

Dental Palpation Curriculum



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Noelle spent much of her career in the direct treatment of patients and specializes in patient education and prevention strategies. She enjoys studying oral health, nutrition, and has a fervent concern for the medically compromised and sensory sensitive populations.

Noelle's goal is to have a positive influence on the lives of the people she meets, in the smallest, or in the biggest of ways. Following decades of full-time clinical practice, Noelle currently works as a dental consultant; a clinical and dental writer, editor, and content creator to several brands; and a freelance entrepreneur. Through educational opportunities, commitment to ethics and transparency, and sharing innovative knowledge, Noelle hopes to achieve her goals in helping other professionals and consumers.

Dental Palpation Curriculum

The Dental Palpation Simulator includes a head and neck that can be affixed to a real dental chair to keep in place during an exam simulation. Students will perform an intraoral soft tissue examination and extraoral head and neck examination on the realistic soft skin of the simulator. The following curriculum will address how to do extraoral and intraoral soft tissue examinations. The simulator also comes with scenario cards to practice real-world experiences.

Curriculum Structure

The Dental Palpation Simulator curriculum contains the following lessons. Approximate lesson times are included.

Lesson	Title	Approximate Time
One	The New Dental Patient	50 minutes
Two	The Extraoral Examination	50 minutes
Three	The Intraoral Examination	50 minutes
	Total	3.5 hours

Lesson Structure

Each lesson begins with a Lesson Overview, Lesson Objectives, and a Lesson at a Glance table, listing the lesson activities, materials required, suggested preparation steps, and approximate class time.

Lesson Sections

The actual lesson follows the overview, which contains some of the sections described below.

FOCUS

Every lesson begins with a FOCUS activity intended to capture participants' attention. This may be in the form of a small or large class discussion, a game, a demonstration, or a review of previous lesson information. During this activity, participants are introduced to the topic of the lesson.

LEARN

The LEARN activity in each lesson varies in its presentation mode. It may be a slide presentation, group activity, or demonstration.

REVIEW

Most lessons end with a REVIEW activity intended to briefly review the lesson's key messages or main points.

Lesson One – The New Dental Patient

Lesson Overview

In this lesson, students will learn how to assess and prepare a new patient in a dental office.

Lesson Objectives

After completing this lesson, participants will be able to:

- Evaluate a new dental patient
- Document findings on a new dental patient
- Manage a new dental patient

Lesson at a Glance

Activity	Materials	Preparation	Approximate class time
FOCUS	• Dental Patient Scenario Cards (there are 5 scenarios for this lesson to choose from) • <i>The New Dental Patient</i> scenario sheet (optional) • New patient video access	1. Have the scenario cards available. 2. Have the video clips available. 3. Print/photocopy <i>The New Dental Patient</i> scenario sheet (optional).	30 minutes
LEARN	• <i>The New Dental Patient</i> slide presentation	1. Prepare <i>The New Dental Patient</i> slide presentation for viewing.	30 minutes
REVIEW	• <i>The New Dental Patient Post-Test</i> • <i>The New Dental Patient Post-Test – Answer Key</i>	1. Print/photocopy <i>The New Dental Patient Post-Test</i> (one per participant).	10 minutes

Lesson One – The New Dental Patient

FOCUS: Dental New Patient Scenarios

30 minutes

Purpose:

Participants can work together or individually to problem-solve dental scenarios and discuss the presented situation. This will help students begin to think critically about how they will interact with new dental patients.

Materials:

- Dental Patient Scenario Cards (there are 5 scenarios for this lesson to choose from)
- *The New Dental Patient* scenario sheet
- New patient video access

Facilitation Steps:

1. Introduce the concept of onboarding new dental patients through a variety of scenarios. The scenarios may be used in several ways. There are five new dental patient scenarios in the scenario card decks, and they are labeled “New Dental Patient.”
2. Review the suggested uses for scenario cards:

Five-minute icebreaker activity

1. Begin your class with a quick, five-minute dental patient scenario challenge. Pick one scenario and read it to the class. You could also show the card on a document projector.
2. Get students into small groups to discuss the dental patient scenario, key questions, and various points of view. You could also give each of the five small groups different scenario cards.
3. Have the class come back together and share answers to the key questions.

Journaling activity

1. Choose a Dental Patient Scenario Card.
2. Use the dental patient scenario as a journal-writing prompt, and have students answer the key questions in writing.

Pre- and post-assessment

1. After teaching the lesson, give students one of the five Dental Patient Scenario Card for the New Dental Patient and answer the key questions again using the new skills they have learned. This could be used as an assessment.

Because this is the start of the lesson, it is recommended to use the scenarios as an icebreaker or pre-assessment for this lesson.

2. In addition to using the scenarios, you could also share a brief video with students to introduce the concept of onboarding a new dental patient.

<https://www.youtube.com/watch?v=gMXuQ3b5zB0>

<https://www.youtube.com/watch?v=u6prgi7y6Rw>

The New Dental Patient

Scheduling

Your first appointment of the day is with a new patient who is already 15 minutes late. They called to say they got lost, but they are just five minutes away. You look at the schedule and see there is no open space to overflow into. You advise the patient to come in, and the office will do its best to address their needs.

The patient arrives but has not pre-filled any paperwork. As the receptionist is talking with the new patient, your next patient shows up early.

CONSIDERATIONS: It is highly likely that new patients may be late when locating a new facility for an appointment. They can be unfamiliar with the area, parking regulations, or the building itself.

QUESTIONS:

- Do you think the new patient should still be seen?
- How would you handle having two appointments in the office at once; one appointment is late, and the other appointment is early?
- How would you address the unfinished paperwork, including the medical, dental, and prescription history?
- How could the office avoid situations like this in the future? Could standard operating procedures have prevented this?

The Emergency Patient

An emergency new patient has been scheduled. So far, the only information you have is that a sports injury occurred, and there are several broken teeth and tissue lacerations. You are amid preparing the room when the patient suddenly arrives and is visibly in pain and upset. The patient is a teenager and is accompanied by a parent.

CONSIDERATIONS: In an emergency, it is often necessary to only address the immediate emergency and schedule more comprehensive evaluations after addressing immediate needs.

QUESTIONS:

- Should the patient wait in the waiting room while the parent checks in and fills out paperwork? Why or why not?
- After the patient is seated in the treatment room, what would be the next step in assessing the emergency?

- Would it be necessary to do an extraoral examination during the emergency visit?
- Should a blood pressure reading be taken?

Fear of Radiation

While assessing a new patient during their appointment, the patient states that they do not want any radiographs because they heard X-rays cause cancer. The patient only wants to be visually assessed and receive a treatment plan based on that. The patient has a large cavity that can be seen visually, no current pain, but several other suspicious areas of potential cavities with indications of gum disease.

