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CARIES RISK ASSESSMENT

Caries management begins with risk factor assessment so that specific needs of the individual patient can be identified.

Risk factors include: Medical History, Fluoride Use, Dietary Habits, Oral Self Care, Clinical Manifestations of Disease

RISK FACTORS	HIGH RISK	MODERATE RISK	LOW RISK
Oral Self Care	Needs improvement	Satisfactory	Good
Root Exposure/Insipient Caries/Demineralization/Abfraction	Present		Not Present
Existing Restorations/Quality/Quantity of Restorations	Many/Poor marginal adaptation & contours	Some	Very Few Good marginal adaptation & contours
Age	12-25 or over age 60	Under age 12 or age 50-60	Age 25-50
Diet	Frequent snacking 3-4/day Carbohydrates/diet colas	Moderate snacking 2-3/day	Very rare snacking, healthy snacks
Medications	Many	Moderate	Few
Health	Significant medical problems	Some medical problems	Very few to no medical problems
Lifestyle/Habits (tobacco, bruxism, mints, etc.)	Significant	Average	Favorable

RECOMMENDED TREATMENT/FREQUENCY OF RE CARE VISITS

Low Risk: Brush 2 times daily with a fluoridated toothpaste
Daily flossing
6 month recare

Moderate Risk: Brush 3 times daily using fluoridated toothpaste
Daily flossing and use of interproximal physiotherapy aids
Xylitol Gum
Over the counter fluoride mouth rise (ACT)
4 month recare

High Risk: Brush 3-4 times daily using fluoridated toothpaste
Daily flossing and use of interproximal physiotherapy aids.
Xylitol Gum
Prescription Fluoride Rinse
Administration of Adult Fluoride at Recare Visits
Chlorhexidine Gluconate 0.12% Rinse: use as directed
3 month recare

Xerostomia (Dry Mouth): Brush 3-4 times daily using fluoridated toothpaste
Daily flossing and use of interproximal physiotherapy aids
Xylitol Gum
Prescription Fluoride Rinse
Administration of Adult Fluoride at Recare Visits
Biotene products to keep mouth moist
Drink water frequently
Avoiding use of alcohol mouthrinses (Listerine)
Substitute with non-alcohol rinses (Pro-Health)