

PHILIPS

sonicare ZOOM!

The Path to Health

An in-depth guide to oral care





Contents

Preventive care

- ↳ Systemic health
- ↳ Maintain healthy habits
- ↳ Behavior change

Patient conditions

- ↳ Caries
- ↳ Gingivitis
- ↳ Periodontitis
- ↳ Halitosis
- ↳ Tooth sensitivity
- ↳ Malocclusion
- ↳ Staining
- ↳ Oral pathology screening

In-office care

- ↳ Caries prevention treatment
- ↳ Caries restorative treatment
- ↳ Periodontal treatment
- ↳ Orthodontic considerations
- ↳ Whitening treatments

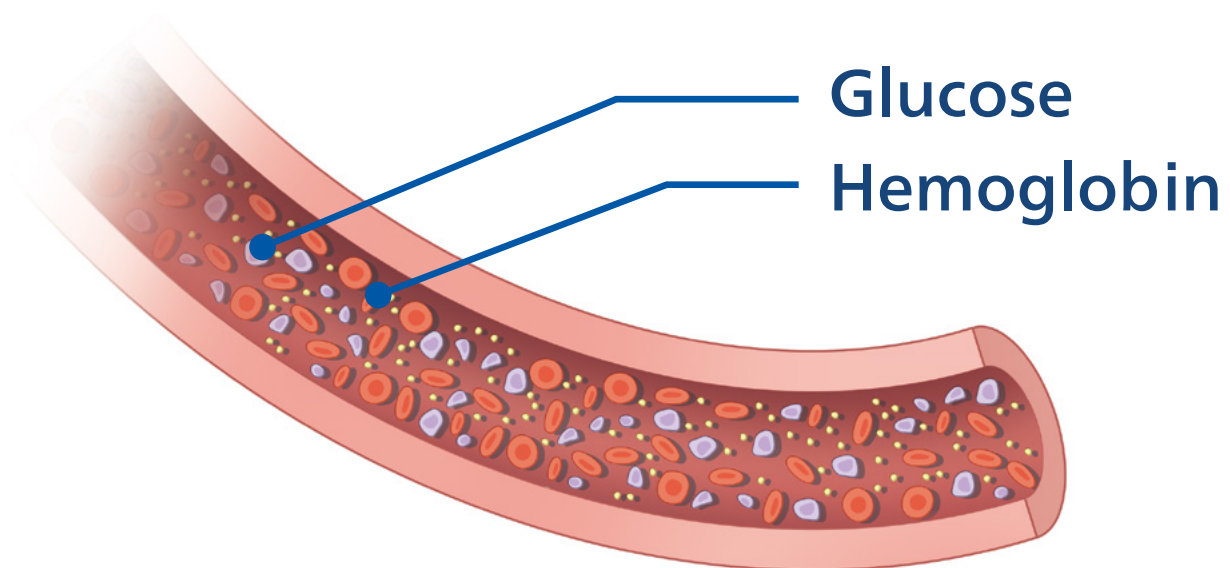
At-home care

- ↳ How to use...
 - ↳ Philips Sonicare Power Toothbrush
 - ↳ Philips Sonicare Power Flosser
 - ↳ Philips Sonicare Power Toothbrush with braces
- ↳ Oral care recommendations during orthodontics

Preventive care

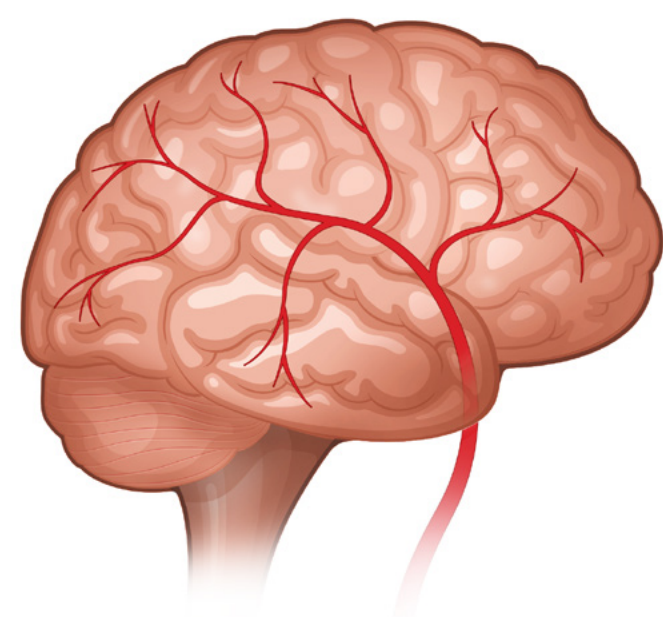
The mouth is the gateway to the body

Many serious illnesses may be linked to your oral health.



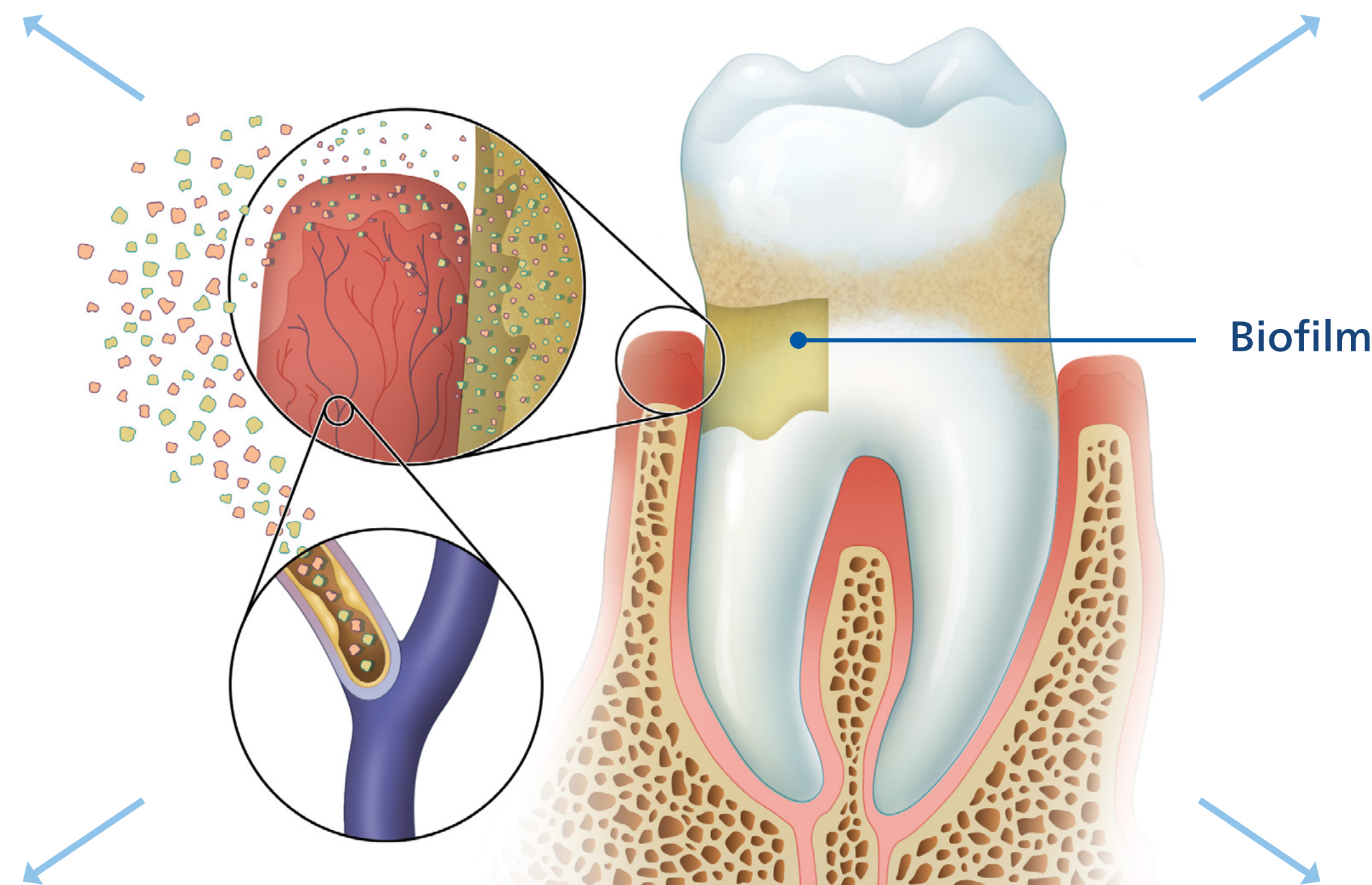
Diabetes Type 2

People with Type 2 diabetes are at an increased risk of developing gum disease, which is likely to be more severe than those without diabetes.

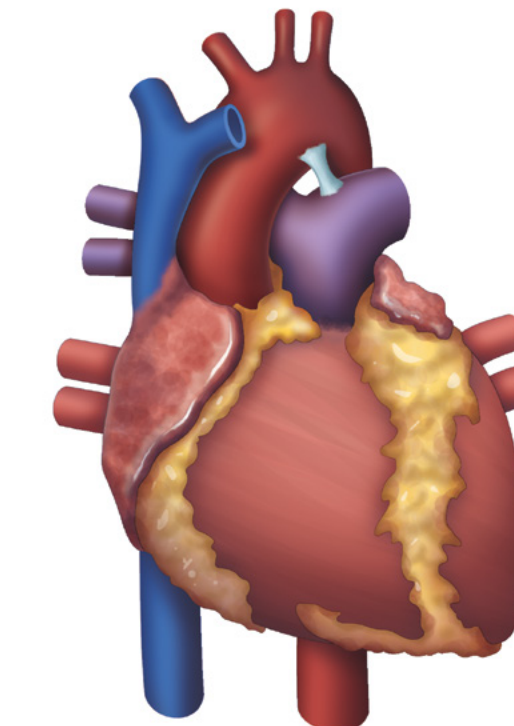


Dementia

Moderate to severe periodontitis has been identified as a risk factor for cognitive decline.

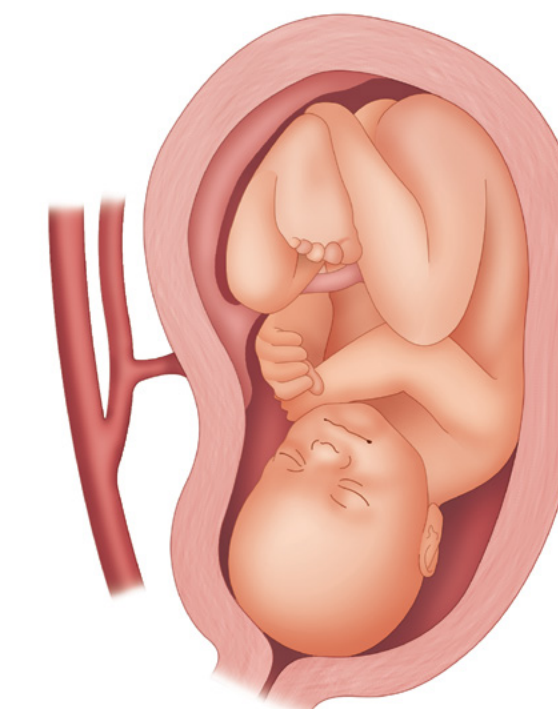


When inflammation is present, bacteria and toxins invade the gums and disseminate into the bloodstream.



Cardiovascular diseases

Increased atheroma may decrease plaque stability, increasing risk for myocardial infarction and stroke.



Pregnancy complications

Increased systemic inflammation may increase risk of pregnancy complications.

Maintain healthy habits

PHILIPS
sonicare ZOOM!

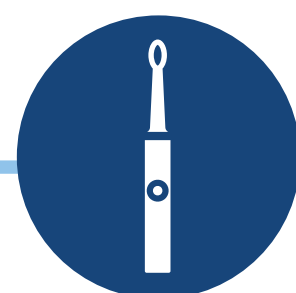
Healthy teeth and gums



Healthy lifestyle habits

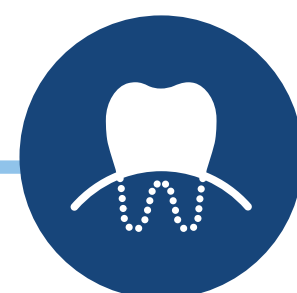
- Limit alcohol consumption
- Limit smoking of marijuana
- Eliminate tobacco use and vaping
- Maintain a healthy diet while reducing acidic foods
- Drink the recommended amount of water
- Reduce stress
- Visit your dental office regularly

A proper at-home oral care routine can improve your oral health.



Brush

Brush your teeth and along the gumline twice a day for two minutes.



Focus on gumline

For areas of recession, be sure to clean gently along the gumline.



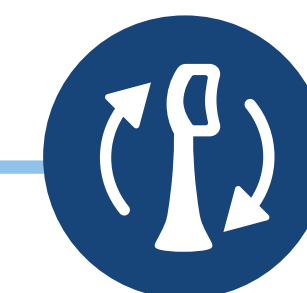
Interdental cleaning

The spaces in between your teeth are home to harmful bacteria, so clean them thoroughly.



Rinse

Use a therapeutic mouthwash to help reduce bacteria that cause gum disease.



Replace

Replace your brush head every three months for optimal results.

3 steps to make a new habit stick

PHILIPS
sonicare ZOOM!

The Tiny Habits method encourages you to focus on small actions to quickly wire in new habits.

1

Small changes for big impact

To wire in new habits, start with small actions. Over time, even the smallest actions can add up to a major difference!

2

Find a good spot in your day

Find an existing routine (something you already do each day) that can prompt your new habit. With a little practice, your brain can quickly learn the new sequence of actions.

3

Associate with a positive feeling

Wire in the new habit by acknowledging the new action, even if it's just with a smile in the mirror or words of affirmation. It's important to feel positive emotions when doing your new behavior. That's what turns a behavior into a habit.



