

health care providers, the words needed most are also practical terms that will be used almost every day in practice. Knowing how medical and dental words are constructed also helps to understand what new and unfamiliar words mean. Additional helpful information having to do with vocabulary is to learn the shorthand ways that dental personnel communicate via abbreviations, acronyms and initialisms.

Oral Health Care

In 2002, United States Surgeon General David Satcher released the first ever *Oral Health in America: A Report of the Surgeon General*. The World Health Organization (WHO) defines oral health as a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity. Oral health refers to much more than teeth.

Oral disease can range from mild gingivitis to life-threatening oral cancer with many diseases in between. Oral disease research is showing a relationship between oral disease and conditions such as diabetes, cardiovascular disease, and pre-term, low birth weight infants.

The most common forms of oral diseases are gum diseases (gingivitis or periodontitis) and dental caries (cavities). Other oral conditions include infections caused by bacteria, viruses and fungi; congenital defects such as cleft lip and palate; and manifestations of systemic diseases.

Sadly, even when there is good oral health care available, most people do not always consider oral disease an important problem. Many people are unaware that a “simple” problem in the mouth can lead to advanced, life-threatening infections that in rare instances can cause death. The article [For Want of a Dentist](#) describes the death, from complications of a tooth abscess, of Deamonte Driver.⁶

Some of the terms that a person new to oral health care needs to know include:

- **Licensure** is the process by which a government agency, through statutes promulgated (made into law) by the

legislature of the state, grants the individual the right to practice in its jurisdiction based on meeting predetermined standards and minimal qualifications.

- **Certification**, on the other hand, is the process by which an agency or organization grants formal recognition to an individual for accomplishments such as completion of a specified amount of training or coursework, acceptable performance on an examination, or graduation from a formal program.
- Have you ever wondered why dentists, physicians, dental hygienists, nurses and other health care providers “practice?” **Practice** means the performance of the duties and responsibilities of a health care profession; one is engaged in performing a professional discipline.
- **Accreditation** is the process whereby an educational program is evaluated to determine compliance with national established standards. An **accredited** program has been voluntarily examined by a non-governmental agency and it has been determined that the program or institution has met standards and is continuing to maintain those standards. Accreditation assures that graduates have received a quality education and they are competent for entry into a profession or career. The accrediting body for dental and dental-related education programs is the Commission on Dental Accreditation of the American Dental Association.

Oral Health Care Professions and Personnel

In a new land, it is good to know the people and how they relate to one another. The following are the natives, so to speak, of the new land of oral health care. The **Oral Health Care Team** is generally composed of the dentist, dental therapist, dental hygienist, dental assistant, office support staff and dental laboratory technician who work together to meet the many varied dental needs of the patient.

A team of professionals provides oral health care. Typically, general dentists and dental hygienists provide primary oral care. Dental assistants and dental laboratory technicians provide support for care. Expanded duty

(function) dental assistants (EDDA or EFDA) may also provide direct oral health care under the supervision of a dentist. In select areas, new mid-level providers, such as advanced dental hygiene practitioners and dental therapists, are being used to help expand access to care.

Outside of the dental profession, medical providers are also a critical component of the team of providers for oral health. Otolaryngologists, or Ear, Nose, and Throat (ENT) specialists, treat conditions of the head and neck including cancers of the mouth and throat. Primary medical care providers, such as physicians, nurses, nurse practitioners and physician assistants, are also assuming a greater role in identifying oral disease and helping the patient obtain the oral health care he or she needs.

Dentistry/Dentist

Dentistry is a branch of medicine that deals with detection of disease, diagnosis, treatment of disease, restoration to repair, restore and maintain the teeth, gums and other oral tissues lost or damaged by disease, esthetic (appearance) improvement and education on how to achieve oral health and prevent diseases or injury. Also, the dentist may be responsible for replacement of missing oral structures such as teeth with an artificial replacement, i.e., complete and partial dentures (false teeth). Dentistry is a changing and expanding profession that involves treating the whole person, not just a set of teeth and oral structures. In a broad sense, all those who have any responsibility for oral health care could be considered to be a part of larger definition of dentistry.

The American Dental Association (ADA), the professional association of dentistry, in its 1997 House of Delegates defined dentistry as follows: the evaluation, diagnosis, prevention and/or treatment (non-surgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body; provided by a dentist, within the scope of his/her education, training and experience, in accordance with the ethics of the profession and applicable law.¹

The dentist is a graduate of an accredited dental college who has been issued a license from a state board of dentistry to practice dentistry. The dentist is educated in a university dental program after having completed specific educational requirements. The dental program typically lasts four years after admission into the program, and the graduate receives either a DDS (Doctor of Dental Surgery) or DMD (Doctor of Dental Medicine). DDS and DMD have the same educational requirements and are the same degree. The college or university program chooses what to call the dental degree. For more information on dentistry visit www.ada.org.

There are nine dental specialties recognized by the ADA. They include:

- **Dental Public Health:** The science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts.
- **Endodontics:** The branch of dentistry which is concerned with the morphology, physiology and pathology of human dental pulp and the surrounding tissues. The practitioner of this specialty is called an **endodontist**. The endodontist performs root canal procedures.
- **Oral and Maxillofacial Pathology:** The specialty of dentistry and discipline of pathology that deals with the character, identification and management of diseases that affect the oral and maxillofacial regions. The practitioner of this specialty is usually called an **oral pathologist**.
- **Oral and Maxillofacial Surgery:** The specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region. The practitioner of this specialty is usually called an **oral surgeon**.
- **Orthodontics and Dentofacial Orthopedics:** The dental specialty concerned with the prevention and correction of abnormally positioned teeth and malformations of their related structures. The practitioner of this specialty is usually called an orthodontist.
- **Pediatric Dentistry:** an age-defined specialty that provides primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence,

including those with special health care needs. The practitioner of pediatric dentistry is called a **pediatric dentist**.

- **Periodontics:** A specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.¹ The practitioner of this specialty is usually called a **periodontist**.
- **Prosthodontics:** Another specialty of dentistry whose responsibility is the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes. The practitioner of this specialty is usually called a **prosthodontist**.
- **Oral and Maxillofacial Radiology:** The specialty of dentistry and discipline that uses imaging and associated technology for the diagnosis and management of a range of conditions affecting the mouth, jaws and related areas of the head and neck. A practitioner of this specialty is called an **oral and maxillofacial radiologist** (OMR).
- For more information about the dental specialties go to www.ada.org.

