

MODULE 4

Use of the Dental Mouth Mirror

Module Overview

This module describes techniques for using a dental mirror during periodontal instrumentation. Proper use of a dental mirror significantly increases the clinician's ability to maintain a neutral working posture. Content in this module includes the topics of (1) stabilization of the mirror in the patient's mouth, (2) functions of the mirror during periodontal instrumentation, (3) significance of indirect vision for neutral posture, and (4) transillumination of the anterior teeth.

A step-by-step technique practice for using a mirror in the anterior and posterior sextants is found in Sections 3 and 4.

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Key Terms

Extraoral fulcrum
Intraoral fulcrum

Indirect vision
Retraction

Indirect illumination
Transillumination

Learning Objectives

- Name and describe three common types of dental mirrors.
- Demonstrate the use of a mirror for indirect vision, retraction, indirect illumination, and transillumination.
- Maintain neutral seated posture while using the recommended clock position for each of the mandibular and maxillary treatment areas.
- While seated in the correct clock position with the patient's head correctly positioned, demonstrate optimum INDIRECT vision in each sextant of the mouth while maintaining neutral positioning.



RIGHT- AND LEFT-HANDED SECTIONS IN THIS MODULE

- Sections 3 and 4 of this module are customized for right-handed and left-handed clinicians.
- Having two different versions of the content in the Module sometimes can be annoying or confusing. For example, a left-handed clinician finds it time consuming to bypass all the right-handed pages to get to the left-handed version. Sometimes readers turn to the wrong version and become confused.
- For ease of use—and avoidance of confusion—if you are right-handed, it is recommended that you either (1) tear the left-handed pages from the book or (2) staple these pages together. If you are left-handed, use the same approach with the right-handed pages.

Section 1

Fundamentals of Mirror Use

TYPES OF DENTAL MIRRORS

A dental mirror is used to view tooth surfaces that cannot be seen using direct vision (Fig. 4-1). In Figure 4-1, a clinician uses the mirror to view the lingual surfaces of the maxillary anterior teeth. There are three common types of dental mirrors; the characteristics of each type of dental mirror are listed in Table 4-1.



Figure 4-1. Dental Mirror or Mouth Mirror. The clinician pictured here uses the reflecting mirrored surface of a dental mirror to view the lingual surfaces of the maxillary anterior teeth. Note that the instrument's yellow working-end can be seen in the mirror.

TABLE 4-1. TYPES OF MIRROR SURFACES

Type	Characteristics
Front Surface	<ul style="list-style-type: none">• Reflecting surface is on the front surface of the glass• Produces a clear mirror image with no distortion• Most commonly used type because of good image quality• Reflecting surface of mirror is easily scratched
Concave	<ul style="list-style-type: none">• Reflecting surface is on the front surface of the mirror lens• Produces a magnified image (image is enlarged)• Magnification distorts the image
Plane (Flat Surface)	<ul style="list-style-type: none">• Reflecting surface is on the back surface of the mirror lens• Produces a double image (ghost image)• Double image may be distracting



- In all cases, the mirror head is positioned with the reflecting surface exposed, so the clinician can easily use the mirror for indirect vision at any time during periodontal instrumentation.
- NEVER position the mirror head with the reflecting surface against the buccal mucosa or tongue (hiding the reflecting surface from view).

STABILIZATION OF THE DENTAL MIRROR FOR USE IN THE MOUTH

A **Fulcrum** provides stabilization of the clinician's hand during periodontal instrumentation.

- *During periodontal instrumentation, the clinician grasps a dental mirror in his or her nondominant hand.* Thus, a right-handed clinician holds the mirror with the left hand whereas a left-handed clinician uses the right hand to grasp the mirror.
- The ring and index fingers of the clinician's nondominant hand are used to stabilize the mirror in the mouth. The clinician may rest his or her fingers on the patient's chin or cheek or on a tooth surface to stabilize the mirror.
 - A stabilization point outside the patient's mouth—usually on the patient's chin or cheek—is termed an **extraoral fulcrum**.
 - An **intraoral fulcrum** is a stabilizing point for the hand on a tooth surface. An intraoral fulcrum is optional with a dental mirror, but recommended for use when using a periodontal instrument. Intraoral fulcrums are discussed in detail in upcoming chapters.
- Figure 4-2 depicts a right-handed clinician stabilizing the left-hand on the patient's cheek.