Patient conditions

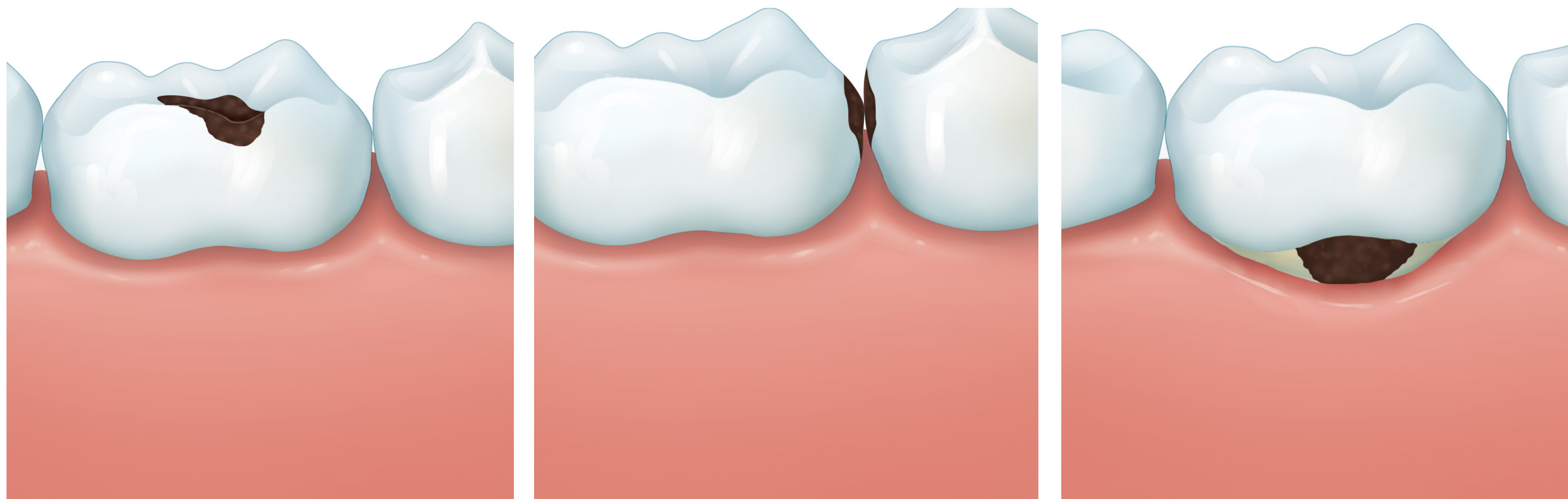
Caries

Types of caries

Occlusal

Interproximal

Root



Risk factors



Oral health

- Genetics
- Poor oral hygiene
- Exposed root surfaces
- Dry mouth (xerostomia)
- Defective restorations
- Crooked teeth



Diet and habits

- High sugar content
- High levels of starch
- High levels of acidic foods and drinks
- Smoking, vaping, chewing tobacco
- Marijuana use



Medical conditions

- Stress
- Medications
- Hormonal changes
- Substance abuse
- Head and neck radiation
- Eating disorders
- Systemic disease

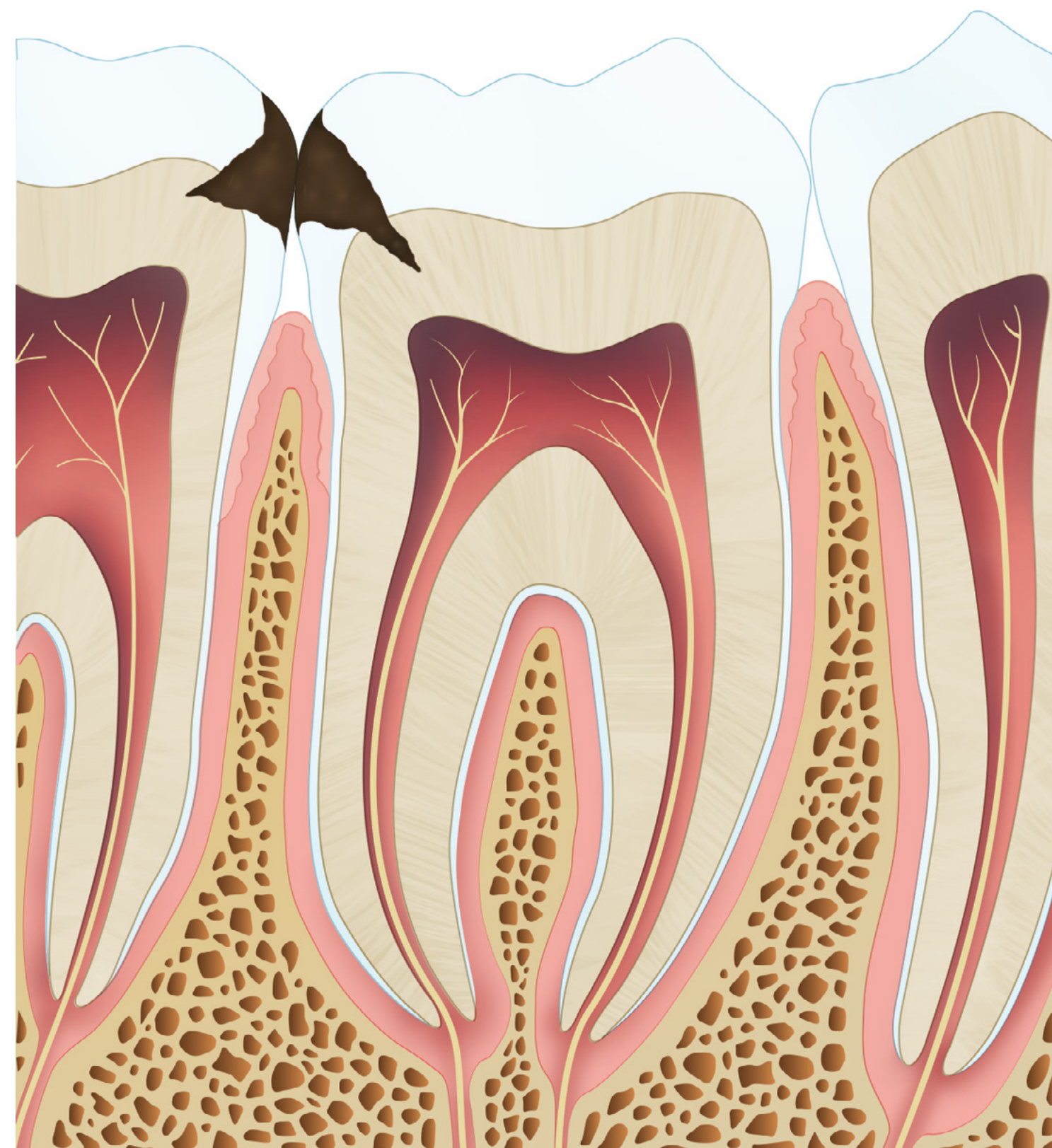
Caries

Progression of caries

Decay in enamel



Decay in dentin



Decay in pulp with abscess



Risk factors



Oral health

- Genetics
- Poor oral hygiene
- Exposed root surfaces
- Dry mouth (xerostomia)
- Defective restorations
- Crooked teeth



Diet and habits

- High sugar content
- High levels of starch
- High levels of acidic foods and drinks
- Smoking, vaping, chewing tobacco
- Marijuana use



Medical conditions

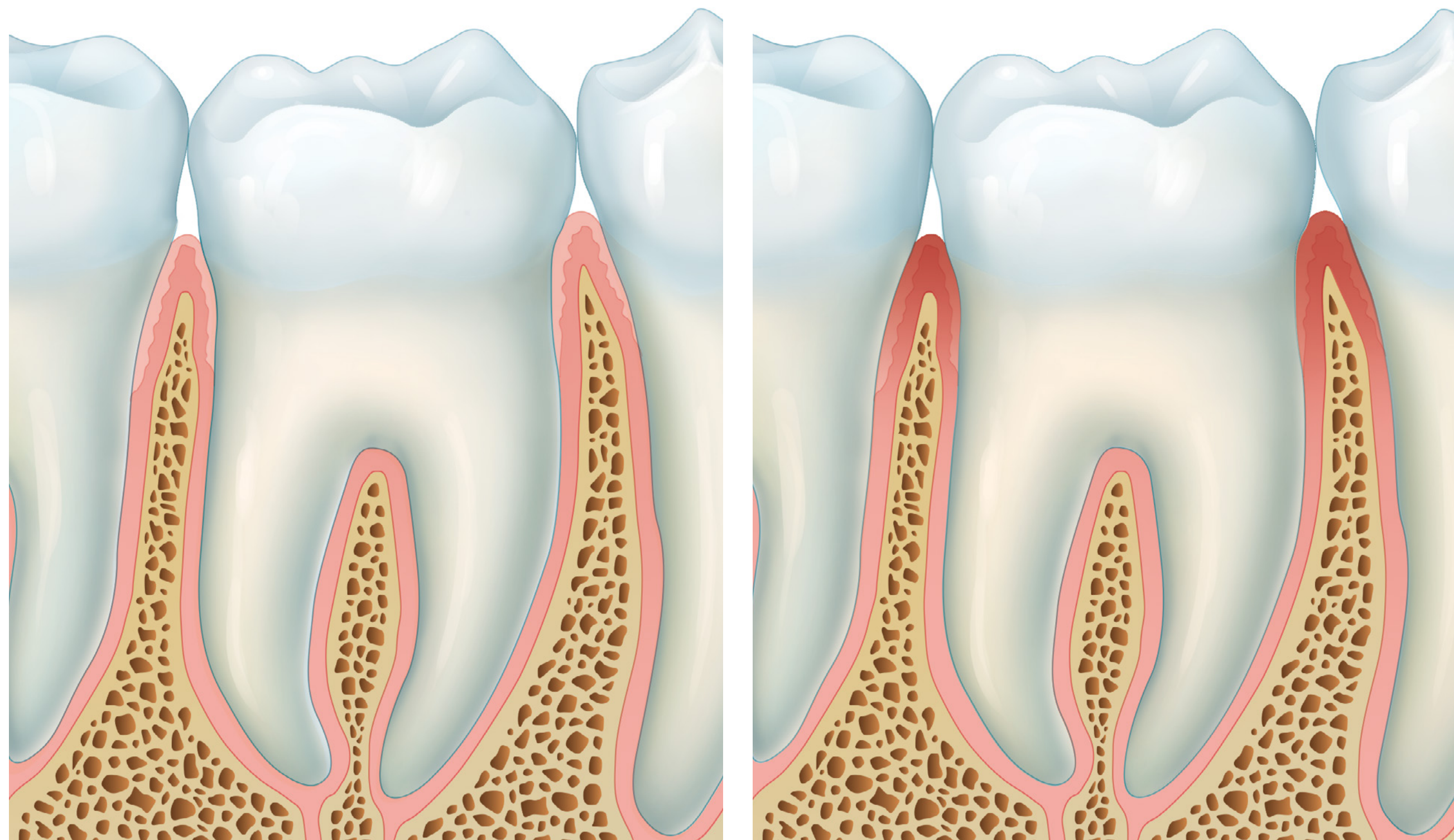
- Stress
- Medications
- Hormonal changes
- Substance abuse
- Head and neck radiation
- Eating disorders
- Systemic disease

Gingivitis

With treatment and good home care, gingivitis is reversible.

Healthy gums

Gingivitis
(may be localized or generalized)



Symptoms of gingivitis

- Swollen or puffy gums
- Tender gums
- Bleeding when brushing or flossing
- Persistent bad breath

Risk factors



Oral health

- Genetics
- Poor oral hygiene
- Dry mouth (xerostomia)
- Defective restorations
- Crooked teeth



Diet and habits

- Poor nutrition
- Smoking, vaping, chewing tobacco
- Marijuana use



Medical conditions

- Stress
- Medications
- Hormonal changes
- Substance abuse
- Head and neck radiation
- Eating disorders
- Systemic disease

Periodontitis

PHILIPS
sonicare ZOOM!

Stage I



- 1-2 mm CAL
- No tooth loss
- Max. probing depth ≤ 4 mm
- Mostly horizontal bone loss

Stage II



- 3-4 mm CAL
- No tooth loss
- Max. probing depth ≤ 5 mm
- Mostly horizontal bone loss

Stage III



- ≥ 5 mm CAL
- ≤ 4 teeth

Stage II plus:

- Vertical bone loss ≥ 3 mm
- Probing depths ≥ 6 mm
- Furcation involvement Class II or III

Stage IV



- ≥ 5 mm CAL
- ≥ 5 teeth

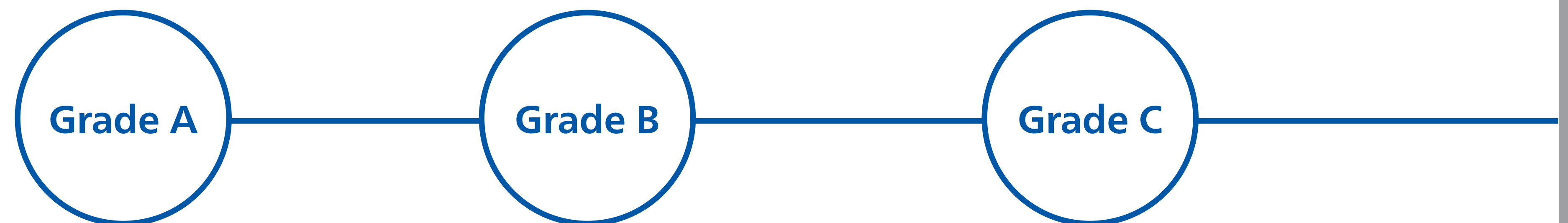
Stage III plus:

Need for complex rehabilitation due to impact on:

- Chewing, occlusal trauma with mobility,
- Severe ridge defects
- Bite collapse, < 20 remaining teeth, etc.