CONSIDERATIONS: While dental radiation is exceedingly small and any direct correlation to cancer is even smaller, acknowledging a patient's concern is very real. Trust and empathy are the foundation of the patient/clinician relationship.

QUESTIONS:

- Is it possible to do a comprehensive exam without radiographs? Why or why not?
- Is there a legal liability present if the patient refuses to receive radiographs?
- If there is a legal liability, who does it belong to, and what measures should be taken to protect them?
- Can a patient refuse radiographs? Can a dentist refuse treatment?

Getting Behind Schedule

A new patient is in the chair waiting for the doctor. The doctor has been behind all day, and it does not look like they will be in the room anytime soon. The patient has asked several times how much longer it will be. You realize you will be late starting your next appointment and each appointment after that.

CONSIDERATIONS: While most offices try extremely hard to stay on time, days will inevitably come when everyone is behind schedule. Emergencies, sick employees, equipment malfunctions, late patients, and numerous other circumstances will arise that interfere with appointments.

QUESTIONS:

- What can the assistant do to pass the time while waiting on the doctor?
- What is the best way to answer the patient when they ask, "How much longer will it be?"
- What can the assistant do to prepare for the appointments afterward?

- Are there any precautions that can be implemented to prevent situations like this from happening in the future?

The Forgotten Note

It is the end of the day, and all the patients have left. You are walking out the door to go home and suddenly realize you forgot to record a conversation with one of your new patients that day. The patient was leaving and mentioned in passing that they remembered they were allergic to several medications.

CONSIDERATIONS: It is normal for situations like this to happen. It is good practice to take time at the end of the day to review the schedule and make a note of any missing or remembered conversations, content, or findings.

QUESTIONS:

- Should you wait until the following day to record this information? Why or why not?
- What should be done in the future if this were to happen again?
- Since the patient only mentioned this in passing and didn't record this on their paperwork, are you liable if you don't record the conversation?
- Where do you think medication allergies should be recorded and seen throughout the chart?

Lesson One – The New Dental Patient

LEARN: The New Dental Patient Slide Presentation

30 minutes

Purpose:

To give a thorough introduction to a new dental patient appointment.

Materials:

- *The New Dental Patient* slide presentation

Facilitation Steps:

1. Share the following information as you go through the slide presentation.

Slide 1: Introductory slide

Slides 2-3: The New Dental Patient

The new dental patient appointment allows dental professionals to thoroughly assess and evaluate a patient's whole-body health.

Often there are clues to underlying health issues that will present themselves in a new patient exam. Our understanding and knowledge of "variations of normal" and "suspicion of abnormal" is critical to diagnosing and recording. Dental professionals must look beyond the teeth and gums to assess overall patient health. Undiscovered and overlooked red flags are issues from a legality aspect and our efforts to provide optimum healthcare. Dental providers must be thorough, patient, systematic, comprehensive, and diligent during each examination process.

During a new patient appointment, most patients will present themselves to the office with a particular problem or concern, like a toothache, crooked teeth, a sore temporomandibular joint (TMJ), or the need for a dental cleaning. Dental professionals should never limit the exam to only problem-solving an immediate issue.

Although schedule and time may only allow for limited exams in emergencies, we always need to address the recommended option for a comprehensive evaluation and schedule patients accordingly.

Some of the required items for a comprehensive new patient examination will include acquiring and completing:

- Thorough medical history
- Thorough dental history
- Current blood pressure reading
- Current and past medications
- Full series of radiographs
- Complete periodontal charting
- Full intraoral assessment and charting of hard and soft tissues
- Full extraoral evaluation of structures and extremities

Slide 4: New Dental Patient Process

Our process in attaining a comprehensive examination is always the same: Evaluate, Document, Manage.

To successfully evaluate a new dental patient, you must collect as much information as possible.

This starts before the patient comes into the office. Having a new patient fill out and return a complete medical and dental history before their first appointment allows the patient ample time to collect and record accurate details. This also gives the dental professional time to review a patient's history before meeting. The benefit of this knowledge is that the clinician can re-evaluate the patient's appointment and make necessary preparations or adjustments. If this

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cannot be done before the appointment, allow ample time and potential overflow time for new patient appointments.

Once a patient is in the office, it's time to collect the remaining needed information and start any records. Most new patients will receive a complete or partial set of radiographs, depending on how the appointment was scheduled. It's important to document how a patient presents themselves initially. We do this through radiographic X-rays, intraoral images of the soft and hard tissues, extraoral images of the head and neck, and impressions of the arches. Not only is this a legal document of the current condition of a patient's mouth, but these items serve as a record that can be reflected upon in the future to determine any deviations from the initial examination.

Part of the documentation process involves reviewing the medical and dental history of the patient once they are seated in the treatment room. Make note of any information that is important and relevant that may not have been captured on the initial forms by the patient. Sometimes people forget or do not fully recall procedures, medications, or allergies until you start a direct conversation with them during the review process. Many dental practices have now adopted the standard procedure of taking a blood pressure reading at every appointment, and many are also doing regular temperature checks as part of ongoing appointments.

Once all needed records and reviews have been completed, the dental professional may begin documenting findings. The exam will begin with an extraoral assessment of the head and neck region. This is a visual and palpation exam to look and feel for normal and abnormal findings in the head and neck area. Some of the items covered in this exam are:

- Palpation and visual exam of the thyroid
- Palpation and visual exam of cervical lymph nodes
- Palpation and auditory exam of the temporomandibular joint

- Palpation and visual examination of the skin on the face, neck, hairline, ears, lips, and head

Once the extraoral exam is complete, the intraoral examination is typically next. During this examination, the dental professional will use direct and indirect vision with palpation to examine the hard and soft tissues of the mouth. Normal, variations of normal, and abnormal findings will be documented and managed. This exam often includes a periodontal charting which measures the depth and health of the gums and bone surrounding the teeth.

Slides 5-6: New Dental Patient Discussions

After the examinations are complete, the patient and dental professional may discuss the need for treatment, and any managed care for suspicious findings.

Each appointment after that will review and check previous findings to ensure there are no deviations or concerns arising.

For emergency patients who received partial emergent care, follow-ups for more comprehensive exams will need to be scheduled accordingly.

Although a new patient appointment only happens once, the examination process is ongoing. Each time a patient is seen, an examination should be done, and findings reviewed.

Most dental facilities will fall somewhere along these guidelines for examinations:

- Initial New Patient examination:
A comprehensive exam that takes anywhere from 1-1.5 hours to complete
- Emergency New Patient exam or Limited Oral Exam:
Not comprehensive, only addresses the emergent need, requires follow-up and a comprehensive examination to be scheduled for a later date
- Periodic Oral Evaluation:

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Done at every visit to review the comprehensive exam; takes 15 minutes or less; if significant findings occur, the exam can take longer and require referrals or treatment

- Repeat the Comprehensive Examination: Occurs every 3-5 years for all existing patients

Lesson One – The New Dental Patient

REVIEW: New Dental Patient Post-Test

10 minutes

Purpose:

This activity assesses participant knowledge about the facts presented throughout the introductory lesson on the new dental patient.