Dental Therapy/Dental Therapist

The dental therapist provides basic preventive and restorative dental services, usually for children and adolescents, in a variety of settings such as private practice, community-based clinics and rural areas. Dental therapists most often work with or in collaboration with dentists to provide community-based preventive health programs to meet identified community needs.² The precise role varies with the therapist's education and the state's dental practice act.

In 2009 Minnesota became the first US state to enact legislation creating the dental therapist. The intent for creating the dental therapist is to help improve access to oral health care and consequently to reduce existing disparities in oral health by providing services previously delivered only by dentists.³ Although Minnesota is the first US state to allow dental therapy practice, the Alaska Native Tribal Health Consortium established the Dental Health Aide Therapist (DHAT) in 2003, the first non-dentist

oral health care provider in the United States; however, the DHAT is allowed to provide basic dental care only to Alaska Natives. In October 2010 the Kellogg Foundation announced that an evaluation of the Alaska dental health aide therapists found they provide safe, effective and competent care.⁵

Dental therapists are currently recognized in six states and two territories: Alaska, Maine, Michigan, Minnesota, Vermont, Washington, American Samoa and the Northern Mariana Islands. Worldwide, New Zealand, Australia, Canada, and the United Kingdom recognize dental therapists.

Dental Hygiene/Dental Hygienist

Dental hygiene is the science and practice of the recognition, treatment, and prevention of oral diseases. The registered dental hygienist is a primary care oral health professional who has graduated from an accredited dental hygiene program in an institution of higher education and is licensed in dental hygiene who provides educational, clinical, research, administrative, and therapeutic services supporting total health through the promotion of optimal oral health. In practice, dental hygienists integrate the roles of clinician, educator, advocate, manager, and researcher to prevent oral diseases and promote health. Each state has defined its own specific regulations for dental hygiene licensure.

Dental hygienists work in partnership with dentists. Dentists and dental hygienists practice together as colleagues, each offering professional expertise for the goal of providing optimum oral health care to the people served. Dental hygienists are viewed as experts in their field; consulted about appropriate dental hygiene interventions; expected to make clinical dental hygiene decisions; and plan, implement, and evaluate the dental hygiene component of the overall care plan. The dental hygienist establishes the dental hygiene diagnosis, which is an integral component of the comprehensive dental diagnosis established by the dentist.

The dental hygienist typically practices in one of two major models, the professional model or the occupational model:

- The **professional model** views the dental

hygienist to be knowledge-based wherein he or she uses a process of care or standard of care to assess needs, diagnose oral health problems, as well as to plan, implement, and evaluate care. The practitioner is responsible for making decisions about care and is accountable to the patient. This model requires higher levels of learning (education).

- The **occupational model** views the dental hygienist as more task-based than knowledge-based. Typically, this individual would be referred to as an “auxiliary” and the majority of his or her tasks or duties being delegated by the dentist often under direct supervision. Expertise, evaluation of results, self-assessment, and decision-making are not stressed and generally not considered an integral part of the individual’s responsibility. This model conveys the idea that the practitioner is accountable only to the supervising dentist, who is then accountable to the patient. This model generally implies “training.”

The registered (licensed) dental hygienist provides a professional practice that includes prevention, education and therapeutic interventions to aid individuals in attaining and maintaining the maximum degree of oral health possible for the individual. The professional association for dental hygienists is the American Dental Hygienists’ Association (ADHA).

The seven professional roles of the dental hygienist include:

- Administrator – such as the program director in an educational setting
- Corporate – such as product research and sales
- Clinician – providing direct patient care in collaboration with other health professionals
- Educator – providing clinical, classroom, and/or continuing education to individuals and groups
- Public Health – enhance access to care by providing oral health services and education in community clinics or schools
- Researcher – to contribute to advancement of the knowledge base in oral health care by testing new procedures, products or theories for accuracy and effectiveness³

- Entrepreneur – to initiate or finance new oral health-related enterprises.
- For more information about the professional roles of the dental hygienist, go to www.adha.org

Dental Assisting/Dental Assistant

Dental assisting is aiding the dentist or dental hygienist in the care of patients. The dental assistant generally works chairside during patient care, but may also work in the business office and dental laboratory. The dental assistant is not licensed, but may be certified. Most dental assistants who choose to become nationally certified take the Dental Assisting National Board’s (DANB) Certified Dental Assistant (CDA) examination. Some states provide for certification in specific expanded duties for dental assistants who have had special training. Responsibilities of the dental assistant vary depending upon the education of the individual and the laws of the state regulating dental practice.

In some states there are expanded duty (or function) dental assistants who are allowed to perform additional duties or “expanded functions.” Delegable duties and required education that define what an Expanded Functions Dental Assistant (EFDA) are specified on a state-by-state basis.

Most dental assistants are trained on the job, but may receive formal education through academic programs at community colleges, vocational schools, technical institutes, universities or dental schools. Graduates of these programs usually receive certificates, although there are some programs that offer associate’s degrees. For additional information go to the website for the American Dental Assistants Association (ADAA) www.adaausa.org or the [ADA website](#).

Dental Laboratory Technology/Dental Laboratory Technician

Dental laboratory technology is the art, science and technology of designing and manufacturing corrective devices for and replacements of natural teeth. The dental laboratory technician (DLT) works under the direction of a licensed dentist. The DLT uses impressions (molds) of the patient’s teeth or oral soft tissues and detailed written instructions to create:

- Full dentures for patients who are missing all of their teeth
- Removable partial dentures or fixed bridges for patients missing only one or a few teeth
- Crowns, which are caps for teeth that are designed to restore their original size and shape
- Veneers, that enhance the esthetics and function for the patient
- Orthodontic appliances and splints to help straighten and protect teeth¹

The dental laboratory technician is not licensed, but may become certified through the National Board for Certification in Dental Laboratory Technology. A dental technician who passes the certification examination becomes a Certified Dental Technician (CDT). CDTs specialize in one or more of the five areas listed above. DLTs receive training in a two-year program at a community college, vocational school, technical college, university or dental school. Graduates of these programs receive either an associate's degree or a certificate. There are also a few programs that offer a four-year baccalaureate program in dental technology. To find out more, visit the [ADA Dental Careers](#) page.

