I've communicated before about my use of the Radius toothbrush. Since I started using it and introducing it to my patients, I have found it to make a very significant difference in the level of plaque control that's obtainable.

However, I also observed several patients brushing their teeth with the Radius and with a more traditional toothbrush. I then compared that to how quickly I brush with the Radius brush. I timed myself and found that I generate about 150 strokes per minute. This allows me to brush my entire mouth, buccal and lingual, in 1.5 minutes with 15 strokes per 2 teeth. The speed counts; because of the speed and rigor, the time is shortened and the effectiveness is increased. People will only spend so much time cleaning their teeth and the value of speed is that more root surfaces get cleaned in the same amount of time.

Try this yourself and count how many strokes you generate per minute as you brush your own teeth.

This brings me to another subject which I think is more important for the hygiene community. On occasion, when I do the scaling of patients, I've noticed that the results I'm able to obtain in terms of pocket closure is very often significant. I have noticed that when I scale, using only extra-oral grips which is something I've discussed before, I'm able to generate approximately 100 strokes per minute. Since I'm not using my fingers but only my wrist, the wrist can be turned over very rapidly similar to what you can do with a toothbrush at that speed. Overlapping rapid strokes are valuable given that generating more strokes per minute results in greater efficacy in the removal of subgingival biofilm and most importantly calculus. This efficacy is especially important given the limited amount of time that a hygienist has during an appointment.

We all know that a hygiene visit has so many nonclinical parts to it; from the time you speak to the patient and the time spent cleaning up the operatory, the actual time you have for scaling and root planing is often compromised.

Take a stop watch and check how many strokes you are generating per minute; you might be surprised. And then try to increase the number of strokes per minute on selected teeth that need careful, subgingival debridement.

I am more than happy to share with the hygiene community the extra-oral positions that I utilize to obtain that speed. Call my office; I and my staff will be more than happy to accommodate you for a short but meaningful , clinical experience.

I am including a clinical case that demonstrates what I have discussed. The patient presented with severe inflammation of her upper anterior teeth and lower left cuspid. She had been maintained in an excellent general practice for many years. Because of the severe inflammatory nature and the patient’s age, it was appropriate that I rule out any blood dyscrasias that might be contributing to this degree of inflammation. Her blood tests and her physical were negative.
She then underwent rigorous root planing and scaling of the upper incisors and the lower left side. Please note pre and postoperative results. Interestingly, between #8 and #9, the diastema space closed because the inflammation was reduced. The swelling resolved and the teeth closed up naturally. Pocket depth went from 8 mm. to 3 mm.

As always, your feedback is appreciated.

Yours truly,
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