Materials:

- *The New Dental Patient Post-Test*
- *The New Dental Patient Test – Answer Key*

Facilitation Steps:

1. Distribute the *Post-Test* to each participant, allowing five minutes to complete.
2. Share answers as a group.

Name: _____ Class: _____

The New Dental Patient Post-Test

Directions: Select the best answer to the following multiple-choice questions:

1. A new patient appointment should include what?
 - a. Medical history
 - b. Dental history
 - c. Radiographs
 - d. Blood pressure reading
 - e. All the above
2. What type of exam assesses the head and neck visually and through palpation?
 - a. Periodontal exam
 - b. Intraoral exam
 - c. Extraoral exam
 - d. Radiographic exam
3. How often should a comprehensive examination be performed for existing patients?
 - a. Only once, for a new patient
 - b. At every dental visit
 - c. Once every 3-5 years
 - d. Whenever there's an emergency
4. What type of exam evaluates structures and extremities?
 - a. Periodontal exam
 - b. Intraoral exam
 - c. Extraoral exam
 - d. Radiographic exam
5. What type of exam should be done at every visit to review the comprehensive exam?
 - a. Periodic oral evaluation
 - b. Emergency exam
 - c. New patient exam
 - d. Radiographic exam

The New Dental Patient Post-Test

- Answer Key

1. A new patient appointment should include what?
 - a. Medical history
 - b. Dental history
 - c. Radiographs
 - d. Blood pressure reading
 - e. **All the above**
2. What type of exam assesses the head and neck visually and through palpation?
 - a. Periodontal exam
 - b. Intraoral exam
 - c. **Extraoral exam**
 - d. Radiographic exam
3. How often should a comprehensive examination be performed for existing patients?
 - a. Only once, for a new patient
 - b. At every dental visit
 - c. **Once every 3-5 years**
 - d. Whenever there's an emergency
4. What type of exam evaluates structures and extremities?
 - a. Periodontal exam
 - b. Intraoral exam
 - c. **Extraoral exam**
 - d. Radiographic exam
5. What type of exam should be done at every visit to review the comprehensive exam?
 - a. **Periodic oral evaluation**
 - b. Emergency exam
 - c. New patient exam
 - d. Radiographic exam

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Lesson Two – The Extraoral Examination

Lesson Overview

In this lesson, students will learn how to perform an extraoral examination using the Dental Palpation Simulator.

Lesson Objectives

After completing this lesson, participants will be able to:

- Identify normal findings
- Identify abnormal findings
- Successfully palpate the head and neck region

Lesson at a Glance

Activity	Materials	Preparation	Approximate class time
FOCUS	• Dental Patient Scenario Cards (there are seven scenarios for this lesson to choose from) • <i>The Extraoral Examination</i> scenario sheet (optional) • Extraoral examination video access	1. Have scenario cards available 2. Have video clips available 3. Print/photocopy <i>The Extraoral Examination</i> scenario sheet (optional)	30 minutes
LEARN	• <i>The Extraoral Examination</i> slide presentation • Dental Palpation Simulator • Disposable gloves • PPE	1. Prepare <i>The Extraoral Examination</i> slide presentation for viewing 2. Have the Dental Palpation Simulator available for use 3. Gather appropriate PPE supplies	30 minutes
REVIEW	• <i>The Extraoral Examination Post-Test</i> • <i>The Extraoral Examination Post-Test – Answer Key</i>	1. Print/photocopy the <i>Extraoral Examination Post-Test</i> (one per participant)	10 minutes

Lesson Two – The Extraoral Examination

FOCUS: Dental Extraoral Examination Scenarios

30 minutes

Purpose:

Participants can work together or individually to problem-solve dental scenarios relating to the extraoral examination and discuss the presented situation.

This will help students begin to think critically about how they will conduct an extraoral examination.

Materials:

- Dental Patient Scenario Cards (there are seven scenarios for this lesson to choose from)
- *Dental Patient Scenarios: The Extraoral Examination*
- Extraoral examination video access

Facilitation Steps:

1. Introduce the concept of conducting an extraoral examination through a variety of scenarios. The scenarios may be used in several ways. There are seven different extraoral examination patient scenarios in the scenario card decks, and they are labeled “The Extraoral Examination.”
2. Review the suggested uses for scenario cards:

Five-minute icebreaker activity

1. Begin your class with a quick, five-minute dental patient scenario challenge. Pick one scenario and read it to the class. You could also show the card on a document projector.
2. Get students into small groups to discuss the dental patient scenario, key questions, and various points of view. You could also give

each of the five small groups different scenario cards.

3. Have the class come back together and share answers to the key questions.

Journaling activity

1. Choose a Dental Patient Scenario Card.
2. Use the dental patient scenario as a journal-writing prompt, and have students answer the key questions in writing.

Pre- and post-assessment

1. After teaching the lesson, give students one of the seven Dental Patient Scenario Cards for the Extraoral Examination, and answer the key questions again using the new skills they have learned. This could be used as an assessment.

Because this is the start of the lesson, it is recommended to use the scenarios as an icebreaker or pre-assessment for this lesson.

2. In addition to using the scenarios, you could also share a brief video with students to introduce the concept of conducting an extraoral examination.

<https://www.youtube.com/watch?v=yJvujxEgaFA>

<https://www.youtube.com/watch?v=nIwM-iuHQVc>

The Extraoral Examination

Facial Asymmetry

A patient of record arrives for their afternoon appointment. As you are seating them in the treatment room, you notice that the left side of the patient's face looks droopy and asymmetrical. This is not a finding that is on the patient's previous note history. When you ask the patient if there have been any changes to their medical history, you also notice that the patient is having an unusually difficult time speaking complete sentences.

ACTIVITY: Insert the facial asymmetry piece into the Dental Palpation Simulator. As the scenario is read aloud, practice recognizing an asymmetrical facial pattern while assessing the patient.

QUESTIONS:

- Is the facial asymmetry and sudden change in speech a potential emergency? Why or why not?
- What is the first thing a clinician should do if they suspect a sudden health emergency in the office?
- If the patient were to state that they had a stroke since you last saw them, and they are still recovering, would this explain some of the findings?
- Does facial paralysis impair a person's ability to perform effective oral care?
- What relevant questions could you ask this patient to better understand their current health?

Enlarged Lymph Node

You palpate an enlarged lymph node in the submandibular region during an extraoral examination. The patient also informs you that it feels tender and slightly painful as you are performing the exam. The node feels soft, mobile, and is about the size of a blueberry. You make detailed notes of this finding in the patient's chart.