Figure 4-2. Extraoral Finger Rest. This right-handed clinician is seated in the 12:00 position. His ring finger rests on the patient's cheek to stabilize the mirror. An extraoral finger rest is used most commonly to stabilize the mouth mirror in the oral cavity.

FUNCTIONS OF THE DENTAL MIRROR

The dental mirror is used in four ways during periodontal instrumentation: (1) indirect vision, (2) retraction, (3) indirect illumination, and (4) transillumination. Figures 4-3 to 4-10 depict the functions of the mirror.

Figure 4-3. Indirect Vision. **Indirect vision** is the use of a dental mirror to view a tooth surface or intraoral structure that cannot be seen directly.

- The clinician pictured here uses the mirror to indirectly view the lingual surfaces of the maxillary right first premolar.
- Note that the working-end of the dental instrument is visible in the mirror's reflecting surface.





Figure 4-4. Retraction of Tongue. **Retraction** is the use of the mirror head to hold the patient's cheek, lip, or tongue so that the clinician can view tooth surfaces that are otherwise hidden from view by these soft tissue structures.



Figure 4-5. Retraction of the Lip. The index finger of the nondominant hand usually is used to retract the lip away from a facial aspect of anterior teeth. The patient will be more comfortable if a finger rather than the mirror is used for retraction of the lip.

- **Tip:** the mirror may be held in the palm of the hand when retracting with the finger. Palming the mirror avoids having to put down the mirror and pick it up again when moving on to another sextant.



Figure 4-6. Indirect Illumination. **Indirect illumination** is the use of the mirror surface to reflect light onto a tooth surface in a dark area of the mouth.

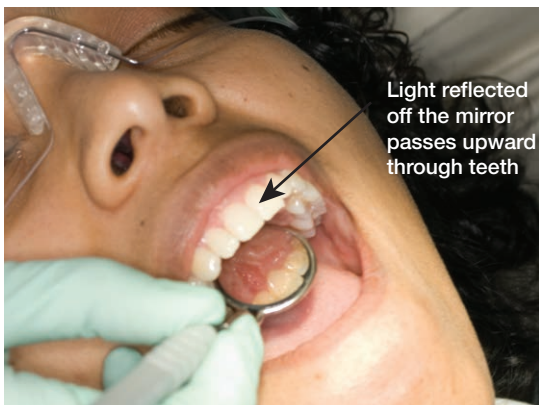
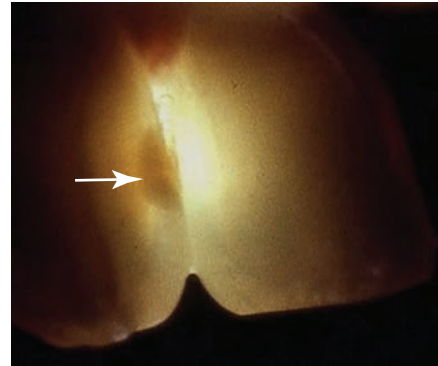


Figure 4-7. Transillumination. **Transillumination** is the technique of directing light off of the mirror surface and through the anterior teeth. [*Trans* = through + *Illumination* = lighting up]. **A:** As light is reflected off the mirror surface, the light beams pass back through the teeth.

Figure 4-7. B: A light source directed through the proximal surfaces of this central and lateral incisor reveals a change in translucency just above the contact area, indicating the presence of class III caries.

- Follow the directions below to practice transillumination of the anterior teeth.



SKILL BUILDING

Transillumination of the Anterior Teeth

Directions: Practice the technique for transillumination by following the instructions in Figures 4-8 to 4-10.

The technique of transillumination reveals carious lesions (decay) as dark regions within the enamel of an interproximal surface of an anterior tooth.