Office Support Staff

Oral health care office support staff include all of the individuals responsible for the office duties necessary to carry out the business end of the practice, as well as scheduling for the professional staff. Examples of office support staff include a receptionist, billing and insurance claims processor, practice manager and bookkeeper or accountant. Typically, the staff support are neither licensed nor certified and most are trained in the dental office or the education may be highly variable.

Common Dental Terminology

The following charts contain terms that will better prepare students for entry into a dental education program. This is NOT a comprehensive dictionary, but just a good start for the world of dentistry.

Terms A-C

Alveolar Bone

- The bone that surrounds and supports the tooth and associated structures.

- The word "alveolar" means cavity or tunnel.
- Alveolar bone is similar in appearance to a sponge.
- Also called alveolar process.

Alveolar Bone Loss (BL)

- Loss of supporting bone of a tooth, usually due to periodontal disease
- Is used as an indicator of the presence and severity of periodontal disease
- A goal in periodontal therapy is to preserve the alveolar bone.

Alveolar Mucosa

- Movable soft tissue that is loosely bound to underlying bone. Not present on maxillary hard palate.
- Alveolar mucosa usually looks redder than the rest of the gingiva



Amalgam

- A metal alloy containing mercury commonly used for dental restorations
- Also called a "silver filling"



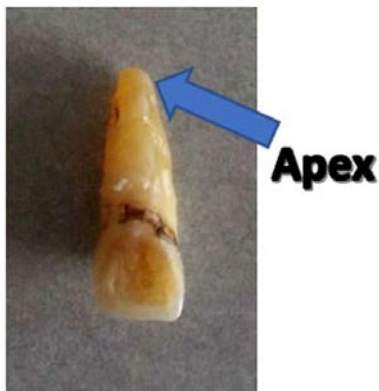
Anterior

- Situated near the front.
- In the mouth, this includes 12 teeth (6 maxillary and 6 mandibular)



Apex (apical)

- Pointed end of a cone-shaped part (like an ice cream cone) or the terminal end of the root of a tooth.
- Apical is a directional term that indicates a direction toward the apex or end of the root of a tooth.



Arch

- A structure of bow-like or curved outline (the side view of Santa's tummy!),
- Often used to indicate the top or bottom jaw. You might hear someone say "the bottom arch" and they would be referring to the mandible or bottom jaw.

Board of Dentistry

- Although the state regulatory boards go by different names, Board of Dentistry is the term frequently used to identify the body responsible for formulation, adoption and dissemination of the rules necessary to comply with the laws regulating the practice of dentistry in a state.

- The board is usually also responsible for implementing and enforcing provisions of the State Dental Practice Act (a name for the law or statutes regulating the practice of dentistry in a state.)

Bruxism

- The grinding or clenching of teeth that damages both the tooth surface and surrounding periodontal tissues.

Buccal

- Pertaining to or directed toward the cheek. It is often used to designate the side of the tooth that faces the cheek.



Calculus

- Also called tartar.
- A mineralized, hard deposit derived from plaque biofilm and salivary mineral salts.
- Forms on tooth and root surfaces and oral appliances.

Canine Teeth

- An anterior tooth
- The sharp, pointed tooth, located at the corners of the mouth and outside the incisors
- There are 4 canine teeth – 2 maxillary (right and left) and 2 mandibular (right and left)

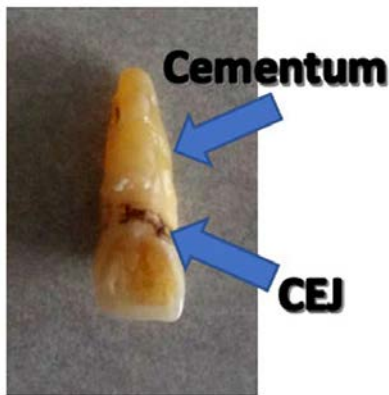
Cariogenic

- Produce or promote tooth decay. Simple sugars such as glucose are cariogenic

Cemento-enamel Junction (CEJ)

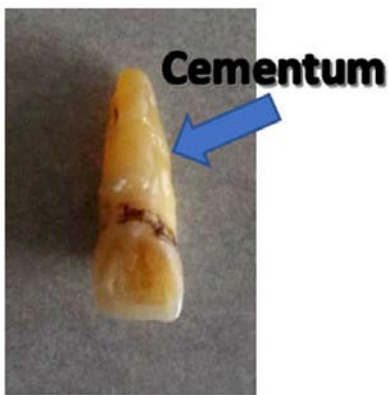
- Represents the anatomic limit between the crown and root surface. The area of union of the cementum and enamel at the cervical region of the tooth.

- It can be observed as an irregular line of color change. It can usually be felt as a “jump” with an explorer.
- It is used as a fixed point of reference.



Cementum

- Calcified connective tissue that covers the outside surface of a tooth's root.

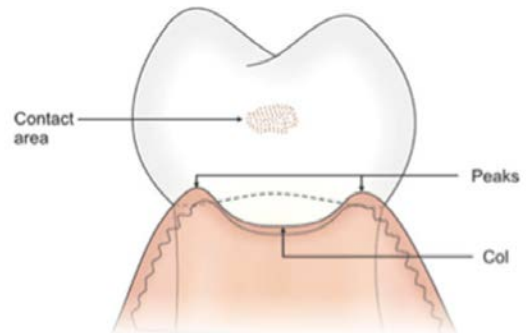


Clinical Attachment Loss (CAL)

- Movement of the supporting structures of a tooth in an apical direction, usually the result of periodontal disease
- What this means is that some of the alveolar bone is destroyed and the junctional epithelium, the soft tissue attachment, moves apically.
- With enough CAL, the tooth becomes loose and may be lost.

Col

- The depression in the gingival tissue underneath a contact area between the lingual papilla and facial papilla.
- Volcano-shaped tissue beneath area where 2 teeth contact one another.



Concave

- Rounded and somewhat depressed or hollowed out
- Think of a cave as being a hollowed-out part of a hillside

Convex

- Having a rounded, somewhat elevated surface (the hill itself)

Coronal

- Toward the crown or top of a tooth, rather than toward the root (apical).

Terms D-L

Debridement

- The removal of a foreign material, such as calculus or plaque, or removal of necrotic (dead) tissue from or adjacent to a lesion.
- Very commonly this term is used for a goal in nonsurgical periodontal instrumentation.