Periodontitis

Determining grade of disease*



Predictors of speed of progression and response to treatment

Grade A

Slow progression

- Non-smoker
- Not diabetic
- Heavy deposits, low levels of destruction

Grade B

Moderate progression

- <10 cigarettes/day
- <7% HbA1C in diabetic patients
- <2 mm bone loss in 5 years

Grade C

Rapid progression

- ≥10 cigarettes/day
- ≥7% HbA1C in diabetic patients

Risk factors



Oral health

- Genetics
- Poor oral hygiene
- Dry mouth (xerostomia)
- Defective restorations
- Crooked teeth



Habits

- Poor nutrition
- Smoking, vaping, chewing tobacco
- Marijuana use



Medical conditions

- Stress
- Medications
- Hormonal changes
- Head and neck radiation
- Eating disorder
- Systemic disease

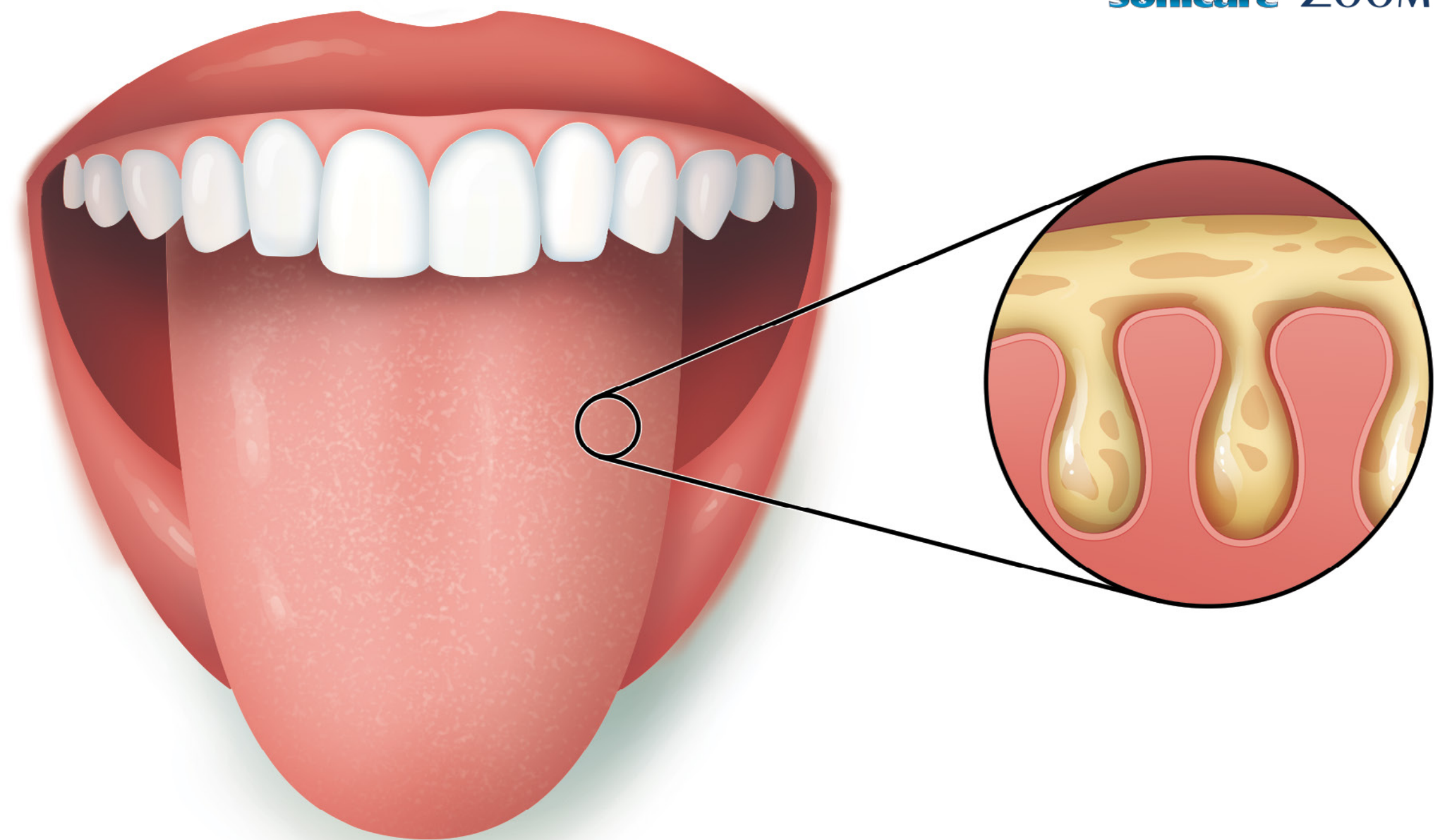
*Dental professionals should assume Grade B classification unless evidence points to Grade A or C.

Halitosis

PHILIPS
sonicare ZOOM!

What causes bad breath?

While a variety of issues can lead to bad breath, the most common source is the coating on the tongue. In many cases, it stems from volatile sulfur compounds (VSCs), which are gases produced by bacteria on the tongue's surface.



Common causes



Poor gum health



Cavities



Tongue coating

Other causes may include:



Systemic conditions
(e.g. liver or kidney disease, gastrointestinal reflux or diabetes)



Certain foods, drinks or diets
(e.g. garlic, onion, coffee, alcohol, fasting, low-carb diet)

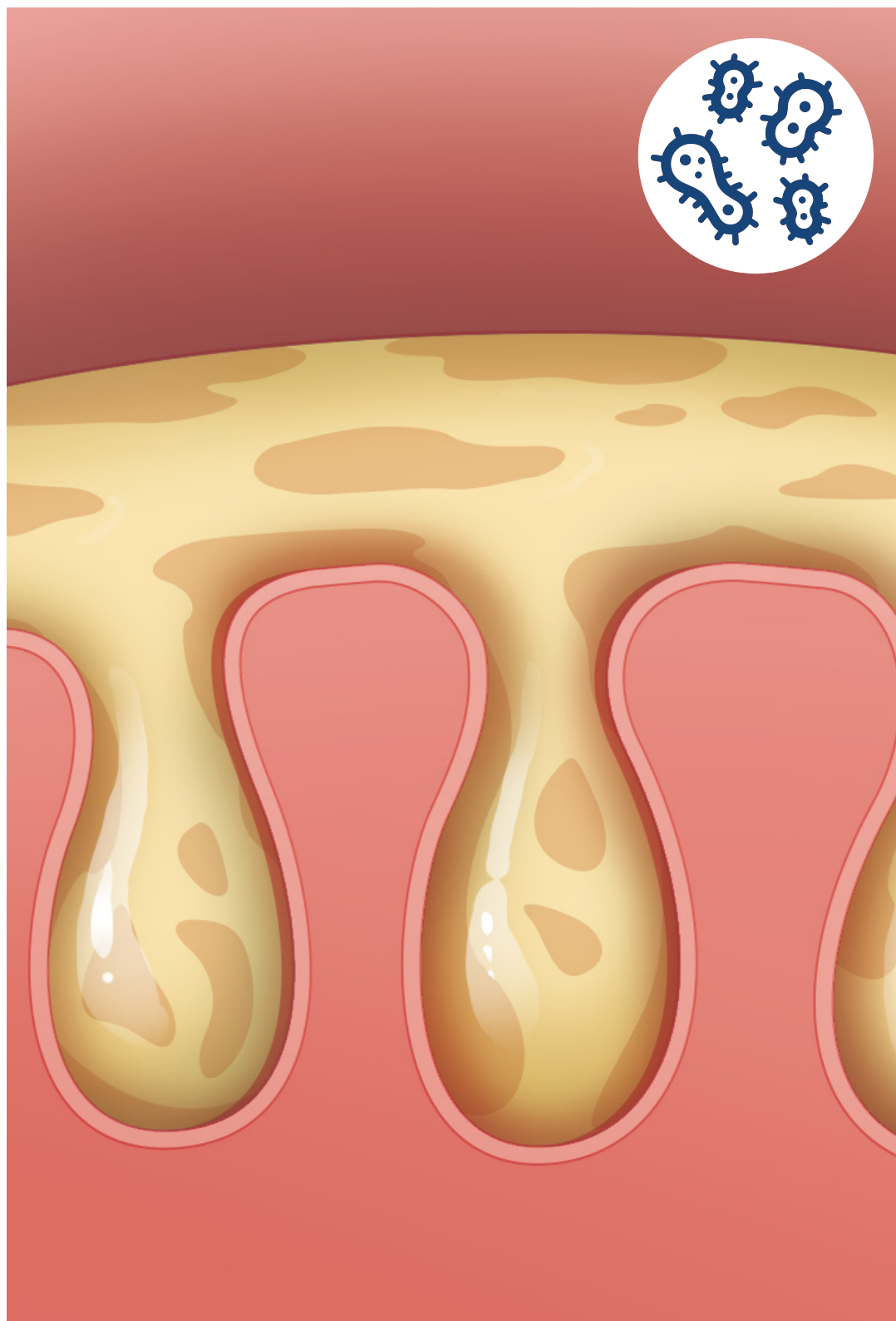


Smoking

Halitosis

PHILIPS
sonicare ZOOM!

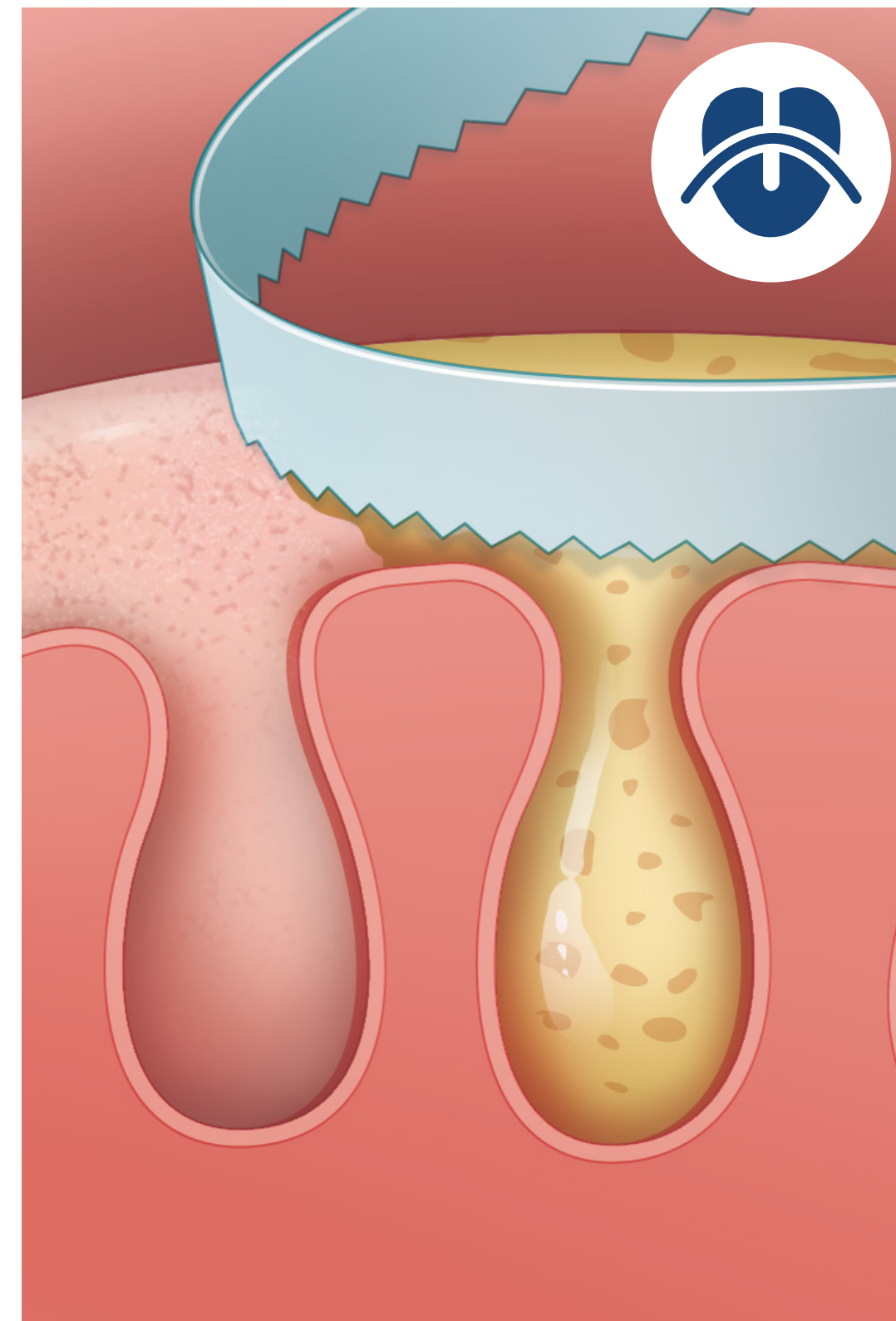
Removing odor-causing bacteria



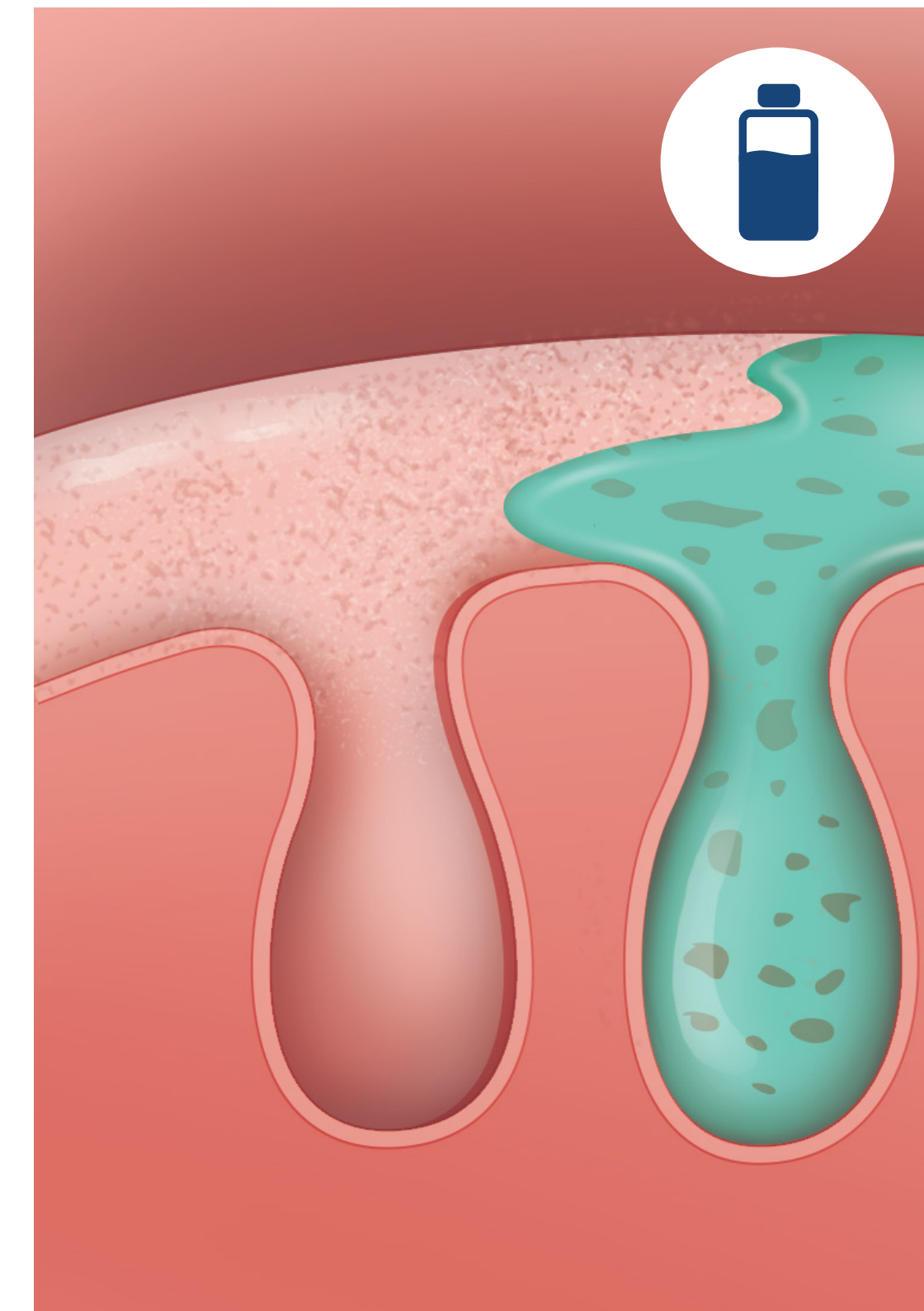
Surface of tongue with volatile sulfur compounds (VSCs) and other odor-causing bacteria.



Brushing with a toothbrush just breaks apart bacteria.