- When employing the transillumination technique, *the mirror is used to reflect light through the anterior teeth.*
- Transillumination is effective only with anterior teeth because these teeth are thin enough to allow light to pass through.
- *A carious lesion or an anterior restoration of an anterior tooth appears as a shadow when an anterior tooth is transilluminated.*

Figure 4-8. Light Position. Position the unit light directly over the oral cavity so that the *light beam is perpendicular to the facial surfaces of the anterior teeth.* The patient should be in a chin-down position.

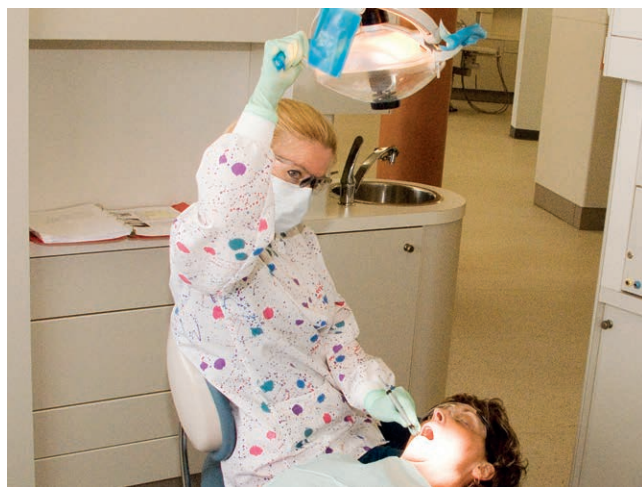
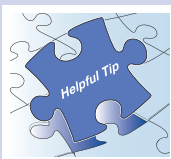




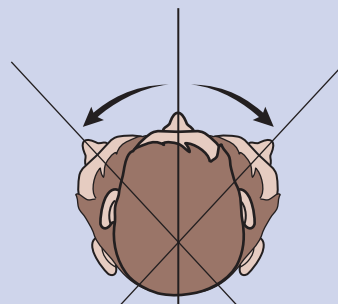
Figure 4-9. Position Mouth Mirror. *Position yourself in the 12:00. Hold the mirror behind the central incisors so that the reflecting surface is parallel to the lingual surfaces. Figure 4-10 shows how the teeth should appear if you are using a correct technique.*



Figure 4-10. View Transilluminated Anterior Teeth. *If you have correctly positioned the light and the mirror, the anterior teeth will appear to “glow.” Note, during transillumination you are looking *directly at the teeth*, NOT at the mirror’s reflecting surface.*



Remember to Adjust the Patient’s Head Position. When practicing the use of a dental mirror, remember to ask your patient to position his or her head straight, toward or away from you, as appropriate for the sextant that you are viewing with the mirror.



Section 2

Is Achieving Direct Vision Really Best?

THE DANGEROUS MYTH OF DIRECT VISION

1. **Visual Dominance as an Ergonomic Risk.** For the great majority of dental hygiene students and clinicians, the visual sense is the most dominant sense—the sense that they rely on more than any other. Being a visual learner is a great asset in many instances, but it can present problems during periodontal instrumentation.
 - A. **The Visual Sense is Not Your Friend.** *Strangely one of the most important things that a dental hygienist should learn is that the sense of TOUCH is his or her greatest asset during periodontal instrumentation while the VISUAL sense is the greatest hinderance to effective instrumentation.* The belief that “nothing is better than direct vision” causes the clinician to assume awkward postures placing strain on the muscles of the head, neck, and back.
 - B. **Most Calculus Deposits Should be Detected by Sense of Feel.** The most important aspect of periodontal instrumentation is removal of plaque biofilm and calculus deposits from the root surfaces *located beneath the gingival margin within periodontal pockets.*
 1. A refined ability to detect subgingival calculus through sensory perception—touch—is the efficient and expert manner for calculus removal.
 2. Clinicians who do NOT develop a delicate, refined ability to feel calculus must forever be condemned to remove calculus “by default.” In other words, the clinician simply makes many, many strokes with the instrument’s cutting edge until he or she removes the calculus. Unnecessary strokes, with the instrument, place stress on the clinician’s hands and lead to musculoskeletal injury of the muscles and joints of the hand.
 3. Clinicians who have the ability to feel a calculus deposit—differentiating the deposit from the root surface—are able to make many fewer strokes with the instrument. Skilled clinicians only apply force with their grasp as they remove a calculus deposit. During calculus detection, skilled clinicians relax their hold on the instrumentation handle providing a rest period for the muscles and joints of their hand.
2. **Determination to Use Direct Vision as an Ergonomic Risk.** Achieving direct vision—not looking into the mirror—causes unnatural postures that result in muscle contractions. Static postures of the trapezius muscle have been noted as a specific problem in relation to neck and shoulder injury (1,2).