Dental Caries (Cariou Lesion)

- Tooth decay, which is actually an infection that causes continuing destruction of tooth structure
- A dental cavity
- Caries is both singular and plural; one caries or two caries.



Dentifrice

- Toothpaste

Dentition

- The teeth in the dental arches – top and bottom.

Diastema

- Open contact between teeth.
- Typically occurs between the upper front teeth, the maxillary central incisors



Distal

- Away from the middle; often used to describe the side of a particular tooth that is closest to the posterior or back of the mouth.



Disto-occlusal (DO)

- Usually refers to dental caries or a restoration located at the distal and extending onto the occlusal or chewing surface.

Edema

- Swelling

Edentulous

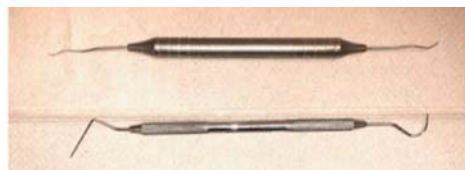
- Lacking teeth
- Can be area specific or the whole mouth

Enamel

- The hard, outer surface layer of teeth
- Protects against tooth decay
- Tooth enamel is considered the hardest mineral substance in your body, even stronger than bone.

Explorer

- A slender, flexible instrument with a sharp point used to examine teeth for abnormalities and pathology, and to locate calculus through the use of touch.
- Excellent tactile sensitivity must be developed to use an explorer well.



Extraction

- The removal of a tooth or root fragment.

Exudate

- A fluid of epithelial cells, bacteria, serum, and other products of the inflammatory process.
- A polite word for pus.

Facial

- Of or toward the face, used to designate the side of the tooth that is facing away from the tongue side.
- The buccal and labial are both facial surfaces.



Frenum

- A narrow fold of tissue connecting moveable tissue to a more fixed tissue to prevent undue movement.
- Singular form is frenum or frenulum. Plural is frena



Furcation

- The concave area *between* the roots of a multi-rooted tooth.
 - It is called “**bifurcation**” if a tooth has two roots.
 - It is called “**trifurcation**” if a tooth has three roots.



Bifurcation



Trifurcation

Gingiva

- That part of the oral masticatory mucosa that surrounds the necks of the teeth and is attached to the teeth and the alveolar bone.
- You probably know it better as the gum!

Halitosis/Oral Malodor

- Bad breath

Iatrogenic

- Adverse factors caused by a health care practitioner that result in a negative outcome for the patient.

Incisal

- Toward the cutting edge of anterior teeth

Incisors

- Anterior teeth
- The 2 large front teeth (central incisors) and the tooth on either side (lateral incisors)
- There are 8 incisors, 4 maxillary and 4 mandibular

Inferior

- Below or lower than a specified point of reference

Interdental Papilla

- Gingiva (gum tissue) that fills the space between two adjacent teeth (the space is called *interproximal*).
- Papilla is usually pointed or pyramidal in anterior teeth and somewhat flatter between posterior teeth. If teeth overlap papilla, it may be tapered and narrow; if teeth do not touch, the papilla may be flat or saddle-shaped.

- There are actually 2 papillae in teeth that contact, one facial and one lingual, which are connected by the col.



Junctional Epithelium (JE)

- Attachment epithelium, where the tooth and gingiva actually first begin to be attached.
- Found at the very bottom of the gingival sulcus or periodontal pocket.
- Think of it like the place in the bottom your pants pocket where you'd find loose change ...or lint!

Labial

- Of or toward the lips, used most often to designate the side of the tooth facing the lips, so the term would refer to an anterior tooth.

Lateral

- Toward the side

Lingual

- Of or toward the tongue, to identify the surface of a tooth that faces the tongue.



Terms M-Z

Mandible

- Bottom jaw.
- Is able to move
- 'Mandibular' refers to the bottom jaw.



Marginal Gingiva

- The border or edge of gingiva nearest the incisal/occlusal surface; marks opening of gingival sulcus.
- Also called free gingiva.

Maxilla

- Top jaw.
- Does not move
- 'Maxillary' refers to the top jaw.



Mesial

- Toward the middle; often used to describe the side of a particular tooth that is closest to the anterior or front of the mouth.



MO (mesio-occlusal)

- Usually refers to dental caries or a restoration located at the mesial and extending onto the occlusal surface.

MOD (mesio-occlusal-distal)

- Includes those 3 surfaces of the tooth
- Generally refers to the location of a filling/ restoration.

Molars

- Posterior teeth
- Have a broad chewing or grinding surface
- There are 12 molars – 6 maxillary (3 right and 3 left) and 6 mandibular (3 right and 3 left). This includes the 3rd molars or wisdom teeth

Mucogingival Junction (MGJ)

- On the facial side of a tooth, a scalloped line where the attached gingiva and the alveolar mucosa come together.



Non-Surgical Periodontal Therapy

- A treatment for an infection of the periodontium that is sometimes the least invasive and very cost-effective. Non-surgical periodontal therapy typically includes debridement (also called scaling and root planing) to carefully remove the primary etiologic factor in the disease – bacterial biofilm and toxins (dental plaque) and calculus (tartar). Often non-surgical periodontal treatment also includes adjunctive therapy such as local delivery of antimicrobials and host modulation based upon the needs of the individual patient.
- Periodontal patients require ongoing maintenance therapy to maintain health. Non-surgical therapy has limitations and if periodontal health is not attained, surgery may be indicated.

Occlusal

- Toward the chewing surface of posterior teeth

Occlusion

- The way the teeth fit together when both arches come together (occlude)

Odontectomy

- Removal of a tooth

Oral Biofilm/Microbial Plaque

- Dense, nonmineralized mass of bacterial colonies in a gel-like matrix
- Adheres to tooth and root surfaces and oral appliances.

Periodontium (Periodontal)

- All of the supporting structures of the teeth, including gingiva, periodontal ligament, cementum, and alveolar bone.
- *Periodontal* refers to the periodontium.
- Maintaining health and function of the periodontium is probably **the** most significant factor in how long the dentition will last!

Periodontal Ligament

- The fibrous connective tissue that supports, surrounds, and attaches the roots of the teeth to alveolar bone.
- Consists of several fiber groups, including Sharpey's fibers.

