

Dental x-ray tech

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Everything was set; I placed the film in the mannequins' mouth, positioned the mannequins head, positioned the x-ray beam, and then pushed the button. All of a sudden, all the electricity went out! Oh my Lord, what did I do! I broke the machine, I thought to myself. Just then another student shouted " Look, the lights in the city are all going out". We were having a major blackout in New York City. What a lucky break for me, I thought. So with a sigh of relief, we all quickly gathered our belongings to leave the building for security purposes, and into the night we went.

My classmate and I had to stay together, until we both reached home safely, and being two female teenagers at 17 years old, we were both as frightened as little rabbits. That night was one of the longest and scariest nights of our lives; we only had \$3. 00 dollars between the two of us and at that time a 35 cent token each. With all the chaos of looting; price hiking of the cabs; and flashers coming out of Bryant Park, we were truly thankful and grateful for making it home safely.

School was delayed for about a week, but I did manage to complete and pass my test and resume my studies. Graduation Day came in October of 1977. We were all dressed in starched white uniforms, white stockings, white shoes, and white nursing caps looking very professional. My family and I were very proud when I received my certificate of Proficiency (exhale: 1). About one week after graduation, I went on a job interview and landed my first dental job at 1 Hanson Place, Brooklyn New York in the dental field of Orthodontics. Dry.

Robert Fisher was a very well known Orthodontist in New York, and he loved teaching all the ladies in the office all they should know about the field.

Although we all rotated between his two offices, one In Brooklyn, and another In Manhattan and had other duties as assigned, In his particular offices, one of my main responsibility was to take and develop all types of x-rays on each patient. This was due to the excellent grades I received in school that Dr. Fisher viewed. The x-rays consisting of: 1. A full mouth of Periodical x-rays 2. A Pandora x-ray 4. A Wrist-plate x-ray 5.

An Occlusal x-ray 6. Four Bite-wing x-rays A full-mouth series of Periodical's consist of: Eighteen small film x-rays, strategically place in the mouth one at a time, to capture all thirty-two teeth in a person's mouth. This x-ray is primarily used to diagnose abnormalities involving the roots and bone. If there are missing teeth you still have to capture the anatomy of the spacing. All cavities on the crowns of the teeth or roots of the teeth will show up for the doctor to view. This is what is known as an intra-oral dental x-ray, because the film is placed inside the mouth.

A Pandora x-ray: A Pandora x-ray is an x-ray that captures a person's complete upper and lower teeth; jaw-line; eye-socket's; and face-plate of the person. The film is placed in a large cassette off large x-ray machine. The patient is then positioned to bite on a grooved bite stick that is attached to the machine. Temple stabilizers are closed at the temples of Dental X-Ray Techniques the head and the chin is lifted slightly upward and resting on a chin-rest. This cassette is made to revolve around the patient's head, while the patient is in a non-moving standing position.

This is what is known as an extra-oral dental x-ray, because the film is positioned outside of the mouth. Spectrograph x-ray: A Spectrograph is an x-ray that captures a patients' entire skull. This is also an extra-oral x-ray, and it shows the profile of the patient and how far the teeth and Jaw-line is protruding. It helps the doctor assess which way to align the patients' teeth and Jaw. Hand-wrist-plate x-ray: This is an x-ray that is taken on children only to allow the doctor to see the growth pattern in a child.

It helps the doctor to see if the children's teeth are growing normally or not, and how fast or slow a child is growing. In relations to their teeth, it allows the doctor to know ahead of time what treatment of movement to the teeth loud be needed to help the child. This x-ray also determines the real age of the child. An Clausal x-ray: An Clausal x-ray is a large x-ray that shows how wide or how narrow the palate of a person's mouth is, and the full arch of the upper (maxillary) and lower (mandible) teeth.

Bite-wing x-rays: Bite-wing x-rays are four small x-rays, taken in the posterior (back teeth) part of the mouth, that show the crown of the teeth; the gum-line; and cavities on the crowns and in between the teeth. These x-rays also help to show the early stages of periodontal disease. When I first entered the Veteran's Administration in 1988, infection control for dental radiology was one of the most important standard we had to know. Even though we did have an assigned X-ray Technician, we as Dental Assistants also had to know all about dental x-ray techniques, since there are so many aspects to know about taking dental x-ray.