MASTERY OF INDIRECT VISION IN THE PRECLINICAL SETTING IS KEY

1. **Mastery of Indirect Vision is the Key.** If the clinician is unable to visualize the treatment area directly while maintaining a neutral posture, he or she must use indirect vision to prevent awkward body positioning, specially of the neck and back (3).
 - A. Dental professionals who routinely use a mouth mirror for indirect vision have been shown to have fewer headaches and reduced neck/shoulder discomfort (4).
 - B. Although most studies of training and utilizing indirect vision were conducted in the 1980s, the skill of indirect vision has not changed over the years (5,6).

2. Learn Mirror Use First on the Maxillary Arch

- A. *Boyd et al. found that when mirror use is taught first on the mandibular arch, student clinicians often “cheat” and use direct vision (and thus do not master indirect vision). These same student clinicians—who “cheated” on the mandibular arch—then continue to depend on direct vision as they move to the maxillary arch. Cheating by using direct vision results in early acquisition of poor postural habits (5).*
- B. With poor indirect vision skills, the student clinician’s attention is so concentrated on being able to position the periodontal instrument on the tooth that he or she is unaware of awkward body position.
- C. Students who master indirect vision on the maxillary arch first build confidence in the use of indirect vision and are more likely to use neutral body posture. Mastery of indirect vision allows the clinician to work in neutral position for all treatment areas of the mouth (Box 4-1).

Box 4-1

Mastery of Indirect Vision is a MUST

- The mouth mirror is the most important, yet underutilized instrument within dental practice. Proper use of a mirror for indirect vision significantly increases the clinician’s ability to maintain a neutral working posture (3).
- Students who master indirect vision on the maxillary arch first build confidence and are more likely to use neutral body posture (5).



Online video clip for this module: Introduction to Mirror Use
Available online.

Section 3

Technique Practice: RIGHT-Handed Clinician



SKILL BUILDING

Using the Mirror for Retraction

Directions: Practice mirror use by referring to Figures 4-11 to 4-24 on the following pages.

Retracting the buccal mucosa away from the facial surfaces of the posterior teeth can be a challenging task, especially if your patient tenses his or her cheek muscles. It is a good idea to practice the retraction technique before attempting the posterior finger rests.

Figure 4-11. Step 1.

1. Assume a 10 to 11 o'clock position for the facial aspect of the mandibular left posteriors.
2. Grasp the mirror in your nondominant hand.
3. Place the mirror head between the dental arches with the reflecting surface parallel to the maxillary occlusal surfaces ("Frisbee-style").
4. Slide the mirror back until it is in line with the second molar.



Figure 4-12. Step 2.

5. Position the mirror by turning the mirror handle until the mirror head is parallel to the buccal mucosa. The back of the mirror head rests against the buccal mucosa and the mirror's reflecting surface is facing the facial surfaces of the teeth.
6. Establish an extraoral finger rest on the side of the patient's cheek.
7. Use your arm muscles for retraction. Pulling with only your finger muscles is a difficult and tiring way to retract the cheek.



- Avoid hitting the mirror head against the patient's teeth or resting the outer rim of the mirror head against the patient's gingival tissues.
- Do not use the instrument shank for retraction. Retracting in this manner will be uncomfortable for your patient.