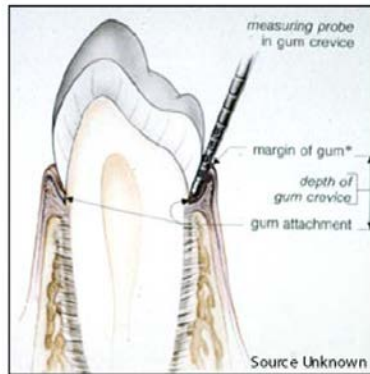
Periodontal Probe

- A slender instrument with a blunt or slightly bulbous end that is used to explore and measure the depth of the sulcus or pocket.
- Calibrated in various increments of millimeter markings depending on the type of probe.



Periodontal Probing Depths

- Measurement of the deepness of a sulcus or periodontal pocket.
- Used to distinguish a sulcus (0-3 mm) from a pocket (4+ mm).



Posterior

- Directed toward or situated at the back; opposite of anterior.
- In the mouth, includes 20 teeth (molars and premolars); 5 in each quadrant (because it includes 1 wisdom tooth or third molar in each quadrant)

Premolars

- Posterior teeth
- Have a broad chewing or grinding surface but are smaller than molars
- There are 8 premolars – 4 maxillary (2 right and 2 left) and 4 mandibular (2 right and 2 left)

Prophylaxis

- Sometimes abbreviated as prophy or pro.
- Comes from the Greek word "prophylaktikos," which means to guard or prevent beforehand. In medicine and dentistry, it means treatment to prevent the onset of a particular disease ("primary" prophylaxis), or the recurrence of symptoms in an existing infection that has been brought under control ("secondary" prophylaxis, maintenance therapy).
- Dental or oral prophylaxis (teeth cleaning) is defined as debridement (scaling and polishing) to remove plaque, calculus and stains performed for dental patients in normal or good periodontal health to help prevent periodontal disease. Scaling to remove calculus is the preventive element of

the prophylaxis, while polishing is a selective cosmetic and esthetic addition to the scaling procedure and has no therapeutic value in preventing or treating periodontal (gum) disease. Oral prophylaxis does NOT mean coronal polishing because polishing does nothing to prevent disease, but is merely a cosmetic procedure.



Sealant

- A resin material applied to the occlusal surfaces of teeth to prevent dental caries.

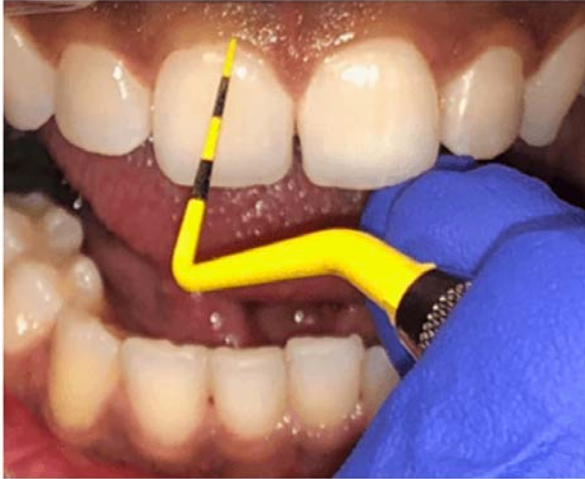


Sharpey's Fibers

- The name of connective tissue fibers that actually embed in cementum and stretch across to connect to the alveolar bone.

Sulcus

- The gingival sulcus is located between the tooth and the free gingival margin and is the crevice that surrounds the tooth. In healthy gingiva the periodontal probing depth is 3 mm or less.



Superior

- Above or higher than a specified point of reference

Supine Position

- A posture in which the individual is lying on the back with the face up.
- The most common treatment position for patients having dental treatment.

Syncope

- Fainting

Therapy

- Treatment intended to relieve or heal a disorder.

White Knuckle Syndrome

- A condition in which the patient is apprehensive and fearful, often manifested by clutching the arm of the chair until the knuckles turn white!

Root Words, Prefixes and Suffixes Used in Dental Terminology

One of the fun parts of learning dental/medical terminology is making difficult, long, impressive-looking words understandable. By learning what the word parts mean, it is much easier to understand what a brand-new word is, even if you have never seen or heard it before. Most medical terms originated in either Greek or Latin.

Root words provide the basic foundation for the word and provide the main meaning. A

prefix comes at the beginning of the root word and alters the word meaning. A suffix comes at the end of the root word and also alters the word meaning. A combining vowel, usually 'o' is used to join the word parts and make pronunciation easier.

The list of basic root words, prefixes and suffixes that follows is not intended to be all-inclusive, but will provide a starting place for commonly used word parts to assist in building a strong vocabulary. There are specific rules for combining words and for the order of the root words within a word, so it would be a good idea to study further to really understand how dental/medical terms are put together and read. Two excellent resources for additional medical terms are [Building a Medical Vocabulary](#) or [Quick & Easy Medical Terminology](#) both by Peggy C. Leonard, published by W. B. Saunders Company.

The table below lists popular prefixes and suffixes, the definition and an example of use.

Colors

The following is a list of word parts and the associated color:

alb, albus, leuk – white

chlor – green

cyan – blue

eryth – red

melan – black

xanth – yellow

Abbreviations, Acronyms and Initialisms

- Abbreviation – a shortened form of a word
- Acronym - an abbreviation formed from the initial letters of other words and pronounced as a word. For example, NASA, SCUBA or CAL
- Initialism - an abbreviation consisting of initial letters pronounced separately. For example, CPU, FBI or BP
- For simplicity, only the term 'abbreviation' will be used in the following section.

Popular prefixes and suffixes, the definition and an example of use.

