts and removes plaque from the inner, outer and top surfaces of the teeth.

Place the toothbrush inside the mouth with the bristles along the upper last two teeth pointing at a 45° angle toward the gum line. This ensures that the bristles cover both teeth and gum surfaces

Vibrate the brush in a slight back and forth or circular motion directing gentle pressure towards the gums. This movement keeps the brush alongside the same two teeth and allows some of the bristles to clean the surfaces under the edge of the gums. Do not scrub.

Count to ten and then, move to the next group of teeth.

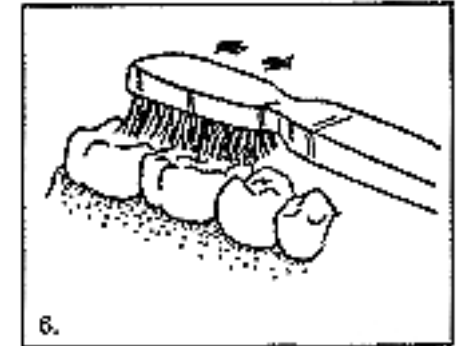
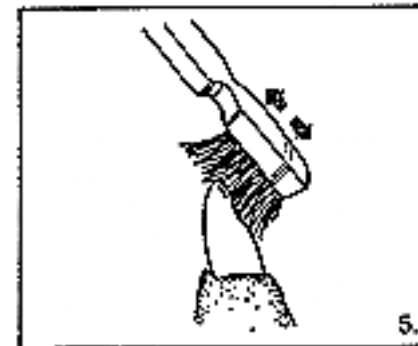
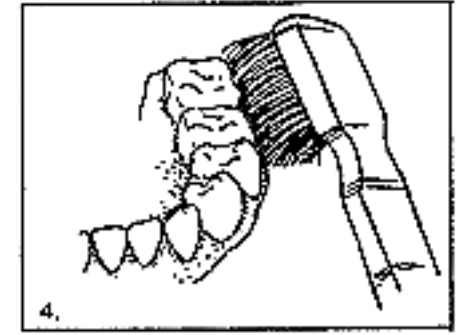
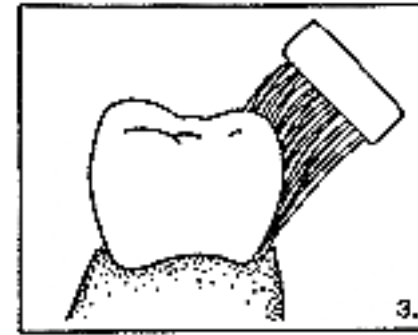
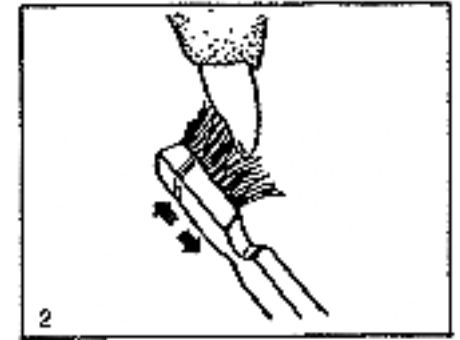
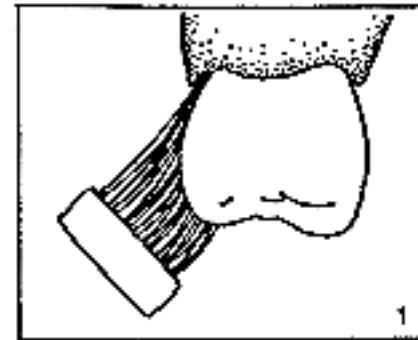
All inside and outside surfaces of teeth are cleaned in this way. The top surfaces of the back teeth are cleaned with a back and forth motion the bristles directly on top of the teeth.

To ensure all surfaces are brushed, the same circuit is followed every time.

This is where toothbrushing should begin.

1. Position of brush for brushing upper inside back teeth
2. Position of brush for brushing outside upper front teeth.
3. Position of brush for brushing lower inside back teeth
4. Position of brush for brushing lower outside middle teeth
5. Position of brush showing brushing of lower outside front teeth.
6. Position of brush showing brushing of top surface of back teeth.