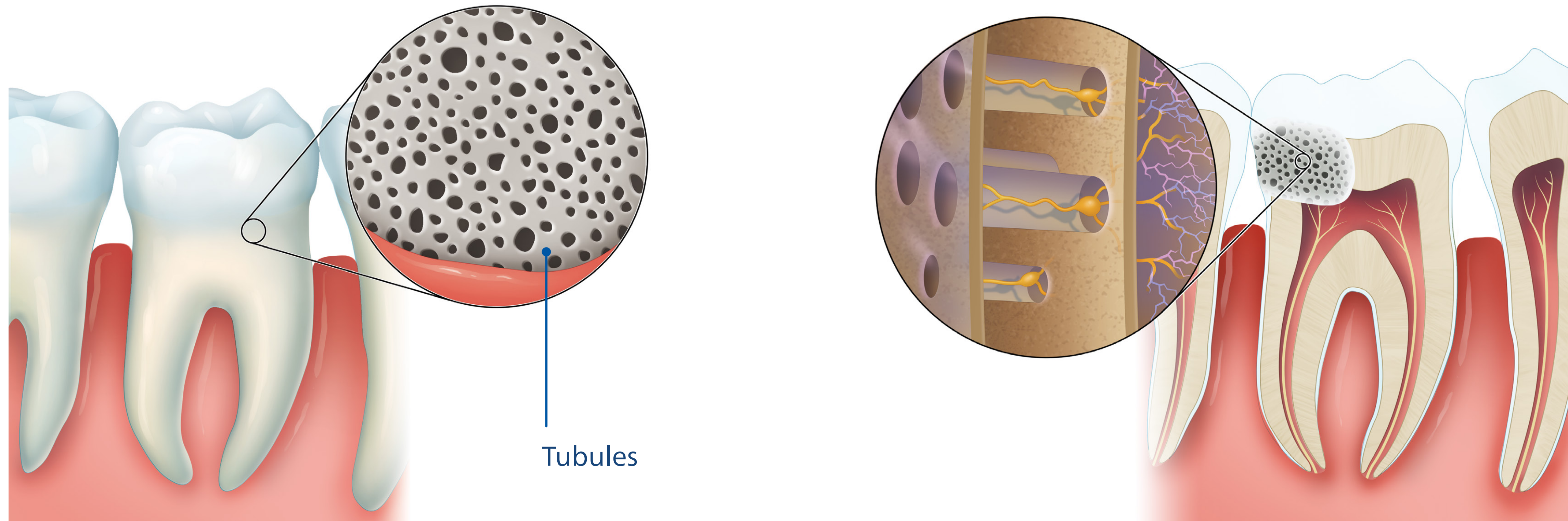
Scrapers scrape away bacteria.



Using an anti-bacterial rinse cleans out any remaining bacteria from tongue fissures.

Tooth sensitivity

PHILIPS
sonicare ZOOM!



Sensitivity is usually caused when the root surface is exposed.

When roots are exposed, hot or cold sensations are transmitted through the tubules to the tooth nerve.

Possible causes



Poor oral hygiene



Use of hard bristles or too much pressure



Clenching and grinding



Eating foods high in acid

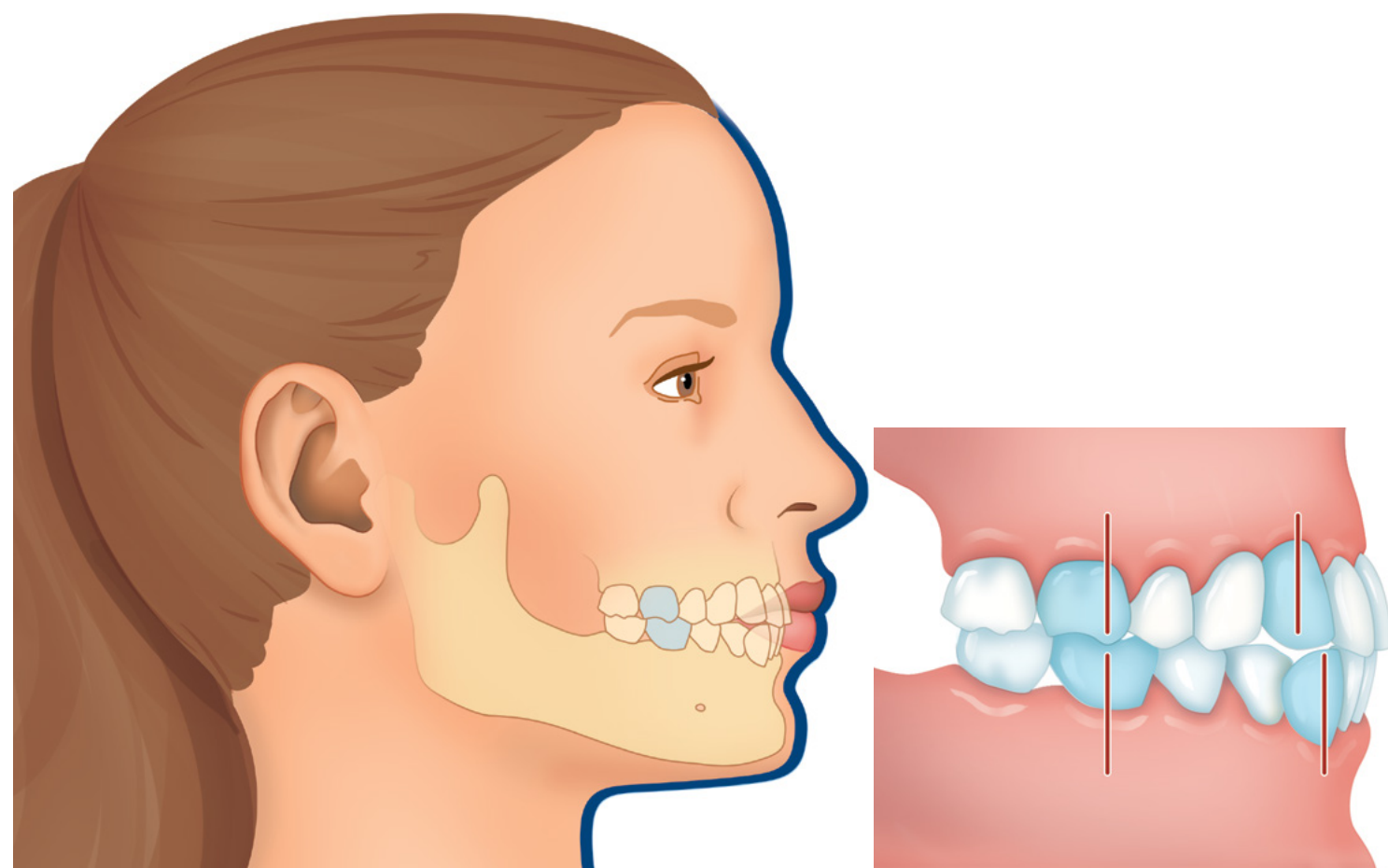


Teeth whitening or bleaching processes

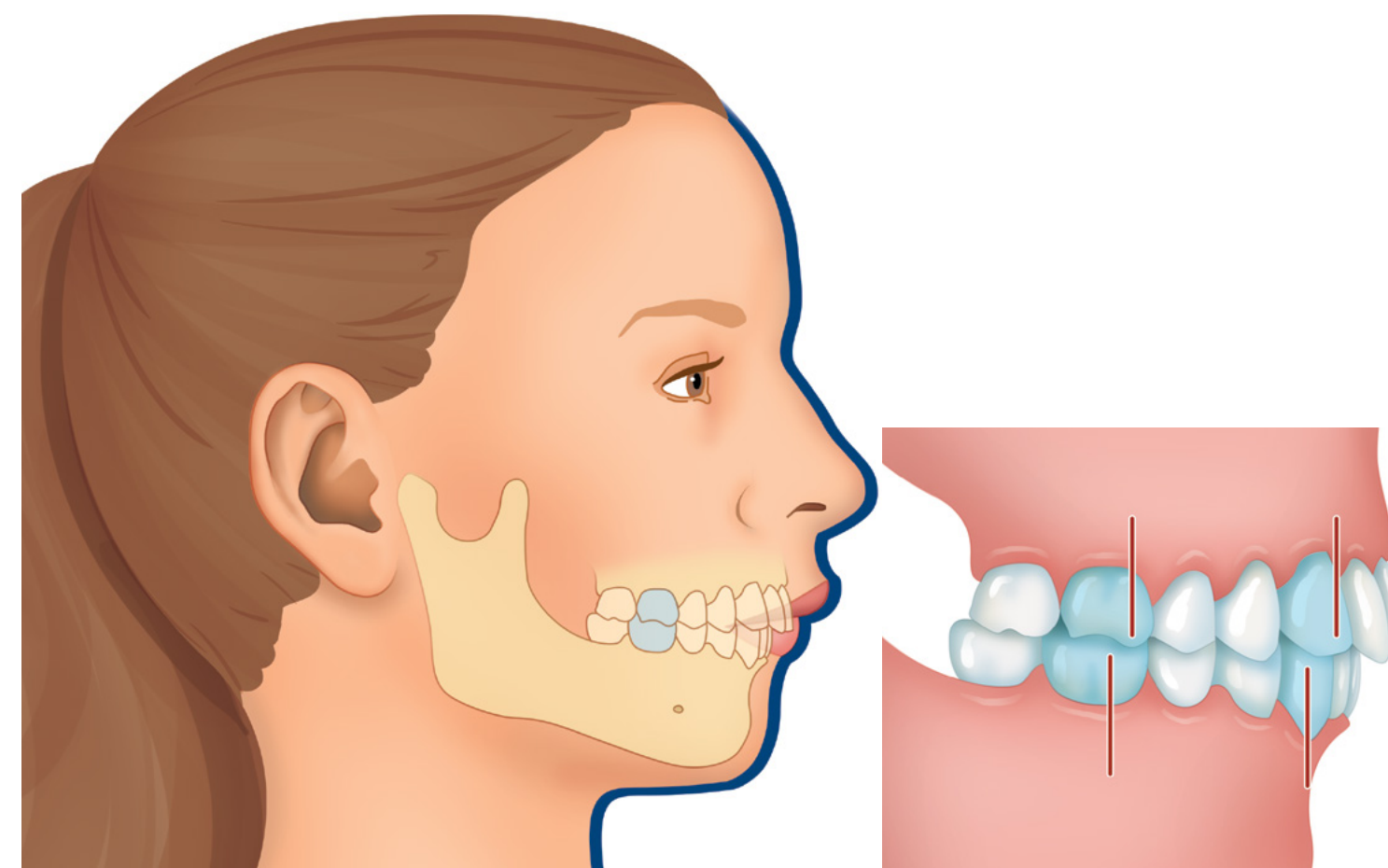
Malocclusion

Malocclusion is a misalignment of your jaws and teeth.

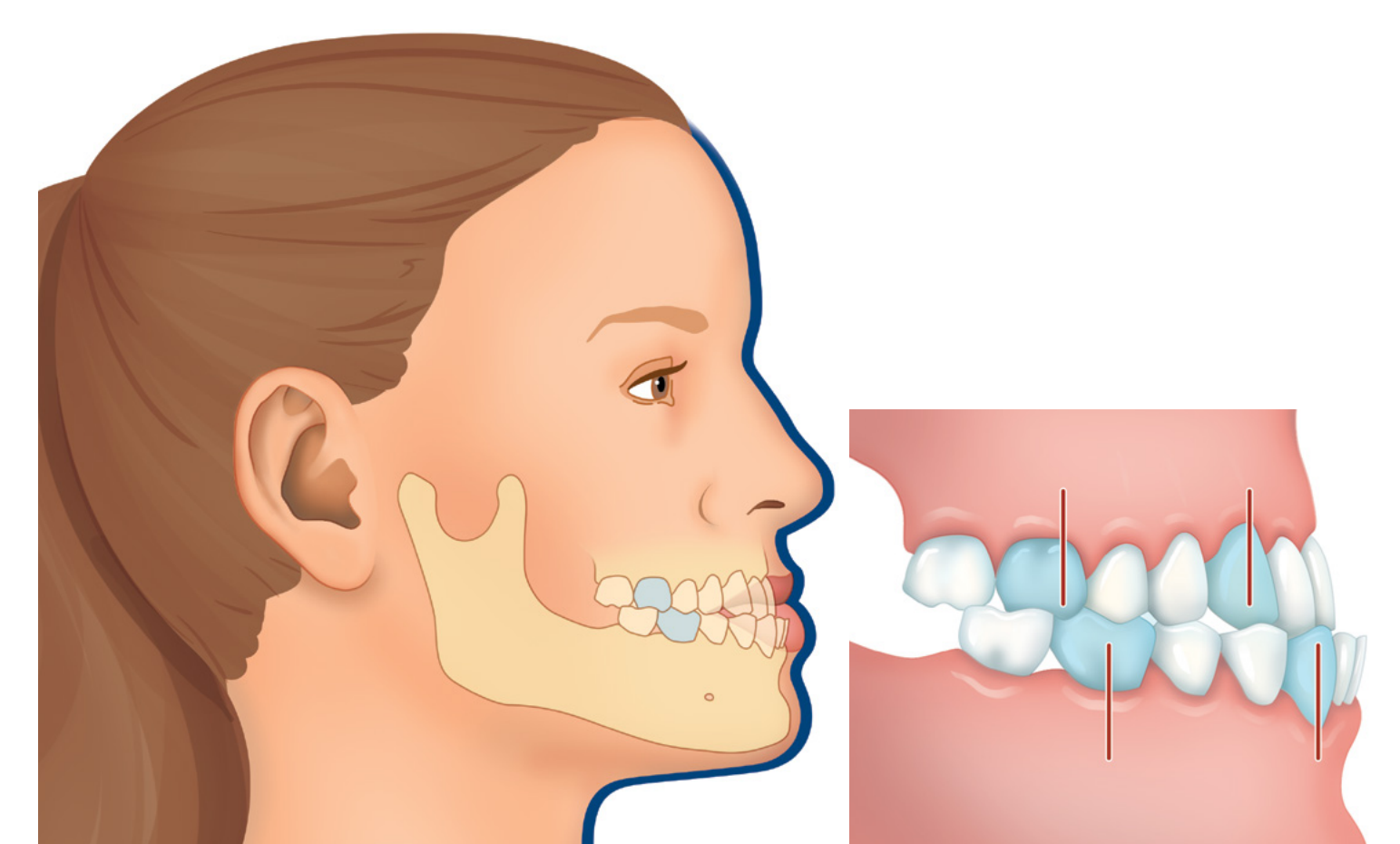
Class I malocclusion



Class II malocclusion

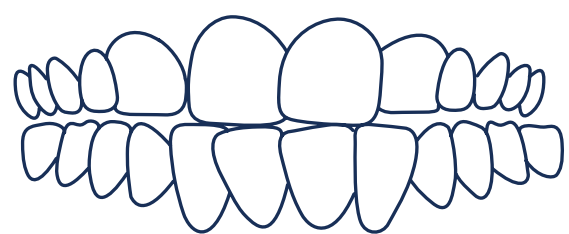


Class III malocclusion



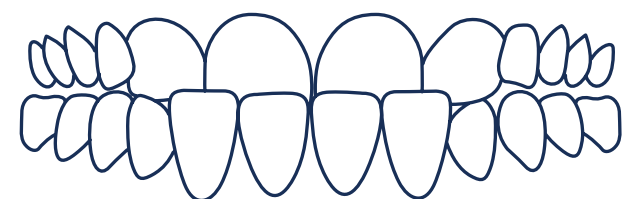
Common types of malocclusion

Crowding



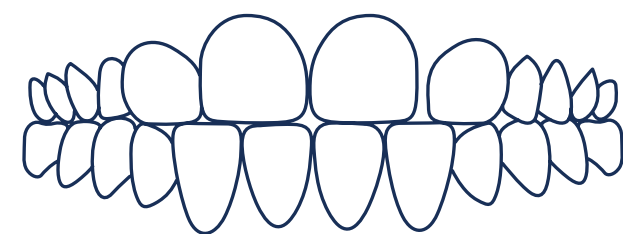
Too many teeth in too little space.