SKILL BUILDING

Mirror Use: Maxillary Teeth

Figure 4-13. Maxillary Anteriors, Lingual Aspect: Surfaces Toward

- Sit in an 8 to 9 o'clock position.
- Grasp the mirror in your left hand and rest your ring and little fingers on the patient's right cheek or premolar teeth.
- Adjust the position of the mirror head to view the lingual surfaces in the mirrored surface.
- Swivel the mirror head so that the surfaces toward you are easily seen in the reflecting surface of the mirror.



Figure 4-14. Maxillary Anteriors, Lingual Aspect: Surfaces Away

- Sit in the 11 to 1 o'clock position.
- Rest the ring and little fingers of your left hand either on the patient's left cheek or on the incisal edges of the maxillary anterior teeth.
- Note that the mirror head is NOT held near to the maxillary anteriors, rather it is positioned closer to the tongue.
- Swivel the mirror head so that the surfaces away from you are easily seen.



Figure 4-15. Maxillary Right Posterior Sextant, Facial Aspect

- Sit in a 9 o'clock position.
- Slide the mirror head between the dental arches and rest the ring and little fingers on right side of the patient's face. Retract the buccal mucosa with the mirror.
- Use the mirror for indirect vision, particularly to view the distal surfaces of the teeth. Swivel the mirror head, until you can easily view the distal surfaces in the reflecting surface.



Figure 4-16. Maxillary Left Posterior Sextant, Lingual Aspect

- Sit in a 9 o'clock position.
- Rest the ring and little fingers on the right side of the patient's face, near the corner of the mouth.
- Position the mirror head away from the teeth, closer to the tongue.
- Use the mirror for indirect vision, particularly to view the distal surfaces of the teeth. Swivel the mirror head, until you can easily view the distal surfaces in the reflecting surface.

**Figure 4-17. Maxillary Right Posterior Sextant, Facial Aspect**

- Sit in the 10 to 11 o'clock position.
- Slide the mirror head between the dental arches; rest the ring and little fingers on the left side of the face.
- Use the mirror to retract the buccal mucosa away from the teeth.
- Swivel the mirror head until you can easily view the distal surfaces in the mirror. Swivel the mirror head until you can view the facial and mesial surfaces in the reflecting surface.

**Figure 4-18. Maxillary Right Posterior Sextant, Lingual Aspect**

- Sit in the 10 to 11 o'clock position.
- Rest the ring and little fingers on the left side of the patient's face, near the corner of the mouth.
- Position the mirror head near the tongue.
- Swivel the mirror head to view the distal surfaces in the mirror.
- Swivel the mirror head to view the lingual and mesial surfaces.





SKILL BUILDING

Mirror Use: Mandibular Teeth

Figure 4-19. Mandibular Anteriors, Lingual Aspect: Surfaces Toward

- Sit in an 8 to 9 o'clock position.
- Rest your ring and little fingers on the right side of the patient's face near the corner of the mouth or on the premolar teeth.
- Use the mirror head to push the tongue back gently so that the lingual surfaces of the teeth can be seen in the mirror.



Figure 4-20. Mandibular Anteriors, Lingual Aspect: Surfaces Away

- Sit in the 11 to 1 o'clock position.
- Rest your ring and little fingers on the left side of the patient's face near the corner of the mouth or on the premolar teeth.
- Use the mirror head to push the tongue back gently so that the lingual surfaces of the teeth can be seen in the mirror.

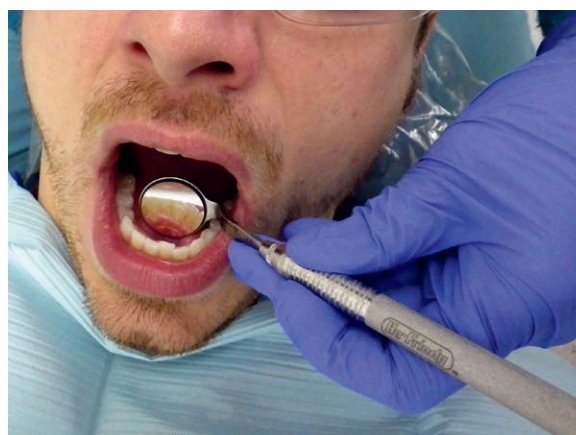


Figure 4-21. Mandibular Right Posterior Sextant, Facial Aspect

- Sit in the 9 o'clock position.
- Rest your fingers on the right side of the patient's face.
- Retract the buccal mucosa with the mirror. Use the mirror for indirect vision, particularly to view the distal surfaces of the teeth.

