**Table 5 — Treatment plan medical model**

### Treatment Plan — Medical Model Summary

1. **Bacterial control**
   - Surgical antimicrobial treatment (Restorations)
     - Wound debridement/incision and drainage → Fill/temporize cavitated lesions/place sealants
   - Chemotherapeutic antimicrobial treatment (medications)
     - Fluoride varnish, CHX, xylitol gum
2. **Reduce risk level of at-risk patients**
3. **Reverse active sites (remineralization)**
4. **Longterm followup and maintenance**
   - Home maintenance
   - Office recall/continuing care

### Treatment Plan — Medical Model Detailed

1. **Bacterial control**
   - Surgical antimicrobial TX
     - Treat cavitated lesions first
     - Fill with glass ionomer, compomer, composite, or IRM
     - Very large lesions may require temporary crows (subgingival margins), RCT, or EXT
     - Place sealants as needed:
       - Occlusal surfaces with chalky white spots
       - Deep grooves and old fillings with poor margins
       - Molars > Premolars
     - Surgical choices based on site (pit & fissures vs smooth surface), activity, and risk
   - Chemotherapeutic Antimicrobial TX
     - Fluoride varnish: 1-3 initial applications upon completion of surgical treatment. Use three applications in 10-day period for patients who need remineralization or for patients with CHX issues or compliance problems (possible use of iodine rinse).
     - CHX: Chlorhexidine Rinse 0.12%. Take 0.5 oz. before bed for two weeks. Repeat in two to three months, moderate to high-risk patients. Repeat for one week monthly for very high-risk patients.
     - Xylitol gum: Use two pieces for five minutes, minimum five times a day
     - Mutans test: For very high-risk patients
2. **Reduce risk level of at-risk patients**
   - Reduced sugar (Xylitol-sugar substitutes)
   - Reduced bacteria levels (Step 1b)
   - Increased saliva
   - Increase home fluoride use
3. **Reverse active sites = Remineralization Tx**
   - In-office — Fluoride varnish three applications in a 10-day period (if not done as a part of Step 1B)
   - At-home — Fluoride
     - Moderate- or high-risk patient: Toothpaste (1000ppm) qd + 5000 ppm dentifrice or gel qd + OTC (over the counter) rinse 250 ppm several times a day especially before bed.
     - Very high-risk patient: Toothpaste 5000 ppm dentifrice or gel qd + 5000 ppm dentifrice or gel in a tray qd + OTC (over the counter) rinse 250 ppm several times a day especially before bed.
     - Xylitol gum: Two pieces five times a day
     - Calcium source: Cheese or new gums with amorphous calcium phosphate
4. **Longterm followup**
   - At-home (See 3a and 3b)
   - In-office continuing care
     - Three-month visit
       - Polish (if this is also a three-month perio maintenance patient do perio probing/scaling first)
       - Exam/evaluate white spots for remineralization/return to steps 2-3 PRN (D0140)
     - Fluoride varnish (D1204)
   - Six-month visit (three months later)
     - PSR or Perio Probing/Scaling/Polish
     - Exam/evaluate white spots for remineralization/return to steps 2-3 PRN (D0120)
     - Fluoride varnish (D1204)
   - Nine-month visit (three months later)
     - Polish (if this is also a three-month perio maintenance patient do perio probing/scaling first)
     - Exam/evaluate white spots for remineralization/return to steps 2-3 PRN (D0140)
     - Fluoride varnish (D1204)
   - One-year visit (three months later)
     - Bite wing + other X-rays PRN
     - PSR or perio probing/Scaling/polish
     - Fluoride varnish (D1204)
     - Exam/evaluate activity levels i.e. white spots and interprox X-rays (D0120)
     - Exam/evaluate risk level for next year’s CC schedule (Low Risk 6 mo CC/Moderate- or high-risk 3 mo CC if active: 6 mo CC if inactive/Very High Risk 3 mo CC)