Crossbite



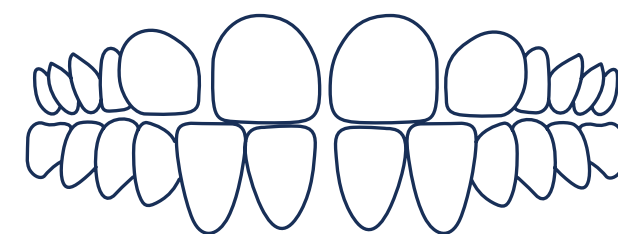
Upper teeth close behind or inside lower teeth.

Edge-to-edge bite



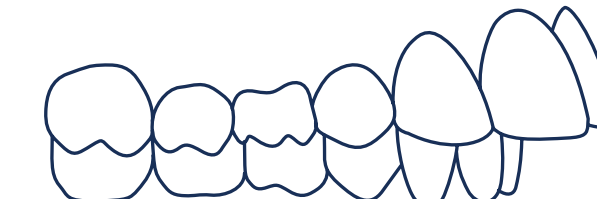
Upper and lower teeth close with no overlap.

Spacing



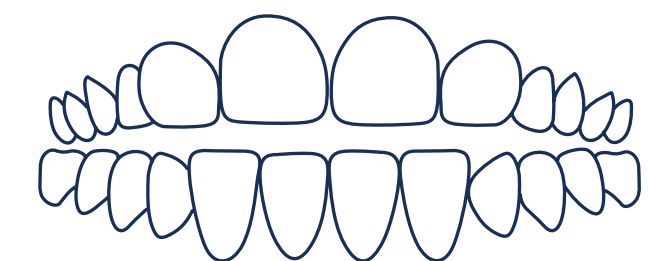
Extra space between teeth.

Overjet



Upper teeth close too far in front of lower teeth.

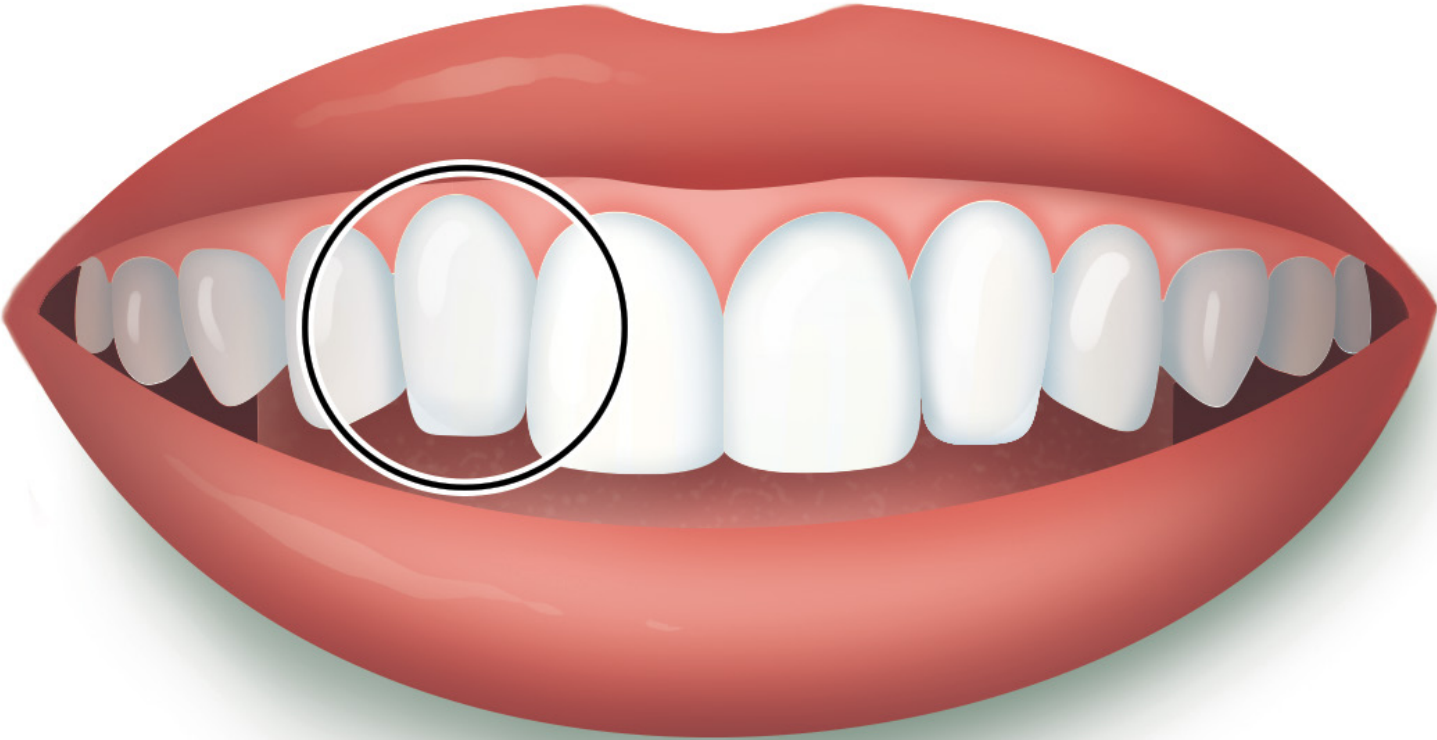
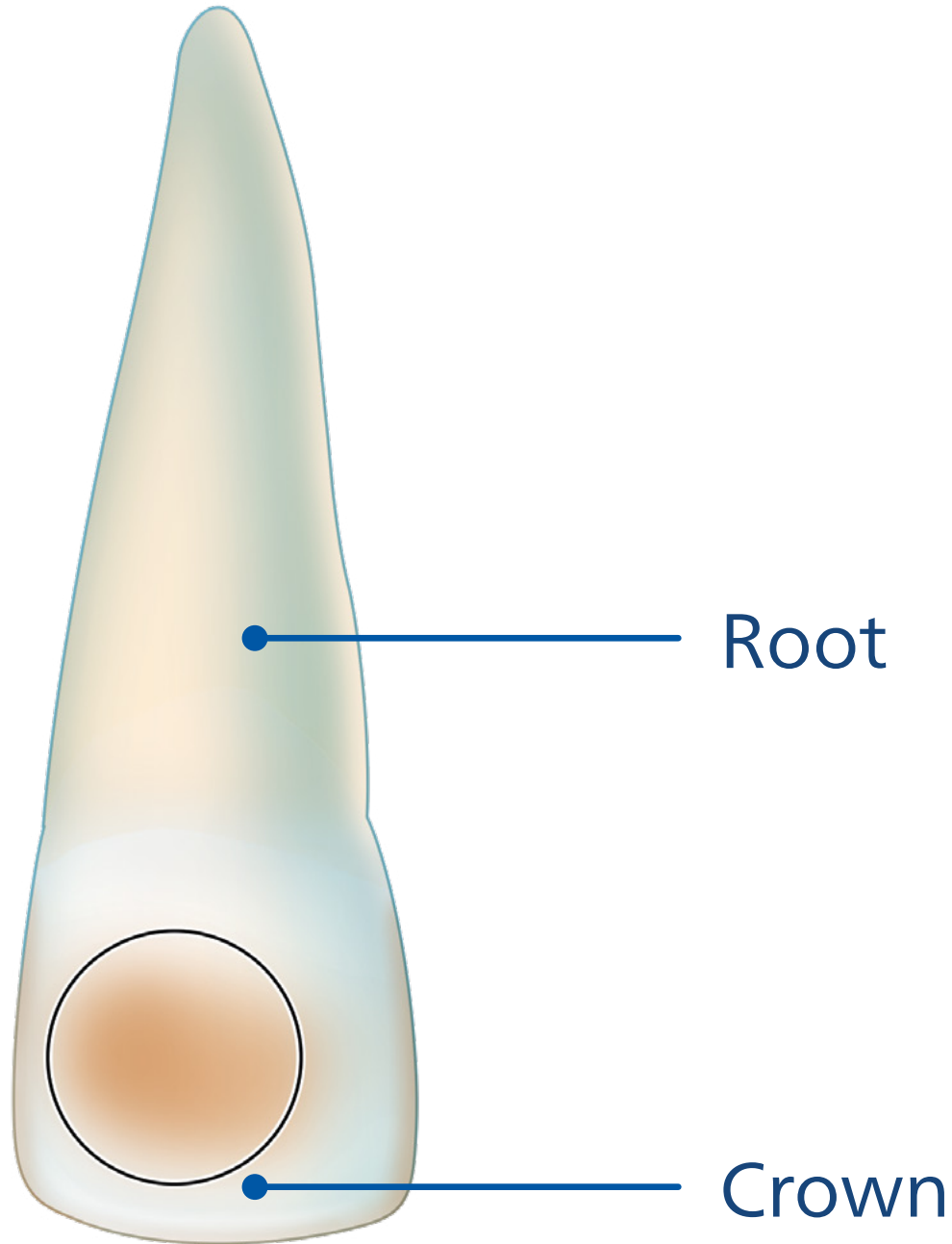
Open bite



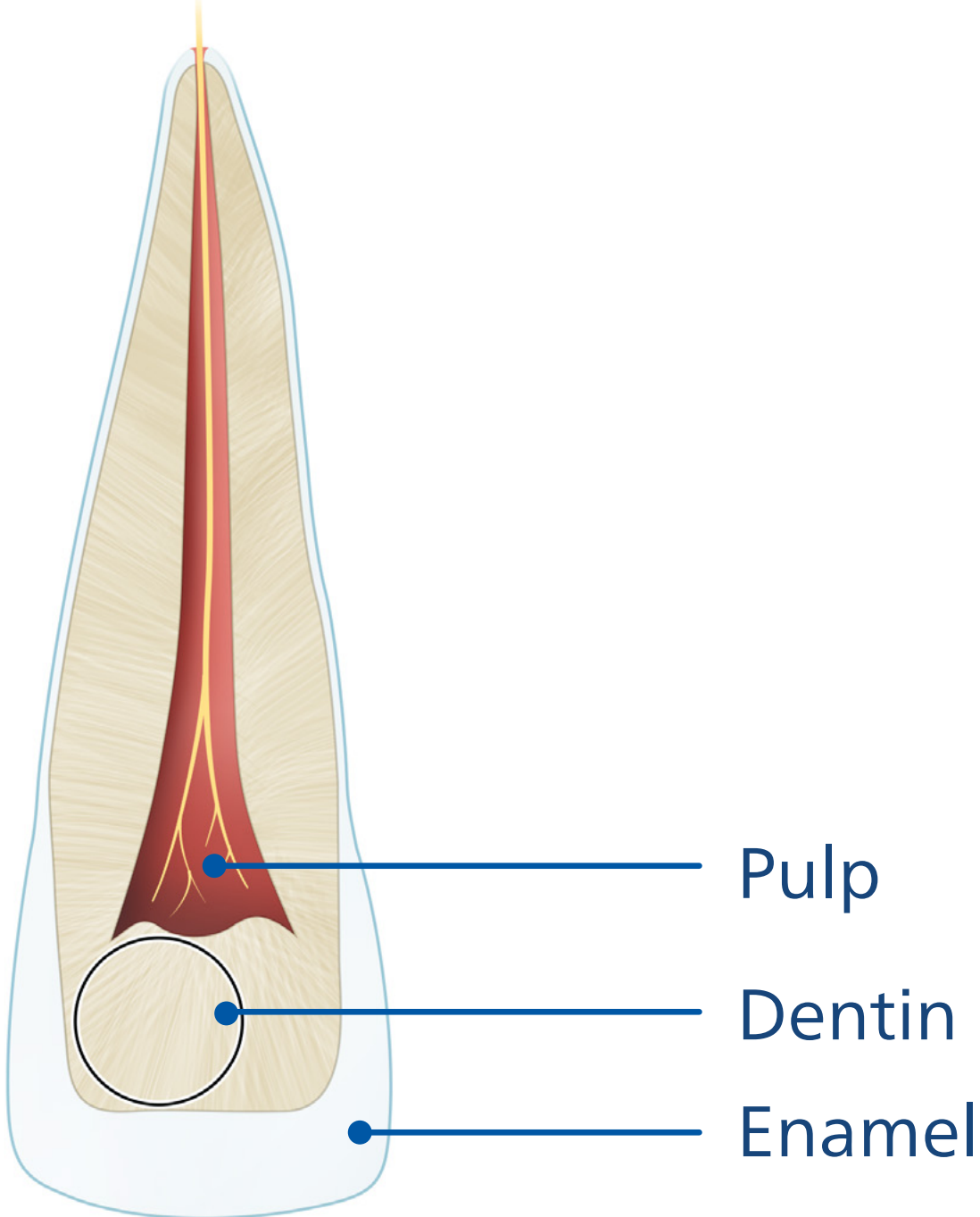
Upper and lower teeth do not fully close, creating an opening.