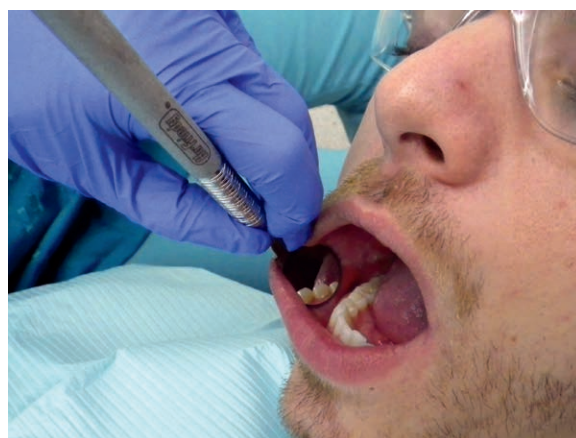
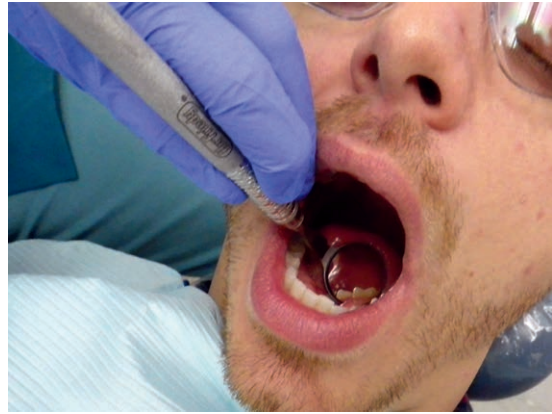


Figure 4-22. Mandibular Left Posterior Sextant, Lingual Aspect

- Sit in the 9 o'clock position.
- Rest your fingers on the right side of the patient's face.
- Use the mirror to gently move the tongue away from the teeth, toward the midline of the mouth. Use indirect vision to view the distal and lingual surfaces.
- Tip: Avoid pressing down against the floor of the mouth with the mirror head.

**Figure 4-23. Mandibular Left Posterior Sextant, Facial Aspect**

- Sit in the 10 to 11 o'clock position.
- Rest your fingers on the left side of the patient's face.
- Use the mirror to retract the buccal mucosa down and away from the teeth.
- View the distal, facial, and mesial surfaces in the mirror's reflecting surface.

**Figure 4-24. Mandibular Right Posterior Sextant, Lingual Aspect**

- Sit in the 10 to 11 o'clock position.
- Rest your fingers on the left side of the patient's face.
- Use the mirror head to push the tongue back gently so that the lingual surfaces of the teeth can be seen. Once in position, view the distal, lingual, and mesial surfaces in the mirror's reflecting surface.

**Box 4-2****Techniques to Stop Fogging of Reflecting Surface**

Use one of the following techniques to stop fogging of the reflecting surface:

- Warm the reflecting surface against the patient's buccal mucosa.
- Ask patient to breathe through the nose.
- Wipe the reflecting surface with a commercial defogging solution.
- Wipe the reflecting surface with a gauze square moistened with mouthwash.

Section 4

Technique Practice: LEFT-Handed Clinician



SKILL BUILDING

Using the Mirror for Retraction

Directions: Practice mirror use by referring to Figures 4-25 to 4-38 on the following pages.

Retracting the buccal mucosa away from the facial surfaces of the posterior teeth can be a challenging task, especially if your patient tenses his or her cheek muscles. It is a good idea to practice the retraction technique before attempting the posterior finger rests.

Figure 4-25. Step 1.