ACTIVITY: Insert the enlarged lymph node piece into The Dental Palpation Simulator in the submandibular region. As the above scenario is read aloud, practice recognizing the enlarged lymph node visually and through palpation.

QUESTIONS:

- Is it possible the patient has an illness currently or is recovering from a recent illness, like the flu, a cold, or some other viral infection that could be causing the enlarged node?
- Considering the location of the enlarged lymph node, would bimanual palpation be appropriate?
- Why would a lymph node be tender to palpation?
- Could the enlarged lymph node be from an infected tooth? Why or why not?

Mental Health Assessment

Ms. Johnson is a 60-year-old female patient who presents to the office for her regular cleaning appointment. Part of her visit involves radiographs and an examination, along with an updated periodontal charting. Ms. Johnson states that she has started smoking again due to the stress of life.

You make note that Ms. Johnson appears disheveled and unkempt, which is unlike her past presentations.

CONSIDERATIONS: Periodontal disease can be masked in its early stages for heavy smokers due to the constriction of blood vessels. Radiographic examination using periapical films and bitewings is the most diagnostic form of X-rays in this situation. Depression and medication side effects should be evaluated.

QUESTIONS:

- What are some of the oral ramifications of smoking that may be present?
- What are some of the extraoral presentations that may be apparent in today's visit for Ms. Johnson?
- How would you handle discussing the "stresses" Ms. Johnson is concerned over?
- Would it be appropriate to refer Ms. Johnson to another clinician or practitioner? If so, to whom and why?

Depression and Addiction

Richard arrives for his appointment and is scheduled for "comprehensive re-establishment of an existing patient." Richard has not been in the office for over five years, and at his last appointment, he was diagnosed with periodontal disease and several cavities. There are also notations in Richard's chart that he was going through a divorce at the time and was unsure if he would be able to do any dental work.

Richard indicated he would call to make an appointment.

CONSIDERATIONS: Richard may have gotten dental treatment somewhere else, or he may have completely ignored his dental needs. Regardless, Richard should be evaluated as if he were a new patient but with the added benefit of comparing past notes to today's current condition.

QUESTIONS:

- What is the first step in Richard's appointment today?
- When Richard enters the room, you notice his eyes have a yellow tint to them. What questions will you ask regarding this assessment?
- Richard also has a distinct odor of alcohol on his breath; what might you assume at this point?
- What might you expect to see in Richard's mouth?

Sun Exposed Skin

You have completed the extraoral examination on your patient, and everything is within normal limits. The only notation you make is a small freckle on the vermillion border of the left upper lip, just under the nostril.

CONSIDERATIONS: Labial melanotic macules are commonly seen on fair-skinned people due to sun exposure but can also be found on darker-skinned individuals. Typically, they are harmless, but any change in the clinical presentation should be investigated.

QUESTIONS:

- What are some examples of how to chart this in the patient's history?
- Would you ask the patient any questions about this finding? If so, what questions would you ask?
- At a later appointment, several years down the road, you notice the lip freckle has grown and changed; what considerations are you evaluating now?
- Would it be appropriate to forgo documenting this finding since it's within normal limits (WNL)? Why?

Special Needs Care and Planning

You are having a difficult time getting your patient into the treatment room for their appointment. The patient was dropped off by their independent nursing care facility without the wheelchair transfer board. The appointment was scheduled incorrectly, and the patient is visibly upset about the situation but cannot effectively communicate due to medical limitations and mental acuity.

CONSIDERATIONS: This could be a long-standing patient with the practice. This could be a new patient coming to the practice for the first time.

QUESTIONS:

- What could have been done to prevent this situation from becoming stressful for the patient?
- What should have been evaluated before the patient was ever scheduled?
- How can you improve this situation?
- What are some alerts or notations that need to be in the patient's chart and ledger?

Identifying and Reporting Abuse

A high school teenager is in your chair waiting for an examination. You notice some unusually patterned bruising on the patients' arms as they remove a sweater, and you see what appears to be the end stages of a healed black eye. The teenager's "parent" is in the room and makes you feel uncomfortable due to the demeanor they are presenting.

You have a gut feeling that something is wrong.

CONSIDERATIONS: Look for other signs of abuse intraorally and make very detailed notes of everything you see. Consider ways to justify getting photographs of the patient. Most abused children and teens are too scared to speak out against an abuser. Be cautious not to trigger the potential abuser, but be mindful of how to handle the situation legally.

QUESTIONS:

- What are the immediate concerns in this situation?
- What can you legally do in this situation?
- Is it possible someone other than the parent is the abuser?
- Is human trafficking a concern here? If so, what red flags might be present that would indicate a non-parental relationship exists, and how should you respond?

Lesson Two – The Extraoral Examination

LEARN: The Extraoral Examination Slide Presentation

30 minutes

Purpose:

To give students a walkthrough of conducting an extraoral examination.

Materials:

- *The Extraoral Examination* slide presentation
- Dental Palpation Simulator

Facilitation Steps:

1. Share the following information as you go through the slide presentation.

Slide 1: Introductory slide

Now that you understand the structure of a new dental patient appointment, we can unfold the details of performing an extraoral examination.

Using the Dental Palpation Simulator included with this curriculum, you will be guided through palpation exercises to assist in training and education.

Throughout this material, you will gain hands-on experience in evaluating normal anatomy, variations of normal that are within normal limits (WNL), and abnormal findings.

The assessment and examination of a dental patient can identify undiagnosed medical conditions, such as endocrine disorders, malignancies, cardiovascular risk, and cerebral vascular risk.

Dental professionals are part of the healthcare team managing a patient's overall health. Dental professionals often see patients more frequently and regularly than medical doctors.

This regularity places them in the unique position not only to diagnose and treat dental conditions but also to examine the face, skin, lymph nodes, and joints and muscles of the head and neck more often than physicians.

Slide 2: Objectives for Extraoral Examinations

- Understand the elements of performing an extraoral examination
- Understand the links between clinical findings on the extraoral examination
- Establish a reproducible pattern for performing an extraoral examination

Slide 3: The Extraoral Examination

- The extraoral examination begins as soon as you meet and greet your patient
- The patient's general appearance is often overlooked or done so quickly in passing
 - However, a skilled clinician will mentally note if someone presents themselves as happy and comfortable or anxious and scared
 - This notation gives the clinician an opportunity to adjust their mannerisms to accommodate the patient's needs
- Noting the patient's body type for medical risks and room setup is also encouraged
 - Being able to manipulate the dental chair and other equipment to accommodate all different body types is essential
 - As clinicians, we automatically observe these features, but we don't always make note of them for future reflection

Slides 4-6: Observations

Notations of the following should be recorded if significant findings are present:

- General appearance: Signs of distress, anxiety, nervousness, excessive sweating or talking, body type
- Personal hygiene/grooming: Body odor, smoking, alcohol aroma, ketone breath, uremic fetor, perio breath (oral odor)
- Facial appearance: Symmetry, eye health, expressions, malformations, genetic variations

Visually scan the facial symmetry as well as the head and neck region. Most people have some asymmetries, but significant asymmetries should be recorded.