Staining




Extrinsic stains



Intrinsic stains



Common causes

-  **Smoking**
-  **Chromogenic bacteria**
(due to plaque buildup)
-  **Food**
(such as berries and tomatoes)
and beverages (such as coffee, tea,
red wine and grape juice)

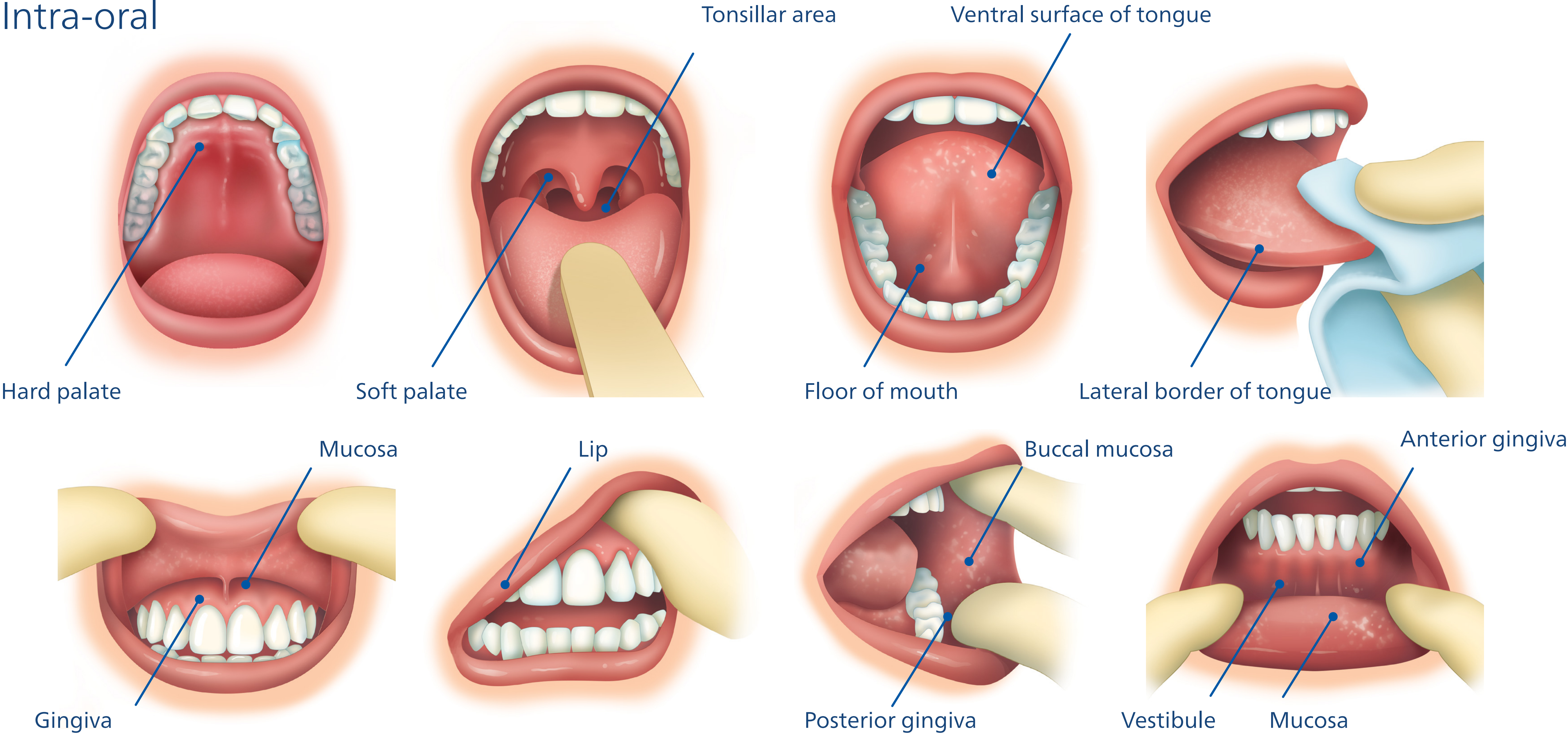
Common causes

-  **Medications**
-  **Food/beverages**
-  **Fever/illness**
-  **Aging**
-  **Smoking**

Oral pathology screening



Intra-oral



Extra-oral: asymmetry, lymph nodes, TMJ

Risk factors

- 
Tobacco and alcohol use
- 
HPV (Human Papillomavirus)
- 
Aging
 Oral cancers most often occur in people over the age of 40
- 
Sun exposure
 Cancer of the lip can be caused by sun exposure

In-office care

Caries prevention treatments

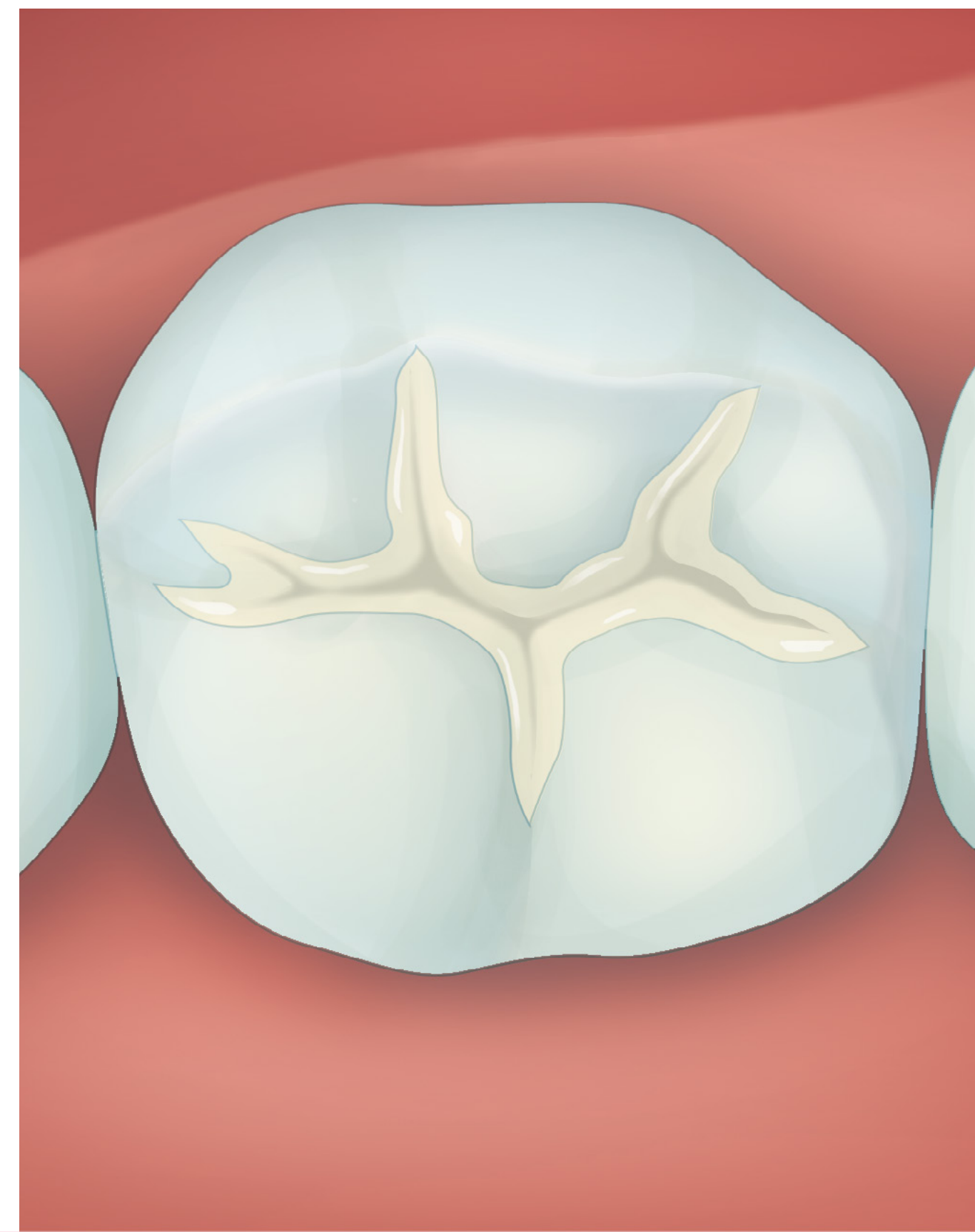
PHILIPS
sonicare ZOOM!

Fluoride treatment



Fluoride can be applied as a gel, foam or varnish. It may also be beneficial to switch to prescription-strength toothpaste or mouthwash depending on your personal needs.

Dental sealants

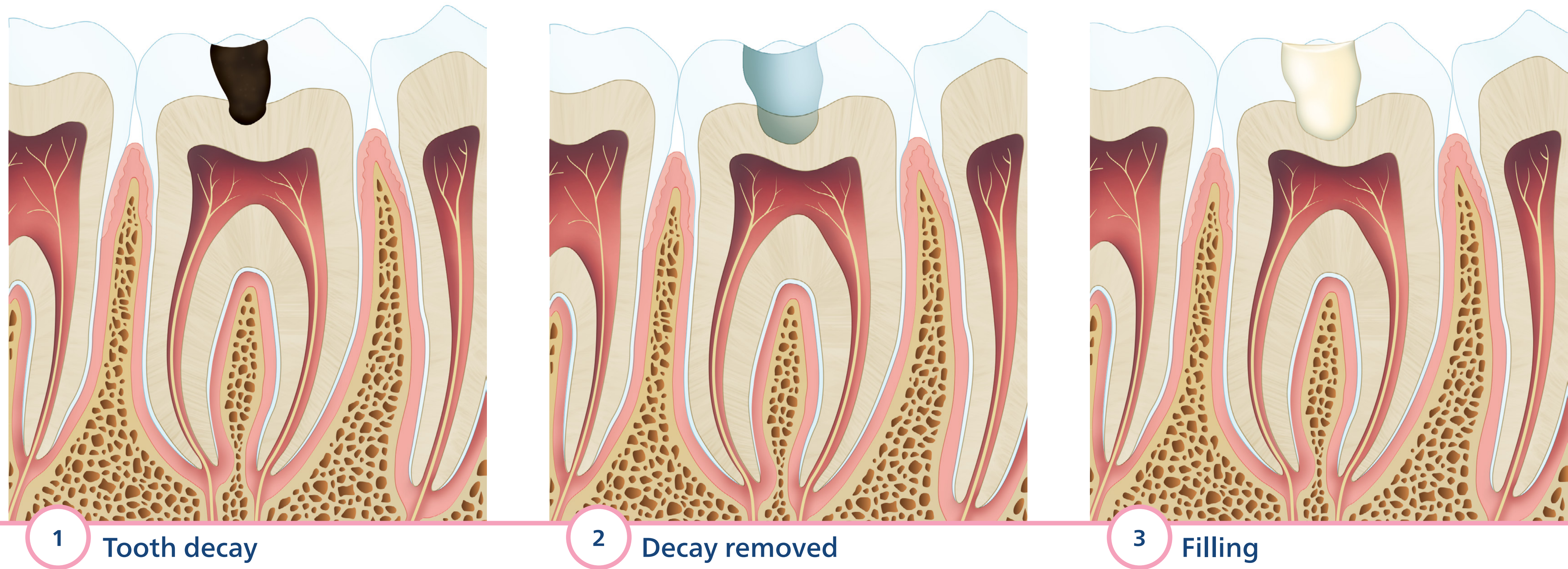


Dental sealants are thin, protective coatings applied to the chewing surfaces of molars.

Caries restorative treatment

PHILIPS
sonicare ZOOM!

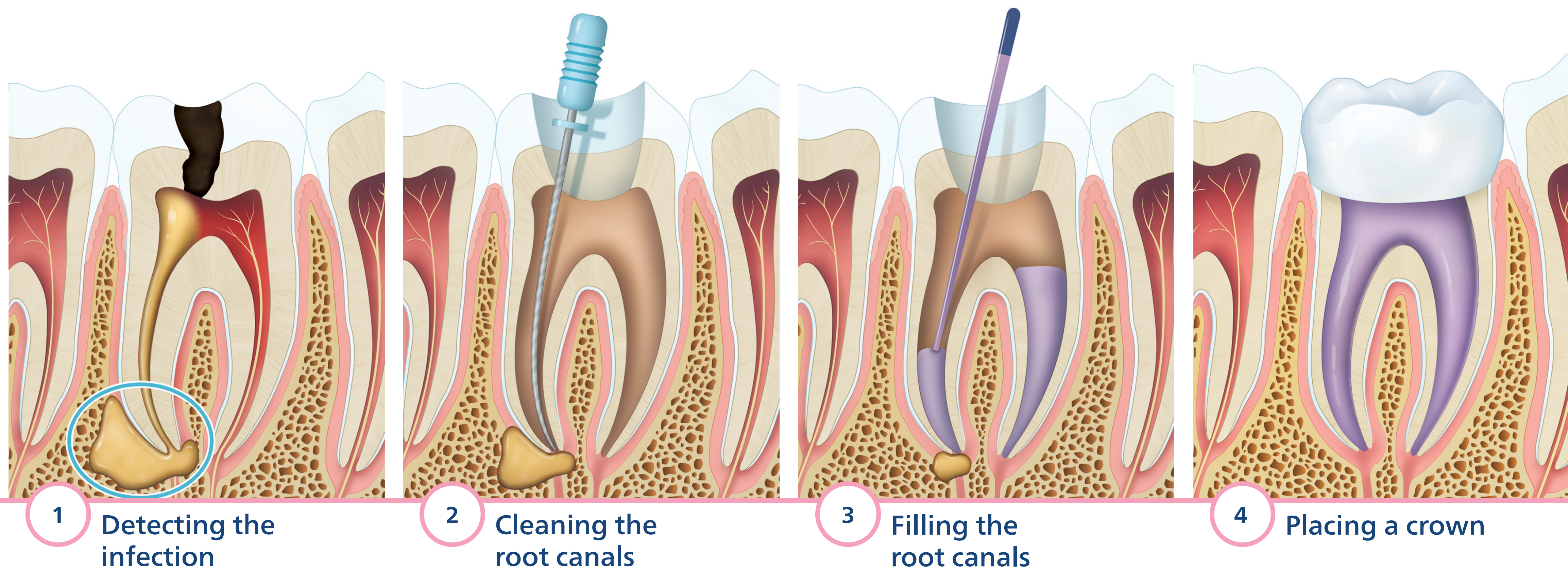
Dental filling



Caries restorative treatment

PHILIPS
sonicare ZOOM!