1. Assume a 1 to 2 o'clock position for the facial aspect of the mandibular right posteriors.
2. Grasp the mirror in your nondominant hand.
3. Place the mirror head between the dental arches with the reflecting surface parallel to the maxillary occlusal surfaces ("Frisbee-style").
4. Slide the mirror back until it is in line with the second molar.



Figure 4-26. Step 2.

5. Position the mirror by turning the mirror handle until the mirror head is parallel to the buccal mucosa. The back of the mirror head is against the buccal mucosa and the mirror's reflecting surface is facing the facial surfaces of the teeth.
6. Establish an extraoral finger rest on the side of the patient's cheek.
7. Use your arm muscles for retraction. Pulling with only your finger muscles is a difficult and tiring way to retract the cheek.



- Avoid hitting the mirror head against the patient's teeth or resting the outer rim of the mirror head against the patient's gingival tissues.
- Do not use the instrument shank for retraction. Retracting in this manner will be uncomfortable for your patient.



SKILL BUILDING

Mirror Use: Maxillary Teeth

Figure 4-27. Maxillary Anteriors, Lingual Aspect: Surfaces Toward

- Sit in a 3 to 4 o'clock position.
- Grasp the mirror in your right hand and rest your ring and little fingers on the patient's left cheek or premolar teeth.
- Adjust the position of the mirror head to view the lingual surfaces in the mirrored surface.
- Swivel the mirror head so that the surfaces toward you are easily seen in the reflecting surface of the mirror.



Figure 4-28. Maxillary Anteriors, Lingual Aspect: Surfaces Away

- Sit in the 11 to 1 o'clock position.
- Rest the ring and little fingers of your right hand either on the patient's right cheek or on the incisal edges of the maxillary anterior teeth.
- Note that the mirror head is NOT held near to the maxillary anteriors, rather it is positioned closer to the tongue.
- Swivel the mirror head so that the surfaces away from you are easily seen.



Figure 4-29. Maxillary Left Posterior Sextant, Facial Aspect

- Sit in the 3 o'clock position.
- Side the mirror head between the dental arches and rest the ring and little fingers on the left side of the patient's face. Retract the buccal mucosa with the mirror.
- Use the mirror for indirect vision, particularly to view the distal surfaces of the teeth. Swivel the mirror head, until you can easily view the distal surfaces in the reflecting surface.



Figure 4-30. Maxillary Right Posterior Sextant, Lingual Aspect

- Sit in the 3 o'clock position.
- Rest the ring and little fingers on the left side of the patient's mouth, near the corner of the mouth.
- Position the mirror head away from the teeth, closer to the tongue.
- Use the mirror for indirect vision, particularly to view the distal surfaces of the teeth. Swivel the mirror head until you can easily view the distal surfaces in the reflecting surface.



Figure 4-31. Maxillary Right Posterior Sextant, Facial Aspect

- Sit in the 1 to 2 o'clock position.
- Slide the mirror head between the dental arches; rest the ring and little fingers on the right side of the face.
- Use the mirror to retract the buccal mucosa away from the teeth.
- Swivel the mirror head until you can easily view the distal surfaces in the mirror. Swivel the mirror head until you can view the facial and mesial surfaces in the reflecting surface.



Figure 4-32. Maxillary Left Posterior Sextant, Lingual Aspect

- Sit in the 1 to 2 o'clock position.
- Rest the ring and little fingers on the right side of the patient's face, near the corner of the mouth.
- Position the mirror head near the tongue.
- Swivel the mirror head to view the distal surfaces in the mirror.
- Swivel the mirror head to view the lingual and mesial surfaces.



**SKILL BUILDING****Mirror Use: Mandibular Teeth****Figure 4-33. Mandibular Anteriors, Lingual Aspect: Surfaces Toward**

- Sit in a 3 to 4 o'clock position.
- Rest your ring and little fingers on the left side of the patient's face near the corner of the mouth or on the premolar teeth.
- Use the mirror head to push the tongue away gently so the lingual surfaces of the anterior teeth can be seen in the mirror.