A patient's facial appearance may include indications of the following:

- Prognathism (protruded lower jaw)
- Flushing or redness (emotional, inflammatory, allergies)
- Asymmetry or drooping (stroke, bell's palsy, injury)
- Bulging eyes (proptosis)
- Yellow eyes (jaundice, liver disease, alcohol abuse)
- Bloodshot eyes
- Integumentary system (skin): Unusual pigmentation, lesions, discolorations, lumps, or bumps

Skin indicators may include:

- The yellowing skin of liver disease
- Bruising may indicate bleeding disorders or abuse
- Sun damage can pigment skin or cause lesions indicative of basal cell carcinomas, squamous cell carcinomas, and melanomas
- Gait and mobility: Posture, motor activity, ability to move freely or with assistance

- Make a note of the way a patient walks (normal, shuffling, steady/unsteady) and assistance tools they use (cane, walker, wheelchair)

The medical history review may reveal a stroke, degenerative bone changes, injuries, or surgeries to the spine, hip, or knees that would all affect mobility.

Mobility issues are important to record since they often influence the best way to treat a patient comfortably. For instance, some patients who use wheelchairs can transfer safely to a dental chair, while others need to be accommodated in their wheelchairs. This makes scheduling and pre-appointment planning very important aspects to effective patient care.

****Notate the above items as the patient enters the treatment room. Remember that physical and mental disabilities typically make adequate oral hygiene and self-care more difficult for the patient to maintain. These same challenges may affect the patient's ability to tolerate certain dental procedures.****

Slides 7-9: Procedure for Extraoral Examination

Securely attach the Dental Palpation Simulator to the dental chair following the instructions provided in this curriculum. The simulator is now your patient and is seated in the treatment room, ready for examination. The generalized assessment has already taken place, and you are now ready to begin.

- Thoroughly wash and dry hands
- Apply all necessary personal protective equipment (PPE) to yourself and supply safety glasses to your patient for use later in the appointment
- The patient should be positioned at the clinician's elbows while standing behind the patient, with the chin and neck of the patient relaxed and slightly forward
- The clinician will use gloved hands to palpate the lymph nodes of the head and neck while standing behind the patient

The alternative method is to be directly in front of the patient while the patient is standing.

- Palpate the lymph nodes using the fingertips in a smooth "massaging" motion or slide the fingertips in a pressure "on and off" mode
- Visually inspect for abnormal presentation, followed by palpation
- Identify any masses or abnormalities in the neck; look for lumps, bumps, and discolorations
- Have the patient swallow while palpating the thyroid
- Palpate the lymph nodes

Slide 10: Order of Palpation in Lymph Node Groups

- Pre-auricular: In front of the ears
- Post-auricular: Just below and behind the ears
- Occipital: On the back of the head, just above the lowest hairline, up to the back of the ear, down the posterior sides of the neck, behind the ears
- Submandibular: Both sides of the underjaw
- Submental: Underneath the chin
- Cervical chain (upper, middle, lower): Neck
- Supraclavicular: Area above the clavicle

Slides 11-12: Lymph Node Palpation

Lymph nodes are normally not palpable. If you can feel them, then note the nodes' size, site, consistency, tenderness, and mobility. Also, note any possible reasons for the lymphadenopathy, like signs of infection within the drainage pathway or systemic infections.

- If there is a submandibular mass/swelling, bimanual palpation will often help to determine if the mass is the submandibular gland itself or something else to make a note of

- This is carried out by having one finger inside the mouth gently palpating the floor of the mouth
 - The other hand pushes the submandibular mass upwards and feels the mass between the hands
- Change the glove on the hand that will enter the patient's mouth, as this glove has been assessing areas outside of the oral environment

Slides 13-14: TMJ Examination

- Examine the joints; LOOK, FEEL, and MOVE
 - Place fingers on the TMJ and ask the patient to open and close slowly
 - Then have the patient open and move the mandible from side to side
- Make a note of any popping, clicking, or crepitus
- Palpate gently over the TMJ to assess tenderness or pain
- Note deviation in opening and the side of the deviation
 - To see a deviation, you must be in front of the patient, facing them
- Record limited opening

2. Set up a station in the classroom or in a skills lab for students to practice extraoral examinations independently with the Dental Palpation Simulator.

Lesson Two – The Extraoral Examination

REVIEW: The Extraoral Examination Post-Test

10 minutes

Purpose:

This activity assesses participant knowledge about the facts presented throughout the introductory lesson on the extraoral examination.

Materials:

- *The Extraoral Examination Post-Test*
- *The Extraoral Examination Post-Test – Answer Key*

Facilitation Steps:

1. Distribute the *Post-Test* to each participant, allowing five minutes to fill it out.
2. Share answers as a group.

Name: _____ Class: _____

The Extraoral Examination Post-Test

Directions: Select the best answer for the following multiple-choice questions.

1. When a patient enters the treatment room, what are some general assessments that can be made before the official extraoral examination begins?
 - a. How much insurance will cover the procedures that may be prescribed
 - b. How the patient walks or the gait they carry
 - c. How long the exam will take
 - d. How the patient will pay for that day's appointment
2. A patient has presented to the office for an appointment, and you notice drooping on one side of their face; what are some suspicions for this sort of finding?
 - a. Diabetes
 - b. Heart disease
 - c. Regular aging
 - d. Stroke
3. An important part of the extraoral examination is:
 - a. The order of palpation
 - b. Pain or tenderness to palpation
 - c. Notations of current or past infections
 - d. Medical history review
 - e. All of the above
4. In using the order of palpation for an extraoral exam, the first lymph node group and last lymph node group to be palpated should be:
 - a. Pre-auricular, sub-clavicle
 - b. Submental, submandibular
 - c. Occipital, cervical chain
 - d. Pre-auricular, cervical chain
5. Bimanual palpation should be used when?
 - a. Palpating the thyroid
 - b. Palpating the TMJ
 - c. Palpating the submandibular
 - d. Counting teeth

The Extraoral Examination Post-Test – Answer Key

Directions: Select the best answer for the following multiple-choice questions.