Prefix/Suffix	Definition	Example
-algia	pain	odont ALGIA = tooth pain
-a	without	A cellular = having no cells
arth-	joint	ARTH oscope=an instrument to see inside a joint
dent, odont	tooth or teeth	ODONT oma = tumor composed of tooth structures
-ectomy	excision	append ECTOMY = excision of the appendix
-emia	blood	hyper EMIA = above normal amount of blood in tissue
endo-	within	ENDO dent =inside a tooth
-gen-	beginning, produce	patho GENIC = disease producing
gingiv-	pertaining to the gums	GINGIV itis = inflammation of the gums
glyc-	sugar	GYLC olysis = sugar dissolving
hyper-	over, excessive, above	HYPER mobility= more mobility than normal
hypo-	below, under, deficient	HYP othermia = below normal temperature
-ia, -lasis	condition	odontalg IA = condition of tooth pain
infra-	below	INFRA orbital = below the eye
inter-	between	INTER cellular = between cells
intra-	within	INTRA oral = within the mouth
itis	inflammation	periodont ITIS = inflammation of supporting structures of teeth
lingu-	pertaining to the tongue	LINGU al surface = the surface closest to the tongue
-logy	study of	patho LOGY = study of disease
-lysis	destruction, dissolving	hemo LYSIS = breakdown of red blood cells

muc-	mucous	MUC ositis = inflammation of mucous membrane
neo-	new	NEO plasm = new growth
-oid	resembling	ameb OID = resembling an amoeba
-oma	tumor	odont OMA = tumor composed of tooth structures
-osis	condition, disease	periodont OSIS = condition of the periodontium
-path, -pathy	disease	PATHO logy = study of disease
peri-	around	PERI oral = around the mouth
perio-	supporting structures of the teeth	PERIO dental = involving the supporting structures of teeth
-phil-	love	acido PHILIC = acid loving
-plast, -plasty	repair, form, grow	gingivo PLASTY = repair of the gingiva to functional form
post-	behind, after	POST natal = relating to the period after childbirth
py	pus	PY ogenic = pus producing
-rrhea	burst forth, pour	sialo RRHEA = excessive flow of saliva
-scope	instrument used to view	artho SCOPE = an instrument to see inside a joint
sial-	saliva	SIAL orrhea = excessive flow of saliva
-stomia	mouth	xero STOMIA = dry mouth
super-	above, excessive	SUPER numerary = excessive number
supra-	above	SUPRA gingival = above the margin of the gums
xero-	dry	XERO stomia = dry mouth

You can decrease the amount of time spent on paperwork by using abbreviations for patient treatment records. While patient treatment records are important for good patient treatment and follow-up, records also legal documents, so abbreviations and their meanings should be the same in every record. To be certain that everyone in the office uses the same abbreviations and understands what the abbreviations mean, it is a good idea to create a "key" to the abbreviations used in your office so that way anyone writing or reading a record can understand exactly what is being conveyed. A good idea is to post an abbreviation "key" where all employees can see it to help ensure that all of your records contain consistent and accurate information. The key will help all employees, past, present and future, as well as serve as a part of the legal record.

The following list is a compilation of some commonly used abbreviations, acronyms and initialisms:

↑ – Increase

↓ – Decrease

adv– Advanced

anes – Anesthetic (e.g., local anesthetic)

ant – Anterior

approx – Approximately

appt – Appointment

ASA – Acetylsalicylic acid or aspirin

ASA – Anterior superior alveolar injection

ASAP – As soon as possible

B – Buccal

bid – Twice a day

bilat – Bilateral

BOP – bleeding on probing

BP – Blood pressure

BW – Bitewing radiographs

c̄ – With. From the Latin word "cum"

C/C – (Complete/complete) complete maxillary denture and complete mandibular denture

C/P – Complete maxillary denture and partial mandibular denture

CAL – Clinical attachment level

Cau – Caucasian

CC – Chief complaint

cc – Cubic centimeter

CEJ – cementoenamel junction

CHD – Congestive heart disease

CHF – Congestive heart failure

CHX – Chlorhexidine

CNS – Central nervous system

cont – Continue, continued

COPD – Chronic Obstructive Pulmonary Disease

CP – Cerebral palsy

CVA – Cerebral vascular accident (stroke)

D – Distal

DA – Dental assistant

DC or D/C – Discontinue

DH – Dental hygienist or dental hygiene

DOB – Date of birth

Dx – Diagnosis

e.g. – For example

ea – Each

EBV – Epstein Barr virus

ECG or EKG – Electrocardiogram

Echo – Echocardiogram

EIE – Extraoral intraoral examination

Emer – Emergency

Endo – Endodontic

ER or ED – Emergency room or emergency department

eval – Evaluation

EX – Examination

ext – Extract, extraction

fen-phen – Fenfluramine and Phentermine

Fl, Fl₁, F, F₂ – Fluoride

FMR, FMX (outdated), FMS – Full mouth radiographs

FPD – Fixed partial denture; a bridge

freq – Frequent, frequency

Fx – Fracture

gen – General, generalized

GI – Gastrointestinal

ging – Gingivitis, gingiva

H₂O – Water

H₂O₂ – Hydrogen peroxide

HAV – Hepatitis A virus

HBP – High blood pressure, hypertension

HBV – Hepatitis B virus

HCV – Hepatitis C virus

HIV – Human immunodeficiency virus

hr – Hour

HS – At bedtime

Hx – History

IDDM – Insulin Dependent Diabetes Mellitus. Type I is the current, preferred term

IM – Intramuscular

imp – Impression

inc – Incisal, incisive, incise

inf – Inferior

Irreg – Irregular

Irrig – Irrigation

IV – Intravenous

L, Ling – Lingual

LA – Lower anterior

LL – Lower left quadrant. Also called Quadrant 3

loc – Local, localized, local anesthetic

LR – Lower right quadrant. Also called Quadrant 4

M – Mesial

mand – Mandibular

marg – Marginal

max – Maxillary or maximum

meds – Medication

MHx – Medical history

MI – Myocardial Infarction (heart attack)

min – Minimum, minute
mm – Millimeter
mo – Month
MO – Mesioclusal
MOD – Mesioclusodistal
mod – Moderate
MRI – Magnetic resonance imaging
MSA – Middle superior alveolar injection.
MVP – Mitral Valve Prolapse
N/A, NA – Not applicable
N₂O – Nitrous oxide
nec – Necessary
neg – Negative
NIDDM – Non-Insulin Dependent Diabetes Mellitus. Type II is the current, preferred term
NKA/NKDA – No known allergies/no known drug allergies
NPO – Nothing by mouth
NV – Next visit
O, occ – Occlusal
O₂ – Oxygen
OD – Oral diagnosis
OH – Oral hygiene
OHI – Oral hygiene instructions
OP – Operative
ORL – Otorhinolaryngology or otolaryngology. Refers to head and neck area.
OS – Oral surgery

OTC – Over the counter (drug that can be obtained without a prescription)
P – Pulse
P/P – Partial maxillary denture and partial mandibular denture
PA – Periapical radiograph
pano – Panoramic radiograph
Path – Pathology
PCN or PEN – Penicillin
PD – Periodontal debridement
perio – Periodontal, periodontitis
PFM – Porcelain fused to metal
PMT, PMTx – Periodontal maintenance therapy or treatment
PO – Orally; by mouth
PPE – personal protective equipment such as gloves, mask, gown and eye protection
post – Posterior, After
postop – After surgery
PRN, prn – As needed; as necessary
PSA – Posterior superior alveolar injection
PSR – Periodontal screening and recording
Pt, pt – Patient
Px, PX, prog – Prognosis
q – Every
qd – Every day
qid – Four times a day
Quad or Q – Quadrant. May be followed by a number to specify a particular quadrant.