From: CDA, "Do It Yourself Oral Hygiene", 1981



A BASIC TECHNIQUE FOR DAILY PLAQUE REMOVAL

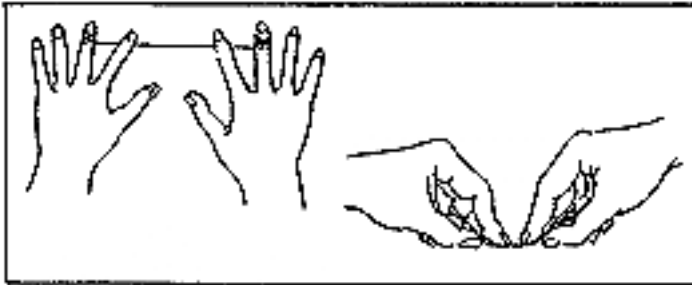
Flossing - Removal of Plaque

How to Floss

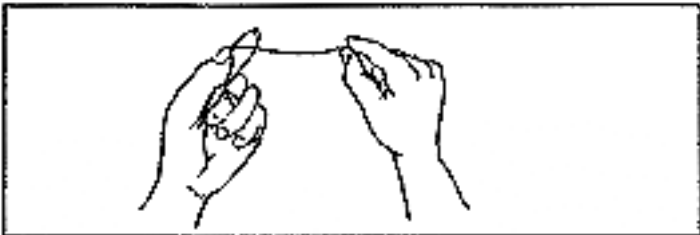
Flossing disrupts and removes plaque between the teeth and under the edges of the gums

To floss properly, use about 46 cm of dental floss. Wind most of the floss around the middle finger of one hand and the rest around the middle finger of the other hand. This leaves about 8 cm free.

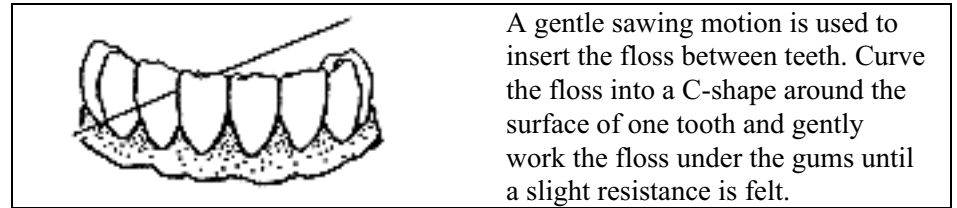
The free part of the floss is grasped with the thumbs and 1st fingers of each hand leaving about 2.5 cm as the 'working portion' of the floss.



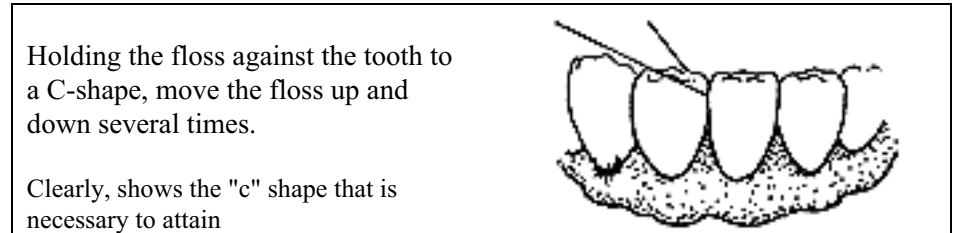
When flossing lower teeth the floss is guided mainly by the 1st finger of each hand.



For upper teeth exert pressure with the thumb of one hand and the forefinger of the other hand.

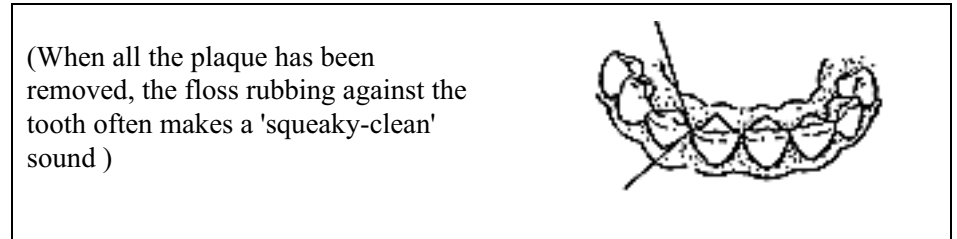


A gentle sawing motion is used to insert the floss between teeth. Curve the floss into a C-shape around the surface of one tooth and gently work the floss under the gums until a slight resistance is felt.

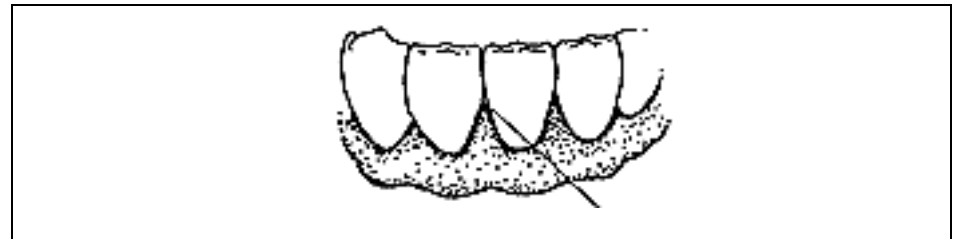


Holding the floss against the tooth to a C-shape, move the floss up and down several times.

Clearly, shows the "c" shape that is necessary to attain



(When all the plaque has been removed, the floss rubbing against the tooth often makes a 'squeaky-clean' sound.)



Repeat the procedure on the adjacent tooth surface at the same site.

This method is repeated on the remaining teeth starting on the upper right teeth and ending on the lower left teeth.

From CDA, "Do It Yourself Oral Hygiene", 1981