

HEAT TESTING

Heat testing is an art. This has been my experience, and what I have found works. I would like to hear from others as well.

1) It is usually pointless unless their complaint is heat sensitivity. Occasionally, when I suspect an end-stage pulpal problem that has been refractory towards the normal diagnostic steps, I will heat test.

2) In contrast with what others teach, I generally do the heat test last. Reasons below.

3) My experience has been that the typical presentation for heat sensitivity is delayed, building and lingering. I would like to have a pretty good idea of my #1 and #2 ranked suspects before I heat test. If the offending tooth has a delayed response to the heat test, you may have "moved on" to the next tooth when the offender kicks off, faking both you and the patient out.

Protocol:

1) Have it narrowed down to one or two teeth with your other workup if possible. I may work up the patient twice, as often the first workup ends up being a coaching session. I did this yesterday. Told her, "why don't you take a walk around the block"--and let the K⁺ and Na⁺ pumps work.

2) Pick the most likely offender

3) Melt a bit of a plug of GP from the obtura onto the heat test tip--set at 600, and full power.

4) Get it hot--pre-heat it

5) Advise the patient to hold still, the fumes and smoke may alarm them

6) Carefully retract the tissues and try to shield all the soft tissue with your hand. Ask them to ignore the radiant heat they feel on the soft tissue.

7) Very carefully, place it on your #1 suspect until they feel it on the tooth, or about 5-10 seconds.

8) Very carefully remove it, but still retract the tissues for a few more seconds.

9) Wait.

10) Wait.

11) you guessed it. Wait :-)) Have ice ready for when they grab their face and begin moaning. Often, but not always, a few seconds of ice on the buccal will greatly diminish the pain. You've got it now.

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