R – Respiration
rc – Rubber cup
RCTx or RCT – Root canal treatment
rec – Recession
Re-eval, reeval – Re-evaluation, re-evaluate
ref – Referral
reg – Regular
RHD – Rheumatic heart disease
RPD – Removable partial denture
Rx – Prescription
̄s – Without. From the Latin word “sine”
SBE – Subacute bacterial endocarditis. Preferred abbreviation and term is IE – infective endocarditis
Sig – Write on label
slt – Slight
SOB – Short of breath
STAT – Immediately
STD – Sexually transmitted disease. The preferred abbreviation and term are STI – sexually transmitted infection
Surg – Surgery
TB – Tuberculosis
tb – Toothbrush
temp – Temperature
tid – Three times a day
TLC – Tender loving care
TMD – Temporomandibular Joint Dysfunction or Disorder

TMJ – Temporomandibular Joint
tp – Toothpaste
Tx – Treatment
UL – Upper left quadrant. Also called Quadrant 2.
UNK or unk – unknown
UR – Upper right quadrant. Also called Quadrant 1.
URI – Upper respiratory infection
UTI – urinary tract infection
w/ – With
w/o – Without
WNL – Within normal limits
wt – Weight
y/o – Year(s) old
yr – Year

A Final Word about Words

The words we choose to use can be very powerful. You may have heard that “sticks and stones may break my bones, but words will never hurt me” – poppycock! The words we use or hear from others can be very far from harmless! How we filter and interpret the words we hear or how we choose the words we use are not the result of simple chance, but are the result of who we are. Words we use are the sum total of almost everything that has happened in our lives: what we believe about ourselves, others, and the world; our faith and values; and education. Every word we choose to use can build understanding or inadvertently cause misunderstanding. As soon as the words come out of our mouths or onto paper, we have had an influence how the hearer or reader will act or react – on purpose or not.

Language also impacts the way people view dental and allied dental professionals and the value of the work that they do. Oral health care providers should use a common

language to stimulate meaningful and positive interpretations of oral health care. The individual oral health care provider in day-to-day interactions, organized professional groups, educators, other health care professionals, and key partners in oral health care – we have the opportunity to influence the language that we use for greater understanding and cooperation.

When we choose words wisely in discussing or describing our individual roles in oral health care, the services we provide, or our profession, we may impart a positive perception or a very negative one.

Consider the image communicated by asking our patients or clients to come in for just a “prophy” or a “simple cleaning” or “scaling” rather than “initial care” or “preventive oral health care” or “nonsurgical periodontal care.” The terms “prophy” and “cleaning” do not present the full range of preventive skills or the level of care that the service will provide for the patient. Likewise, we tend to speak of “deep cleaning” rather than “nonsurgical periodontal care;” of “checking the patient” as opposed to “evaluating outcomes of care;” of “plate, cap, or bridge” instead of “denture, crown, or prosthetic appliance;” etc.

Even among ourselves, we sometimes fail to differentiate between the education, certification, and licensure of the individuals in the office. We’ve learned here that the primary members of the dental team are the dentist, dental assistant,

dental hygienist, dental laboratory technician and dental therapist. Some refer to the dental team as being comprised of the dentist and the dental “auxiliaries” or worse the dentist and the “girls,” because often the allied dental personnel tend to be women. We are further along in terms of gender equality than this terminology might imply. Use of the word “girl” has no place in health care, especially in light of the intellectual decisions, care and responsibility necessary in evidence-based decision making, collaborative practice, co-therapy, or the new workforce models for allied dental health professionals. Frankly those archaic terms no longer fit. Why not call the oral health care professional by his or her professional designation: dentist, dental therapist, dental hygienist, dental assistant, dental laboratory technologist, office manager, staff member, or oral health care team member?

The words we use can either make us seem foolish and demean what we do, or our words can present a picture in a person’s mind of a professional health care provider, a person with the necessary education, training, certification, or licensure who is qualified to provide oral health care for the well-being of the patients that we serve. How DO we want our patients and health care colleagues to view the oral health professions of dentistry, dental assisting, dental hygiene, dental laboratory technology, or dental therapy? Use the language that will identify you and the profession that you’ve chosen as having the importance that it deserves. You ARE oral health care!

Course Test Preview

To receive Continuing Education credit for this course, you must complete the online test. Please go to: www.dentalcare.com/en-us/professional-education/ce-courses/ce21/test

- 1. The oral health care providers who must be licensed to practice are the dentist and the _____.**
 - A. dental hygienist
 - B. dental hygienist, dental assistant and dental laboratory technician
 - C. all members of the oral health care team
 - D. none of the above - only the dentist must be licensed
- 2. The individual who fabricates dentures for patients who have lost all their teeth is a description of a primary duty of what oral health care occupation?**
 - A. Dentist
 - B. Dental hygienist
 - C. Dental assistant
 - D. Dental laboratory technician
- 3. Should a patient require specialized diagnosis and treatment for a disease of the supporting and surrounding tissues of the teeth, to which dental specialist would she or he likely be referred?**
 - A. Oral surgeon
 - B. Oral pathologist
 - C. Periodontist
 - D. Orthodontist
- 4. A dentist, dental hygienist, dental assistant, office support staff and dental laboratory technician who work together to meet the many varied dental and orally-related needs of a dental patient are collectively called _____.**
 - A. dental consortium
 - B. oral health care team
 - C. auxiliary dental personnel
 - D. allied dental personnel
 - E. All of the above.
- 5. Which of the following designates a dentist educated to a higher level and capable of a higher level of practice?**
 - A. DDS
 - B. DMD
 - C. RDH
 - D. CDA
 - E. None of the above.
- 6. Who has total responsibility for determining what functions and services may be legally performed by a dental hygienist?**
 - A. Legislature of the state where he/she is practicing.
 - B. American Dental Association
 - C. American Dental Hygienists' Association
 - D. The dentist-employer
 - E. All of the above.