1. When a patient enters the treatment room, what are some general assessments that can be made before the official extraoral examination begins?
 - a. How much insurance will cover the procedures that may be prescribed.
 - b. **How the patient walks or the gait they carry**
 - c. How long the exam will take
 - d. How the patient will pay for that day's appointment
2. A patient has presented to the office for an appointment, and you notice drooping on one side of their face; what are some suspicions for this sort of finding?
 - a. Diabetes
 - b. Heart disease
 - c. Regular aging
 - d. **Stroke**
3. An important part of the extraoral examination is:
 - a. The order of palpation
 - b. Pain or tenderness to palpation
 - c. Notations of current or past infections
 - d. Medical history review
 - e. **All of the above**
4. In utilizing the order of palpation for an extraoral exam, the first lymph node group and last lymph node group to be palpated should be:
 - a. **Pre-auricular, sub-clavicle**
 - b. Submental, submandibular
 - c. Occipital, cervical chain
 - d. Pre-auricular, cervical chain
5. Bimanual palpation should be used when?
 - a. Palpating the thyroid
 - b. Palpating the TMJ
 - c. **Palpating the submandibular**
 - d. Counting teeth

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Lesson Three – The Intraoral Examination

Lesson Overview

In this lesson, students will learn how to perform an intraoral examination using the Dental Palpation Simulator.

Lesson Objectives

After completing this lesson, participants will be able to:

- Identify normal findings
- Identify abnormal findings
- Successfully palpate the intraoral environment

Lesson at a Glance

Activity	Materials	Preparation	Approximate class time
FOCUS	• Dental Patient Scenario Cards (there are seven scenarios for this lesson to choose from) • <i>The Intraoral Examination</i> scenario sheet • Intraoral examination video access	1. Have scenario cards available 2. Have video clips available 3. Print/photocopy <i>The Intraoral Examination</i> scenario sheet (optional)	30 minutes
LEARN	• <i>The Intraoral Examination</i> slide presentation • Dental Palpation Simulator • PPE	1. Prepare <i>The Intraoral Examination</i> slide presentation for viewing 2. Have the Dental Palpation Simulator available for use 3. Gather appropriate PPE supplies	30 minutes
REVIEW	• <i>The Intraoral Examination Post-Test</i> • <i>The Intraoral Examination Post-Test – Answer Key</i>	1. Print/photocopy <i>The Intraoral Examination Post-Test</i> (one per participant)	10 minutes

Lesson Three – The Intraoral Examination

FOCUS: Dental Intraoral Examination Scenarios

30 minutes

Purpose:

Participants can work together or individually to problem-solve dental scenarios relating to the intraoral examination and discuss the presented situation.

This will help students begin to think critically about how they will conduct an intraoral examination.

Materials:

- Dental Patient Scenario Cards (there are seven scenarios for this lesson to choose from)
- *The Intraoral Examination* scenario sheet
- Intraoral examination video access

Facilitation Steps:

1. Introduce the concept of conducting an intraoral examination through a variety of scenarios. The scenarios may be used in several ways. There are seven different intraoral examination patient scenarios in the scenario card decks, and they are labeled “The Intraoral Examination.”
2. Review the suggested uses for scenario cards:

Five-minute icebreaker activity

1. Begin your class with a quick, five-minute dental patient scenario challenge. Pick one scenario and read it to the class. You could also show it on a document projector.
2. Get students into small groups to discuss the dental patient scenario, key questions, and various points of view. You could also give each of

the five small groups different scenario cards.

3. Have the class come back together and share answer to the key questions.

Journaling activity

1. Choose a Dental Patient Scenario Card.
2. Use the dental patient scenario as a journal-writing prompt and have students answer the key questions in writing.

Pre- and post-assessment

1. After teaching the lesson, give students one of the seven Dental Patient Scenario Cards for the intraoral examination, and answer the key questions again using the new skills they have learned. This could be used as an assessment.

Because this is the start of the lesson, it is recommended to use the scenarios as an icebreaker or pre-assessment for this lesson.

2. In addition to the scenarios, you could also share a brief video with the students to introduce the concept of conducting and intraoral examination.

<https://www.youtube.com/watch?v=13IK0L1CCtI>

<https://www.youtube.com/watch?v=sbxY-bwIP2Q>

The Intraoral Examination

Treatment Induced Oral implications

On a re-evaluation appointment for your longtime patient, you notice two new findings. The patient has also informed you that when the new dental treatment was recently started on the left side, they began to sleep on their right side at night because it was uncomfortable and often painful sleeping on the left side of the face.

ACTIVITY: Using the Dental Palpation Simulator, locate the white lesion on the left side of the tongue. It will be shades of white in appearance and mostly flat and small. In addition, locate the red patch on the right side of the simulator, in the corner of the mouth. This represents hyperkeratosis on the tongue and angular cheilitis in the mouth corner.

QUESTIONS:

- What could be a contributing factor to the hyperkeratosis on the left side of the tongue?
- What could be a contributing factor to the angular cheilitis on the right side of the mouth?
- How might you address this with the patient?
- Should you be concerned that something serious may be happening? Why or why not?

Mucocele

While retracting the buccal mucosa to snap an X-ray on a molar tooth for a patient, you immediately notice and feel a bump right between the bite plane of the maxillary and mandibular molars. Upon further visual examination, the bump appears to be full of fluid.

You take the X-ray and make a note of the finding and specifics.

ACTIVITY: Insert the polyp into the Dental Palpation Simulator to examine.

QUESTIONS:

- What is the likely cause of a fluid-filled cyst in this location?
- What is the treatment for a cyst like this?
- Does the palpation matter when a finding like this occurs?
- What are some suggestions to prevent this from happening in the future?

Identifying a Tumor for Biopsy

While retracting the buccal mucosa to snap an X-ray on a molar tooth for a patient, you immediately notice and feel a large bump. Upon further examination, you note that the lump appears hard, irregularly shaped, and asymptomatic, according to the patient.

You take the X-ray and make a note of the finding and specifics.

ACTIVITY: Insert the firm large tumor into the buccal mucosa of the Dental Palpation Simulator to examine.

QUESTIONS:

- What are the concerning findings of the mass?
- What does asymptomatic mean?
- Should the patient be referred for excisional biopsy?
- Is it possible that a large mass like this can be formed through trauma? Why or why not?

Torus

During an examination of a new elderly patient, you notice a large mass on the midline of the hard palate. The patient states the mass has been there "as long as they could remember," and it only bothers them if it's accidentally injured.

ACTIVITY: Insert the hard palate tumor into the Dental Palpation Simulator to examine.

QUESTIONS:

- Why this finding is potentially palatal torus?
- What would a palatal torus look like?
- How might a palatal torus become injured, and how might it present?
- Does a palatal torus affect dental treatment in any way? Why or why not?

Oropharynx Exam

During an intraoral exam, you notice that, while sticking out their tongue, the appearance of a growth or infection is visible on one side. The patient states that they have noticed some tenderness when swallowing, and sometimes they feel "puffy" in the throat area, especially in the morning.

ACTIVITY: Insert the growth into the Dental Palpation Simulator for examination.

QUESTIONS:

- What is the first concern in a finding like this?
- If exudate is present, what might you assume and record?
- Should you attempt to measure the growth?

- If so, what is the best method to measure a growth that is located so far back in the throat?