4 steps of root canal treatment

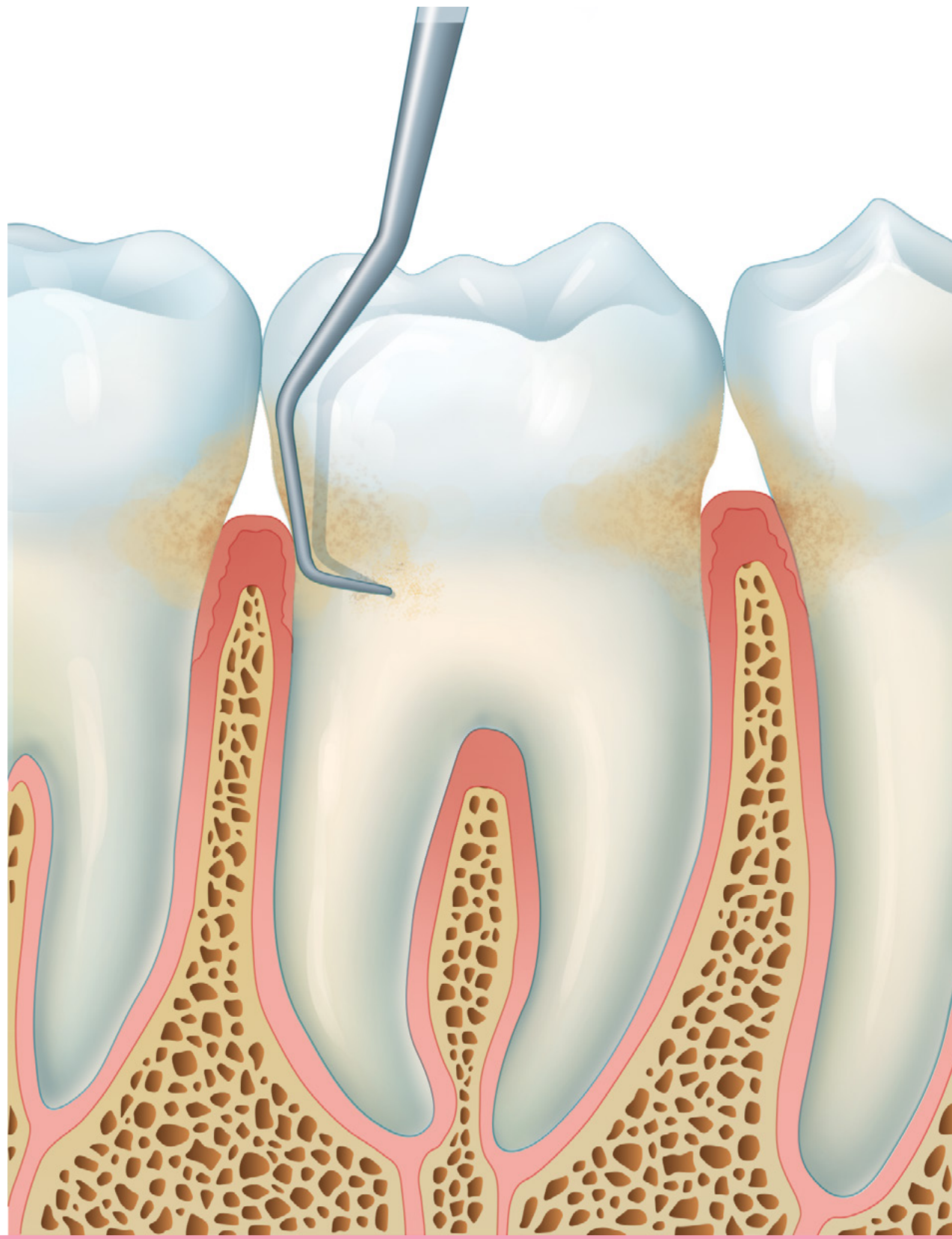


Periodontal treatment

PHILIPS
sonicare ZOOM!

Non-surgical therapy

Scaling and root planing



Periodontal maintenance

- Follows periodontal therapy
- Varying intervals determined by clinical needs:
 - Removal of plaque and calculus
 - Site specific scaling and root planing
 - Full mouth monitoring
- At-home management is essential to a successful outcome of periodontal treatment and maintenance

At-home management of periodontitis with Philips Sonicare

In a six-month clinical study, Philips Sonicare was shown to offer significant benefits to patients managing mild to moderate periodontitis at home post nonsurgical periodontal therapy.¹

1

Month

Philips Sonicare reduces pocket depth.

4

Months

Up to 15x more Sonicare patients converted to "healthy" gingival status vs. manual toothbrush users.²

6

Months

Up to 90x more patients had reduced pocket depth using Sonicare vs. a manual toothbrush.



¹ Results from study using a Sonicare DiamondClean Smart handle with a G3 brush head in Gum Care mode in combination with SRP and managed by a dental professional.
² Per AAP/EFP

Oral care recommendations during orthodontic treatment

PHILIPS
sonicare ZOOM!

Orthodontic patient challenges

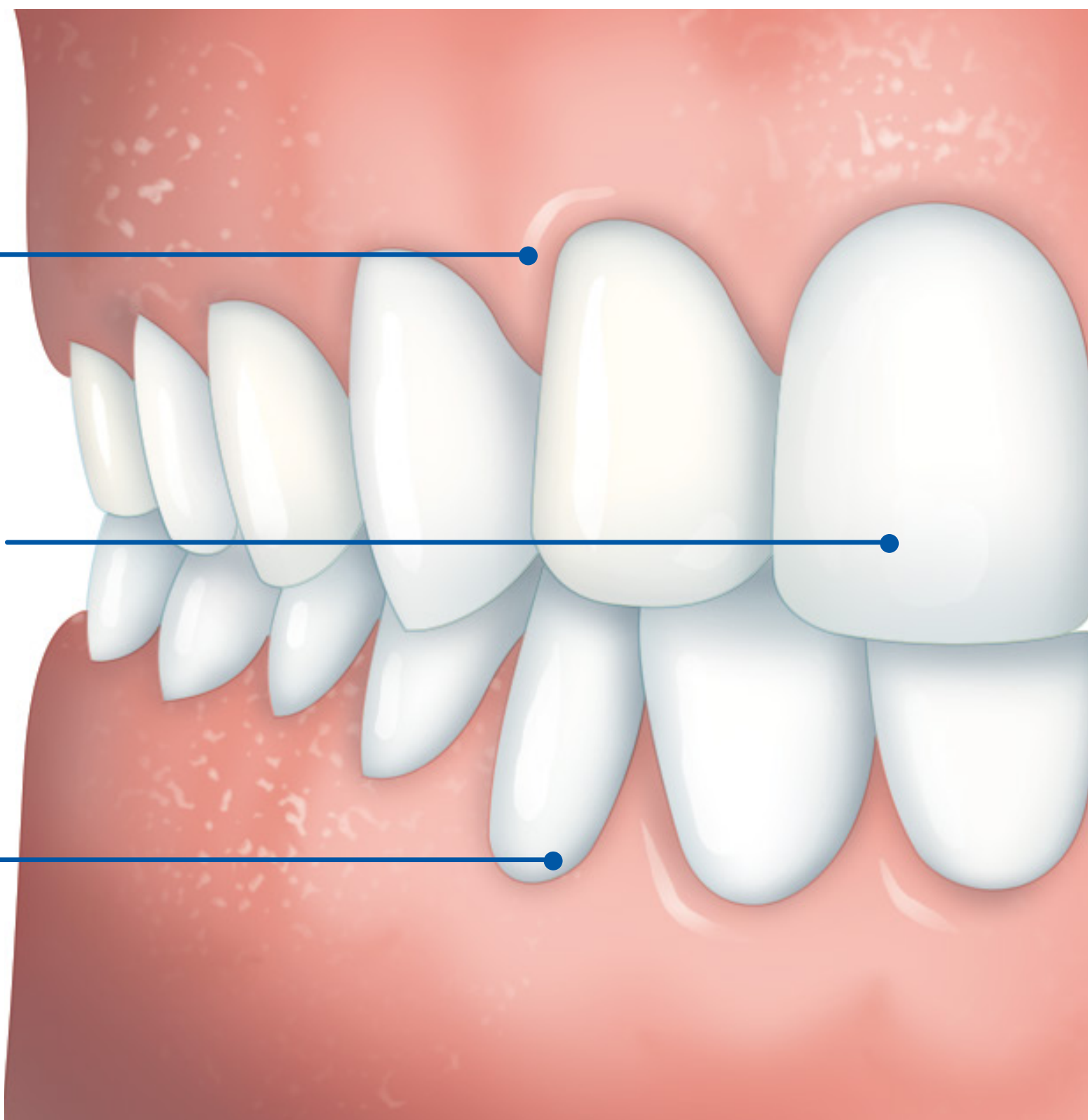
Ideal state
post treatment

Possible complications
post treatment

Healthy,
pink gingival
tissue

No decalcification

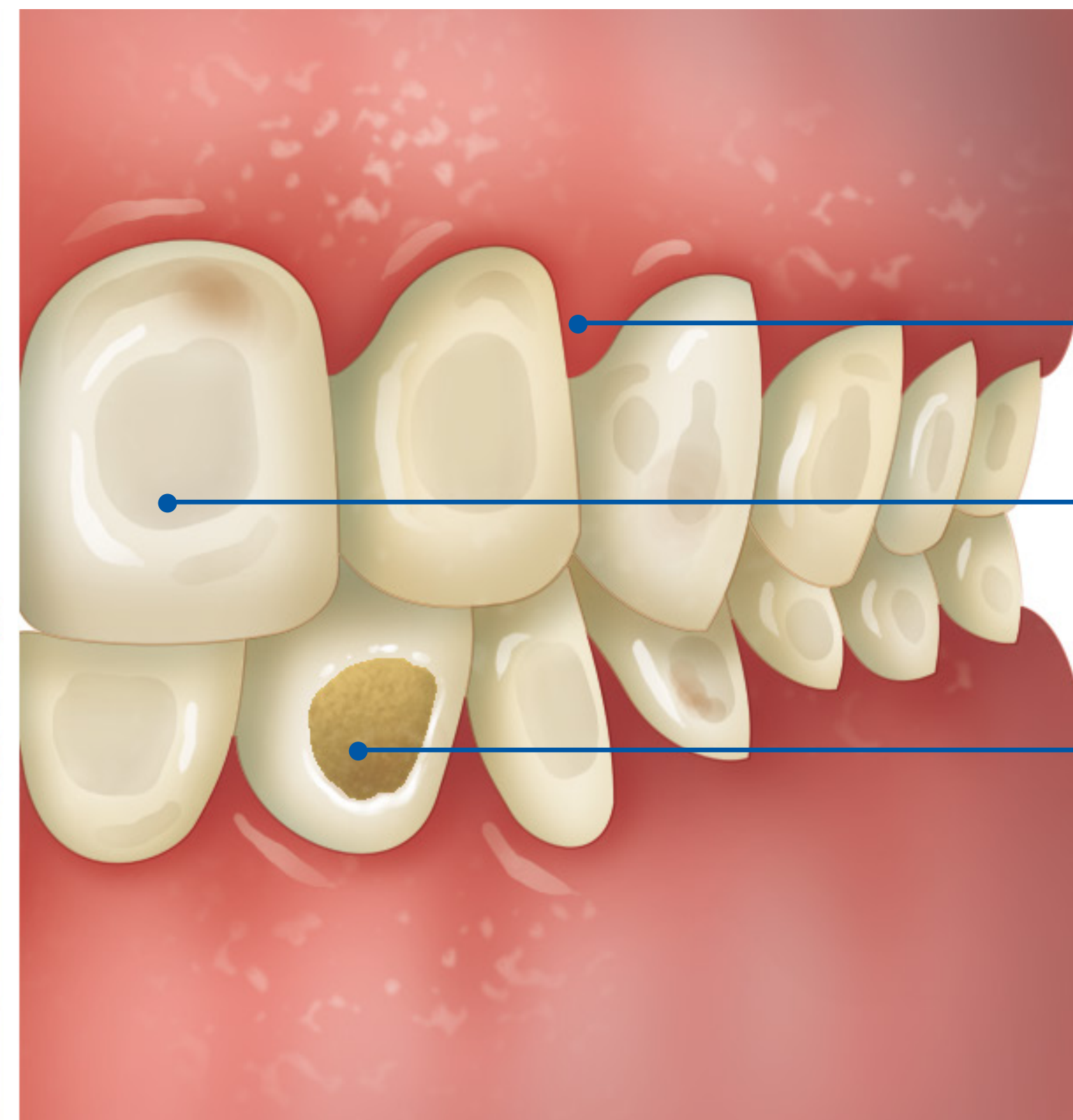
Caries-free



Red, inflamed and
bleeding gingiva

Decalcification —
white spot lesions

Dental caries



Whitening treatments

1 Identify current shade



2 Assess sensitivity



Sensitivity prevention protocol

- Dentifrice with 1.1% sodium fluoride and/or potassium nitrate 2x daily for 10–14 days prior to whitening
- Relief ACP in the take-home trays 10–30 minutes prior to whitening
- 600 mg ibuprofen 1 hour prior to whitening

3 Select whitening options



In-office

- Results achieved after one session
- Performed by a dental professional
- Professional grade materials and gel



Professional take-home

- Professional tray material
- Professional strength gel



Over the counter

- Lower concentration
- Touch up on the go

At-home care

How to use your Philips Sonicare power toothbrush



Access a digital copy



1 Start by applying a pea-sized amount of toothpaste.



2 Hold toothbrush with a light fingertip grip.



3 When toothbrush vibrates, move it to the next area.



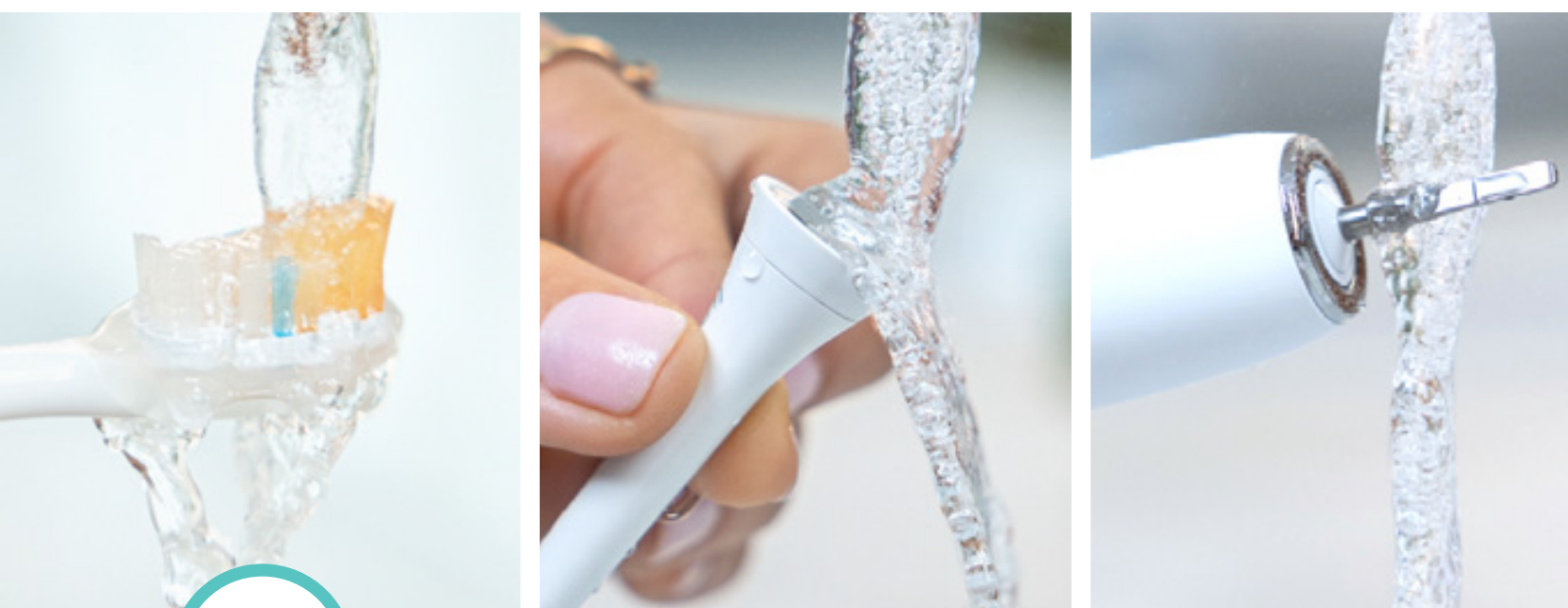
4 Gently glide brush along gumline at a 45-degree angle.