7. **Ms. Sue Smith was referred to a pediatric dentist by her dentist. Which of the following would most likely be true about Ms. Smith?**
- A. She has gum disease.
 - B. Her teeth are crooked.
 - C. She is under the age of 18 years.
 - D. She needs a root canal.
8. **A specialty of dentistry that uses imaging and associated technology for the diagnosis and management of a range of diseases affecting the mouth, jaws and related areas of the head and neck is called _____.**
- A. oral and maxillofacial radiology
 - B. oral pathology
 - C. prosthodontics
 - D. periodontics
9. **The body responsible for accreditation of dental hygiene education programs is the _____.**
- A. American Dental Hygienists' Association
 - B. American Association of Dental Examiners
 - C. American Dental Education Association
 - D. American Dental Association
 - E. board of dentistry in the state where the educational institution is located
10. **If someone is said to be practicing dentistry, the most correct interpretation would be that he or she _____.**
- A. is learning a new skill
 - B. is doing repeated exercises to become competent in a skill or procedure
 - C. is actively pursuing his or her profession
 - D. is an authorized healer
11. **The space or crevice between the surface of a tooth and the epithelium lining the free gingiva would be called the _____.**
- A. col
 - B. furcation
 - C. gum
 - D. sulcus
12. **On the facial side of a tooth, a line where the attached gingiva and the alveolar mucosa come together is termed _____.**
- A. cementoenamel junction
 - B. col
 - C. MGJ
 - D. mucogingival junction
 - E. C and D
13. **Iatrogenic indicates _____.**
- A. swelling
 - B. the inner lining of the cheek
 - C. a fluid of inflammatory products
 - D. a defect caused by a professional

14. **A synonym for swelling is _____.**
A. exudate
B. iatrogenic
C. sulcus
D. edema
15. **Labial indicates the _____.**
A. lips
B. tongue
C. facial
D. Chewing surfaces
16. **The distal portion of a tooth would be toward the _____.**
A. front of the mouth
B. back of the mouth
C. side nearest the tongue
D. side nearest the cheek
17. **A polite word for pus is _____.**
A. edema
B. BL
C. exudate
D. cariogenic
18. **If a person has a tooth removed, he or she has had a (an) _____.**
A. extraction
B. furcation
C. exudate
D. MGJ
19. **Simple sugars are _____.**
A. iatrogenic
B. lingual
C. periodontal
D. cariogenic
20. **From the anatomic structures below, identify which is (are) moveable.**
A. Mandible and maxilla
B. Maxillary arch
C. Occlusal tooth surfaces
D. Mandibular arch
E. None of the above.
21. **Neopathy would most likely mean _____.**
A. New disease.
B. Beginning of a disease.
C. New supporting structures of teeth.
D. Beginning to have a mouth.

22. **The most accurate meaning of mucoma would be _____.**
A. Resembling mucous.
B. A condition of the tongue.
C. Muscle weakness.
D. Mucous tumor.
23. **Lingual refers to _____.**
A. one who has a condition involving the joints
B. the surface toward the tongue
C. the condition of the saliva
D. an instrument used to view the mouth
24. **-itis refers to _____.**
A. Destruction of the letter A.
B. Resembling pain.
C. Inflammation.
D. Not having disease.
25. **Erythodont refers to a tooth of what color?**
A. green
B. black
C. red
D. white
26. **Glycophilia would best describe the condition of someone who loves _____.**
A. sugar
B. specific bacteria
C. cavities
D. saliva
27. **Sialoscope would be an instrument that would allow one to view _____.**
A. sinuses
B. the mouth
C. mucous
D. spit
28. **Xerodont would indicate a tooth that is _____.**
A. excessive
B. white
C. repaired
D. dry
29. **Odontectomy would indicate a procedure in which a tooth had been _____.**
A. dissolved
B. affected by dental caries
C. removed
D. repaired
30. **Peristomia would indicate a position _____.**
A. above the plane of the gums
B. around the mouth
C. in excess of normal
D. around the tongue

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About the Authors

Patricia J. Nunn, RDH, MS



Patricia J. Nunn (Trisha) is the Director of Dental Hygiene at Texas Woman's University. Previously Trisha served as dean and dental hygiene program director at the Utah College of Dental Hygiene, professor and chair of the Dental Hygiene Department at the University of Oklahoma College of Dentistry, as Health Sciences Division Chair and Director of Dental Hygiene at Coastal Bend Community College, and as Clinical Coordinator at the University of Louisiana at Monroe.

In 2010, Professor Nunn became the first dental hygiene educator to receive the very prestigious ADEA-Gies Award. The Gies Awards, named after dental education pioneer William J. Gies, PhD, honor individuals and organizations exemplifying dedication to the highest standards of vision, innovation, and achievement in dental education, research, and leadership. Ms. Nunn's award was for Vision – Dental Educator.

Professor Nunn has served on the American Dental Education Association (ADEA) Board of Directors serving as vice president for Allied Dental Program Directors. She has published numerous scholarly articles and is a member of the Editorial Advisory Board for *Dimensions of Dental Hygiene*, a journal of professional excellence. She has authored several continuing education, contributed to textbooks, acted as consultant and reviewer to publishers for textbooks and dictionaries, and enjoys presenting continuing education for educators and practitioners.

Professor Nunn has been active in American Dental Hygienists' Association activities and has served as an ADEA's representative to the American Dental Hygienists' Association Advanced Dental Hygiene Practitioner Advisory Committee. She also serves as educational consultant and site visitor for the American Dental Association Commission on Dental Accreditation. In 2003, she received the ADEA/ Colgate Oral Pharmaceuticals, Inc. Allied Educator's Fellowship.

Email: pnunn@twu.edu

Patricia A. Frese, RDH, MEd



Patricia Frese is Professor Emerita of the University of Cincinnati Blue Ash College Cincinnati, Ohio. She has been in education since 1980. She is a 1976 graduate of the dental hygiene program at Raymond Walters College (now UC Blue Ash). She has private practice experience in general, research and periodontal practice settings. She has presented on a variety of topics at professional meetings. Pat is an active member of the American Dental Hygienists' Association.

Email: patricia.frese@uc.edu