Lesions and Stones

You are taking notes for a clinician who is performing an intraoral examination. The clinician states the following are clinically significant findings: right side of the tongue has a white, elongated, and roughened patch that feels thick and firmer than the surrounding tissues.

The clinician asks you to note a salivary stone is present on the floor of the mouth on the same side.

ACTIVITY: Using the Dental Palpation Simulator, locate the white lesion on the right side of the tongue. It will be white, thick, and firm with a bumpy texture. This is the presentation of an undiagnosed oral malignancy. In addition, locate the salivary gland stone on the floor of the mouth. It will feel hard and small, and it may visually have a stone or rock-like substance visible through the thin mucosa.

QUESTIONS:

- What are the major differences you notice between the white lesion on the right side of the tongue versus the white lesion on the left side of the tongue?
- Why are these differences significant in diagnosing for treatment or referrals?
- What is a salivary gland stone?
- How are salivary gland stones removed, and what are some of the causes of these stones?

Multi-Site Ulcerations

The last appointment of the day is in the dental chair for their extraction appointment. The patient tells you they have had a sudden outbreak of some sort, and they suddenly have lots of ulcers and sores in the mouth. This prompts you to do an intraoral assessment. You notice an ulcer on the inside of the lower lip, two side-by-side ulcerations on the attached gingiva in the upper left quadrant where the extraction will take place, soft palate abscess off to one side, and ulceration of fauces are visible straight into the back of the throat.

ACTIVITY: Using the Dental Palpation Simulator, locate the ulcer on the lower lip, gingival ulceration, the abscess in the soft palate, and the ulcerations in fauces.

QUESTIONS:

- What might be the cause of the attached gingival ulcerations in the extraction quadrant?
- What could be the cause of the labial lower lip ulcer?
- Considering the possibility of a systemic infection being present, is it advisable to continue with the planned treatment? Why or why not?

- Why do you think this patient has seemingly had such a sudden occurrence of issues?

Lesson Three – The Intraoral Examination

LEARN: The Intraoral Examination Slide Presentation

30 minutes

Purpose:

To give students a walkthrough of conducting an intraoral examination.

Materials:

- *The Intraoral Examination* slide presentation
- Dental Palpation Simulator

Facilitation Steps:

1. Share the following information as you go through the slide presentation.

Slide 1: Introductory slide

Now that you understand the structure of the new dental patient appointment and the process for performing an extraoral examination, we can unfold the details of performing a thorough intraoral examination.

Using the Dental Palpation Simulator included with this curriculum, you will be guided through palpation exercises to assist in training and education.

Throughout this material, you will gain hands-on experience in evaluating normal anatomy, variations of normal that are WNL, and abnormal findings.

The assessment and examination of a dental patient can identify undiagnosed medical conditions, such as endocrine disorders, malignancies, cardiovascular risk, and cerebral vascular risk.

Dental professionals are part of the healthcare team managing a patient's overall health. Dental professionals often see patients more frequently and regularly than medical doctors.

This regularity places them in the unique position not only to diagnose and treat dental conditions but also to examine the face, hard and soft oral tissues, the throat, and to perform regular oral cancer screenings and risk evaluations.

Slide 2: Objectives for the Intraoral Examination

- Understand the elements of performing an intraoral examination
- Understand the links between clinical findings on the intraoral examination
- Establish a reproducible pattern for performing an intraoral examination

Slide 3: The Intraoral Examination Environment

- The intraoral examination should be performed with the patient in the dental chair, if possible, and with the chair reclined back in the semi-supine or supine position
- Proper lighting and intraoral illumination are necessary for optimum visual acuity using direct and indirect vision for the exam
- The clinician should wear full personal protective equipment and ensure that the patient wears protective eyewear
- Be sure to change into a new pair of gloves before performing the intraoral examination following the extraoral examination
- All remaining PPE does not need to be changed unless it has been soiled in some way and presents a hazard to the clinician or patient

Throughout the entire intraoral exam, explain each step being performed to the patient. Simple statements include:

- I'm now checking your lips, tongue, and tissues for normal appearance and while palpating
- I'm now palpating your cheek and tongue to feel for any lumps or bumps of irregularity

Slide 4: Soft Tissues of the Mouth

- The intraoral examination encompasses assessing the soft tissues of the mouth
 - This includes the tongue, throat, gingiva, labial mucosa and the lips, the vestibules, the floor of the mouth, the cheeks, and the hard and soft palate
- Additionally, most clinicians include a hard tissue exam as part of the soft tissue exam intraorally
 - The intraoral hard tissue exam includes a complete tooth-by-tooth assessment and recording of findings and recommended treatment

Slide 5: The Intraoral Examination Findings

- Advise the patient to inform you if anything feels tender or bothersome during the exam and to notify you if they remember any issues they may have noticed in the recent past
- Findings should be recorded in the patient's record as normal or variations of normal, and any suspicious or indicative findings should be thoroughly recorded, investigated, and treated

Slides 6-8: Procedure for the Intraoral Examination

The Dental Palpation Simulator should already be securely attached to the dental chair following the extraoral examination. If it is not, follow the instructions in the Quick Start Guide to securely attach the simulator. The simulator is now your patient and is ready for

the examination. The new patient assessment has taken place, the extraoral examination is complete, and you are ready to start the intraoral exam.

The Dental Palpation Simulator should level near your waistline, allowing your elbows to rest comfortably at the head of the simulator as you sit at 9 o'clock or 12 o'clock behind the patient.

- Lean the patient all the way back into a supine or semi-supine position
- Change out of the gloves you wore during the extraoral exam and replace them
- The Dental Palpation Simulator should level near your waistline, allowing your elbows to rest comfortably at the head of the simulator as you sit at 9 o'clock or 12 o'clock behind the patient

The clinician will use a mirror, explorer, probe, and any additional tools necessary to complete the exam, including but not limited to:

- Intraoral camera
 - Extraoral camera
 - Extra mouth mirrors
 - Gauze
 - Cotton rolls
 - Articulating paper
 - Oral cancer screening kit
 - Air
 - Water attachments
- The intraoral exam starts with a visual scan of the area and is followed by palpation
 - Palpation techniques include bidigital palpation, bimanual palpation, and a rolling or massaging motion as the fingertips slide over oral tissues
 - Identify any masses, abnormalities, discolorations, or suspicions
 - Record all findings as you are performing the examination

When recording clinical findings in a patient's record, it's important to consider how the terms on the following slide apply to the exam findings. It's imperative that your clinical

explanation is accurately descriptive, not only for record-keeping but for monitoring and recording any changes from the onset, either progressively or recessively.