**Figure 4-34. Mandibular Anteriors, Lingual Aspect: Surfaces Away**

- Sit in a 11 to 1 o'clock position.
- Rest your ring and little fingers on the right side of the patient's face near the corner of the mouth or one of the premolar teeth.
- Use the mirror head to push the tongue back gently so that the lingual surfaces of the teeth can be seen in the mirror.

**Figure 4-35. Mandibular Left Posterior Sextant, Facial Aspect**

- Sit in the 3 o'clock position.
- Rest your fingers on the left side of the patient's face.
- Retract the buccal mucosa with the mirror. Use the mirror for indirect vision, particularly to view the distal surfaces of the teeth.



Figure 4-36. Mandibular Right Posterior Sextant, Lingual Aspect

- Sit in the 3 o'clock position.
- Rest your fingers on the left side of the patient's face.
- Use the mirror to gently move the tongue away from the teeth, toward the midline of the mouth. Use indirect vision to view the distal and lingual surfaces.
- Tip: Avoid pressing down against the floor of the mouth with the mirror head.



Figure 4-37. Mandibular Right Posterior Sextant, Facial Aspect

- Sit in the 1 to 2 o'clock position.
- Rest your fingers on the right side of the patient's face.
- Use the mirror to retract the buccal mucosa down and away from the teeth.
- View the distal, facial, and mesial surfaces in the mirror's reflecting surface.



Figure 4-38. Mandibular Left Posterior Sextant, Lingual Aspect

- Sit in the 1 to 2 o'clock position.
- Rest your fingers on the right side of the patient's face.
- Use the mirror to gently move the tongue away from the teeth, so that the lingual surfaces of the teeth can be seen. Once in position, view the distal, lingual, and mesial surfaces in the mirror's reflecting surface.



Box 4-3

Techniques to Stop Fogging of Reflecting Surface

Use one of the following techniques to stop fogging of the reflecting surface:

- Warm the reflecting surface against the patient's buccal mucosa.
- Ask patient to breathe through the nose.
- Wipe the reflecting surface with a commercial defogging solution.
- Wipe the reflecting surface with a gauze square moistened with mouthwash.

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Section 5

Skill Application

STUDENT SELF EVALUATION MODULE 4: MIRROR USE

Student: _____

Date: _____

Area 1 = maxillary anteriors, lingual surfaces

Area 2 = maxillary left posteriors, facial aspect

Area 3 = maxillary right posteriors, facial aspect

Area 4 = maxillary right posteriors, lingual aspect

DIRECTIONS: Self-evaluate your skill level in each treatment area as: **S** (satisfactory) or **U** (unsatisfactory).

Criteria				
Positioning/Ergonomics	Area 1	Area 2	Area 3	Area 4
Adjusts clinician chair correctly				
Reclines patient chair and assures that patient's head is even with top of headrest				
Positions instrument tray within easy reach for front, side, or rear delivery as appropriate for operatory configuration				
Positions unit light at arm's length or dons dental headlight and adjusts it for use				
Assumes the recommended clock position				
Positions backrest of patient chair for the specified arch and adjusts height of patient chair so that clinician's elbows remain at waist level when accessing the specified treatment area				
Asks patient to assume the head position that facilitates the clinician's view of the specified treatment area.				
Maintains neutral position				
Directs light to illuminate the specified treatment area				
Mirror Use	Area 1	Area 2	Area 3	Area 4
Grasps the mirror handle in a modified pen grasp.				
Establishes an appropriate finger rest; ensures patient comfort.				
Positions the mirror head with the reflecting surface exposed (not against the buccal mucosa or tongue)	N/A			N/A
If appropriate, uses the mirror head to retract the mucosa.	N/A			N/A
Swivels the reflecting surface, first, to view the distal tooth surfaces, then to view the facial/lingual surfaces, and finally to view the mesial surfaces.				



NOTE TO COURSE INSTRUCTORS: To download Module Evaluations for this textbook, go to the Navigate 2 Advantage Access site and log on to access the Instructor Resources for *Fundamentals of Periodontal Instrumentation and Advanced Root Instrumentation*.