5 Behind teeth, tilt handle semi-upright and make vertical brushstrokes.



6 Continue to chewing surfaces, maintaining gliding movement.



7 Remove brush head, then rinse it and the handle before letting them dry.



8 Don't forget to floss!



9 Replace your brush head every 3 months as recommended by the ADA.

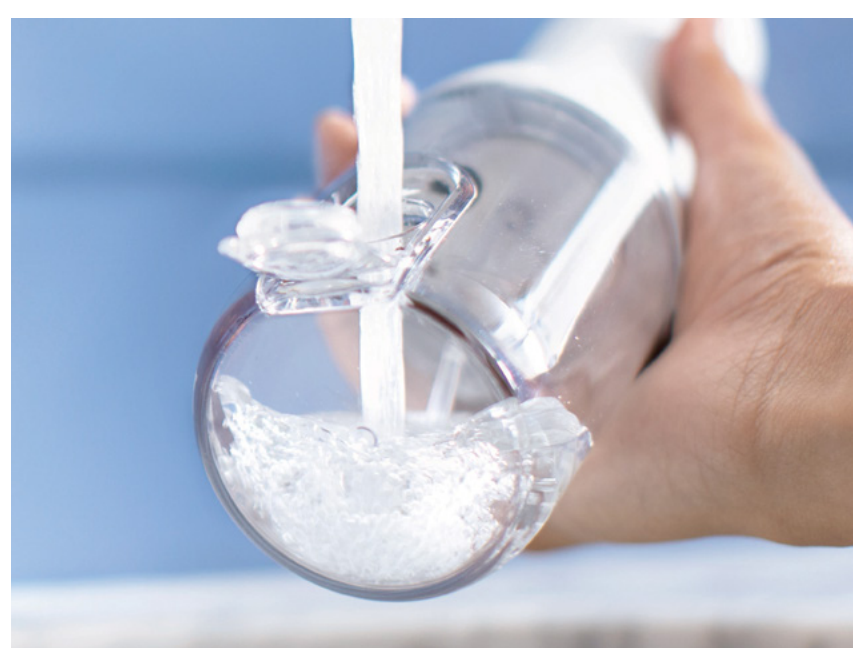
How to use your Philips Sonicare Cordless Power Flosser



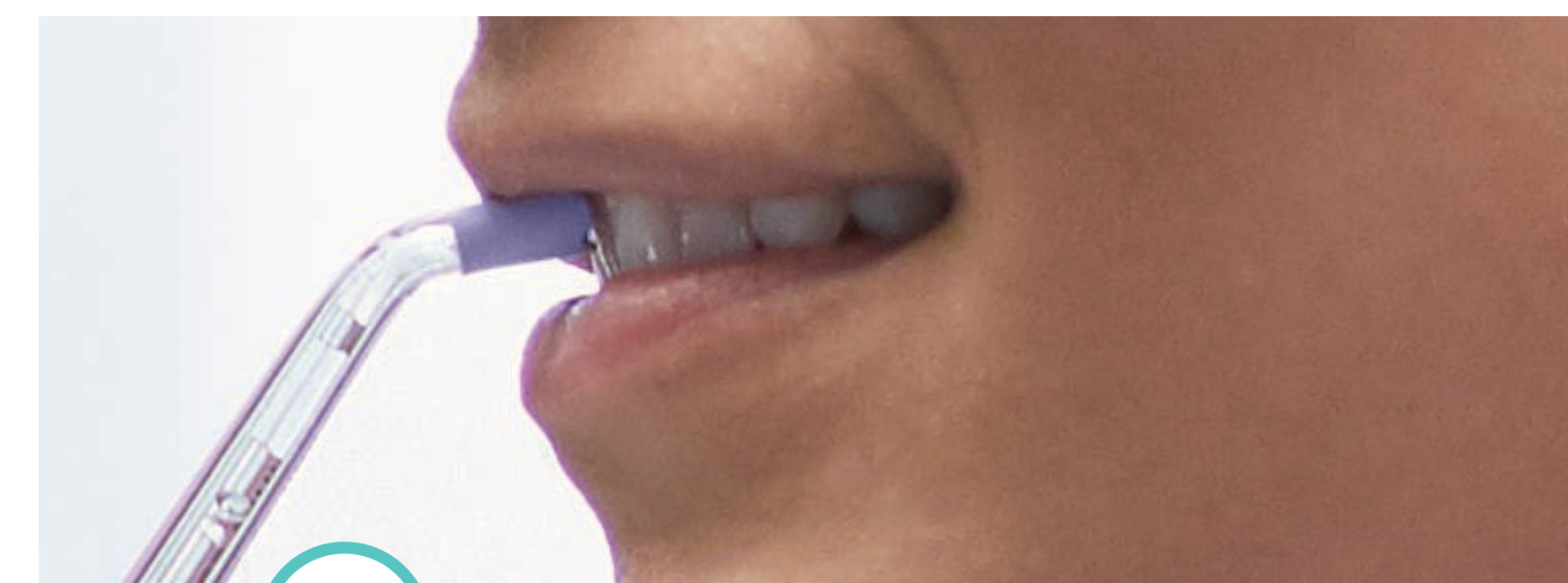
Access a digital copy



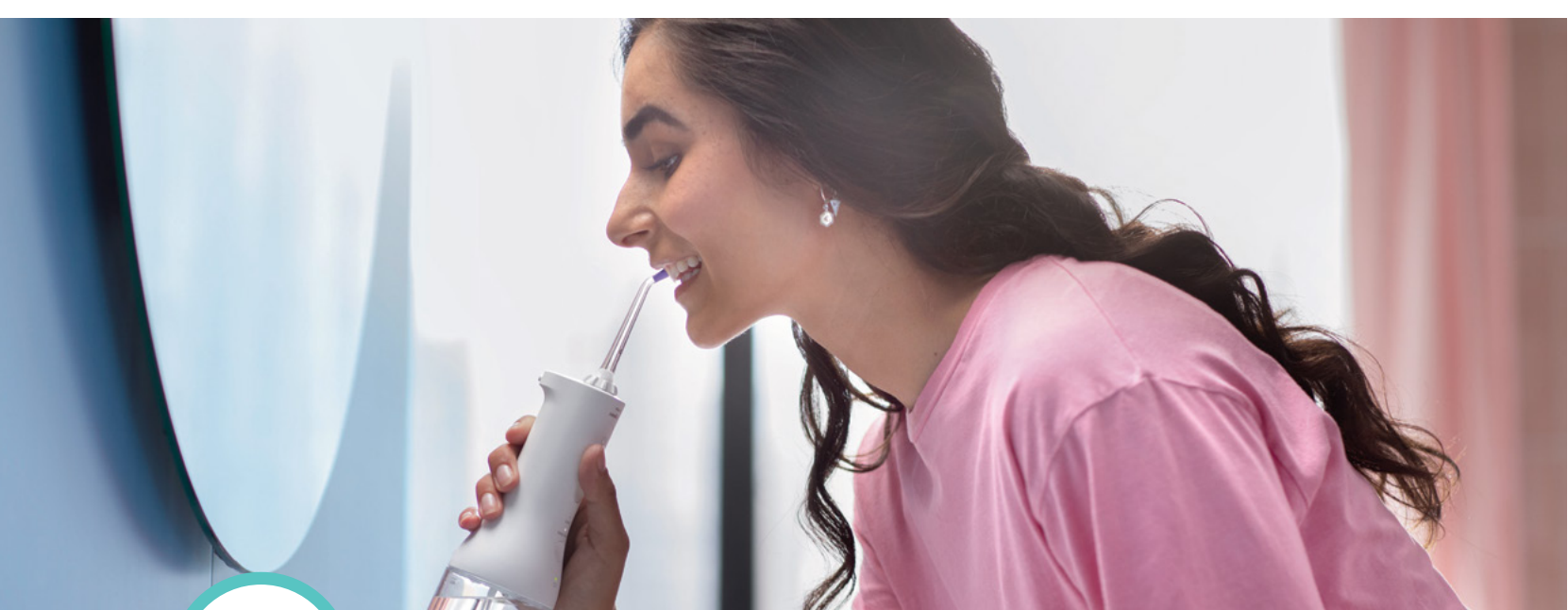
1 Attach nozzle, then fill reservoir with water and test the water flow.



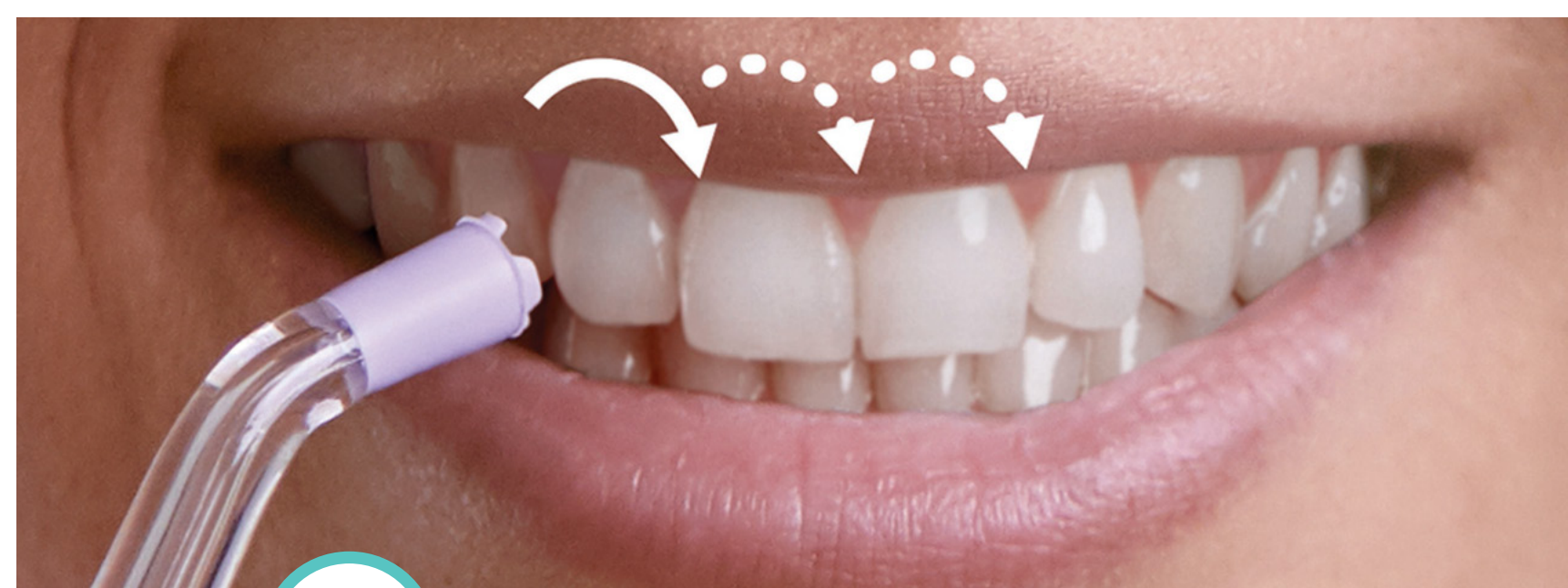
2 Choose your mode (Clean or Deep Clean).



3 Position the nozzle at a 90-degree angle above gumline before turning on.



4 Start at the back of your mouth. As you floss, lean over sink so excess water can run out.



5 Pulse Wave technology will guide you from tooth to tooth with a brief pause.



6 Have orthodontic brackets? Also make small, gentle circles around each bracket.



7 Clean behind teeth, by adjusting angle with the nozzle rotator.



8 Remove and rinse nozzle, then air dry. Pour out leftover water and rinse reservoir.



9 Charge when low battery icon lights up and replace nozzle every 6 months.

How to use your Philips Sonicare power toothbrush with braces



Access a digital copy



1 Think of your mouth as divided into segments. Move to the next one when toothbrush vibrates.

2 Gently glide brush along your gumline at a 45-degree angle.

3 Clean your braces by first brushing above them.

4 Then rotate brush to reach below brackets at a 45-degree angle.

5 Then brush along surface of the braces.

6 Behind teeth, tilt handle semi-upright and make vertical brushstrokes.

7 Continue to chewing surfaces, maintaining gliding movement.

8 Remove brush head, then rinse it and the handle before letting them dry.

9 Don't forget to floss!

Oral care recommendations during orthodontic treatment

PHILIPS
sonicare ZOOM!



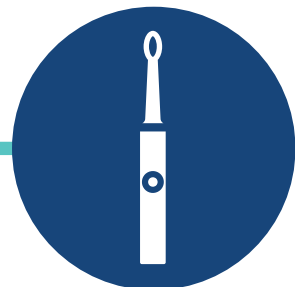
Braces and fixed appliances

- Limit sugary foods and drinks
- Avoid sticky and/or hard food

Clear aligners

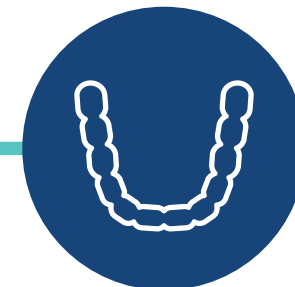
- Drink only water while wearing aligners
- Remove aligners before eating
- Brush teeth after eating or drinking foods that stain

At-home care



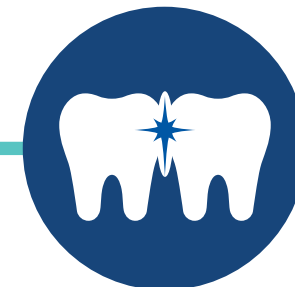
Brush

Brush teeth and braces three times a day for two minutes. Adults and teens should use fluoride toothpaste.



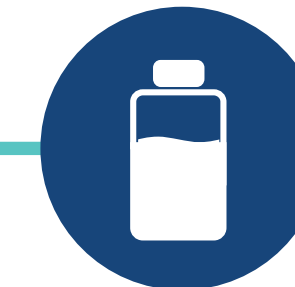
Clean appliances

Clean aligners, removable or fixed appliances carefully with your Philips Sonicare.



Interdental cleaning

Clean between teeth once a day to remove harmful bacteria.



Clean tongue and rinse

Break up tongue coating before using a therapeutic mouthwash.



Replace

Replace your brush head every three months for optimal results.

Questions? Call us: (800) 422-9448



www.philipsoralhealthcare.com