Slides 9-10: Documentation

- Acute: Happened suddenly or recently new
- Chronic: This has been an ongoing finding or issue for some time
- Site: The exact location of the finding, use clinical and layman's terms if needed
- Size: Measure and record using the proper tool, a probe will usually suffice
- Shape: Round, irregular, lineage, borders, etc.
- Surface: Flush, denuded, ulcerated, injured
- Color: Variations of suspicion or normalcy
- Consistency: Soft, firm, smooth, pebbly
- Compressibility: Is it compressible?
- Temperature: Does it feel hot or warmer than the surrounding tissues?
- Tenderness: Pain or tenderness with or without palpation, explain in detail
- Trans illumination: Used to detect fractures in teeth and for abnormal tissue

Slides 11-12: Order of Intraoral Examination

- 1) Examine the external lip tissue visually and then the labial mucosa by pulling back the lips and palpating the tissues on the inside of the lips.
 - The external lip tissue should be pink without spotty discolorations or blotching
 - The surface should be smooth and the vermillion border, the lip line, should be well defined and even
 - The angular commissures at the corners of the mouth should be clear and there should not be cracking, redness, or lesions

- Examine the labial mucosa inside the lips by gently retracting them with a mouth mirror or gloved finger
 - The labial mucosa should be shiny and wet with saliva
- Some of the lip findings may include angular cheilitis, herpes, ulcers, candida, injury or scars, and presentations of nutritional deficiencies or xerostomia

2) Examine the buccal mucosa inside of the cheeks.

- Use two mirrors and retractors if needed for full visual clarity
- The buccal mucosa should be shiny, wet, and smooth
- Digitally palpate and stretch tissues gently from front to back
- Findings may include Fordyce granules, papules, traumatic injuries, pigmentation, leukoplakia, lichen planus, and ulcers

3) Examine the tongue.

- The tongue is the most common site for oral cancer
- Use a 2 x 2 piece of cotton gauze to grasp the tongue, and gently pull the tongue to each side so that a complete assessment can be made of the lateral border and base of the tongue
- Use the mirror for indirect vision of the posterior
- Have the patient place the tip of the tongue behind the front teeth for direct observation of the ventral surface
- Have the patient extend the tongue out of the mouth
 - While gently holding the apex of the tongue, visually assess the superior dorsal surface while palpating the

- entire tongue between two fingers
 - Normal anatomy and typical findings include:
 - Pink tissue with no palpable lumps or bumps
 - The top dorsal portion of the tongue will have papillae and a rougher, less shiny appearance
 - The ventral surface of the tongue will have lingual veins and a frenum; it will be shiny and wet
 - The lateral borders of the tongue have vertical folds called foliate papillae
 - Atypical and benign findings include:
 - Fissuring
 - Scalloping
 - Salivary gland stones
 - Glossitis
 - Enlarged papillae
 - Hairy tongue
 - Black hairy tongue
 - Candidiasis
 - Coated tongue
- 4) Examine the floor of the mouth and the mandible.
 - Have the patient lift their tongue and keep it inside the mouth while opening
 - Visually look for uniformed, pink, and vascularized tissue
 - Locate the lingual frenum and check for ankyloglossia
 - Have the patient relax their tongue while you palpate the floor of the mouth intraorally while simultaneously palpating extra orally underneath the chin, achieving digital palpation
 - Tissue should feel uniform and be void of masses or tenderness
 - Now move to the intraoral assessment of the mandible by feeling along the lingual alveolar ridge of the mandibular bony structures
- Some findings may include mandibular tori, salivary stones, mucoceles, and ankyloglossia
- 5) Examine the attached gingiva.
 - Examine the attached gingiva of the maxillary and mandibular arches while palpating around the arch
 - Tissues should be light pink, homogenous, and firm
 - Some findings may include:
 - Exostosis
 - Attached frenum
 - Diseased tissue
 - Traumatic lesions
 - Ulcerations
- 6) Examine the hard palate.
 - The roof of the mouth is called the hard palate and should be firm, pink, and have healthy-appearing raphe, rugae, and incisal papilla
 - After visually assessing the hard palate, palpate the area using firm motions that move in a slide anteriorly and to the lateral posterior aspects
 - The depth or vault of the hard palate can vary significantly, and findings may include palatal torus that can grow alarmingly large
 - The distal tuberosity should be firm and free of injury or lesions
 - Often if torus is present, there will be a history of ulcers and injuries
- 7) Examine the oropharyngeal area.
 - Place a mirror on the dorsum of the tongue to gain a full visual of the oropharynx
 - You will identify the uvula, tonsillar, anterior and posterior pillars, and the soft palate

Dental Palpation Curriculum

- For greater visual clarity, have the patient stick out their tongue while saying, "Ahh"
 - Tissue should appear shiny, mobile, symmetrical, slight vascularity with a typical pinkish-red spectrum of color variations
 - Some clinical findings may include:
 - Asymmetry
 - Swelling
 - White patches
 - Nodules with exudate
 - Tenderness
 - Scarring from tonsillectomy
 - Ulcers
 - Masses
2. Set up a station in the classroom or in a skills lab for students to practice intraoral examinations independently using the Dental Palpation Simulator.

Lesson Three – The Intraoral Examination

REVIEW: The Intraoral Examination Post-Test

10 minutes

Purpose:

This activity assesses participant knowledge about the facts presented throughout the introductory lesson on the intraoral examination.

Materials:

- *The Intraoral Examination Post-Test*
- *The Intraoral Examination Post- Test - Answer Key*

Facilitation Steps:

1. Distribute the *Post-Test* to each participant, allowing five minutes to complete.
2. Share answers as a group.

Name: _____ Class: _____

The Intraoral Examination Post-Test

Directions: Select the best answer for the following multiple-choice questions.

1. The intraoral exam starts with what step?
 - a. Lean the patient back into a supine/semi-supine position
 - b. All new PPE
 - c. Review of the medical history
 - d. Radiographs
2. During an intraoral examination, you may find:
 - a. Normal anatomy
 - b. Abnormal findings
 - c. Cancer
 - d. Evidence of abuse or neglect
 - e. All the above
3. A chronic finding on an intraoral exam means what?
 - a. A sudden occurrence has been identified
 - b. Something is irregular or suspicious
 - c. Something has been an ongoing issue or finding for quite some time
 - d. Cancer has been identified
4. The intraoral examination can identify unusual masses or lumps in the mouth, which may indicate what?
 - a. Cancer
 - b. Current acute illness
 - c. Ongoing chronic illness
 - d. Lowered immune system
 - e. Salivary stones
 - f. None of the above
 - g. All the above
5. What is the most common oral site for cancer?
 - a. The gingiva
 - b. The floor of the mouth
 - c. The back of the throat
 - d. The tongue

The Intraoral Examination Post-Test – Answer Key

Directions: Select the best answer for the following multiple-choice questions.

1. The intraoral exam starts with what step?
 - a. **Lean the patient back into a supine/semi-supine position**
 - b. All new PPE
 - c. Review of the medical history
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 - a. The gingiva
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 - d. **The tongue**

Sources

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