But the important immediate basic (exhibit: 2) We were taught in the Veterans Administration that before bringing a patient into the x-ray room you have to be sure that the room is clean and disinfected on all surfaces that are touched by anyone. The Assistants should wash their hands before putting on gloves because gloves must be worn at all times. Then, surfaces such as; the control panels; biting apparatus; exposure switch; counters; the tube of the machine; and any handles that are touched should be covered with a special plastic barrier tape that is easily peeled off once you are finished.

But this tape should be placed in view of the patient, so they can see and know that the coverings are fresh and clean. After, the Assistant should wash their hands again, because some gloves contain powder inside them. Before any dental x-rays are taken ask the patient to please remove all earrings; tongue piercing; face piercing; hair pins; and sometimes even necklaces, so that these things do not interfere with the reading of the x-rays. The Assistant can start by letting the patient know that it's okay if they gag and that they will take things very slow to make them comfortable.

So if the Assistant does encounter a gagger there are different methods that can be used to tried and alleviate the gagging such as: putting a little oral topical anesthesia on the tongue and palate; sometimes telling he patient to lift one leg slightly off the floor and holding it there, (with this method it gets the patient to concentrate on the lifting instead of what's being done in the mouth), and even asking the patient to take a deep breath and holding it sometimes help.

Using Petitioned film is also tried at times since this film is very small and generally used on children. Since periodical x-rays are the ones taken most often, it is better to take this particular x-ray by using a film holder for paralleling called the "Rain ICP", this holder takes the guesswork out of site angling. Then by centering the x-ray beam over the film, you will prevent cutting off any vital anatomy, which is called, "cone cutting". Always develop a sequence when exposing your film so that no area is missed or overlooked.

Starting with the anterior (front) teeth first is the easiest area for the patient to tolerate, then work your way to the back. This helps the patient to gag less, and allows the Assistant to achieve getting as many of the eighteen x-rays as possible. There will be times when a patient just does not want to have an x-ray because they fear the radiation (exhibit: 3). Try to have patience and explain to the patient that the doses of radiation are very small compared to the benefits of diagnosing any problem.

But when you can take the x-rays the Assistant should factor in all the safety measures for themselves, and the patient. By using a Thyroid Collar on the patient, thyroid exposure is reduced by fifty percent while a lead apron reduces Next, only the Assistant and the patient are allowed in the x-ray room during exposure. Then, the Assistant must stand in a safe place, preferably at least six feet away behind a barrier and not in direct contact to the beam. If you cannot stand six feet away, then stand outside of the room.

No Assistant should ever hold the films in the patient's mouth, like they use to do in the days of old, and never hold the beam or tube head to stabilize it

during exposure. There are many organ in a persons' body that are radiotherapist and these organs are: the reproductive organs; the thyroid glands; a fetus; female breast; your skin; the lens of your eyes; and blood forming organs. Damage to these organs can result in a person getting cancer; inherited mutations; birth defects; cataracts; and leukemia. A way in which we were taught to reduce radiation exposure to patients is by using the " A.

L. A. R. A. " concept, which stands for " As Low As Reasonably Achievable". This means that every reasonable step to reduce radiation exposure too person will be used. The Assistant should always use protective wear when handling radiography and touching patients such as: gloves; surgical masks; protective eye wear; and a protective gown in case the Assistant do encounter a gagger. If the patient is still a little frightened, let them know that the Doctor cannot give a lull exam without the x-rays, and if that doesn't work, let the Doctor speak to the patient.

Never x-ray any woman if you see or suspect her being pregnant. When cleaning up the x-ray room after use, the Assistant must remember to remove all the plastic barrier tape; dispose of the gloves and dispose any other supplies used, in the proper waste containers. The room must be cleaned and disinfected, even on surfaces that were not covered; turn off the x-ray machine and place the tube in a resting position, which is usually against the wall. Hang the lead apron up, and aka sure it is not folded, because folding the apron damages the lead inside.

Never re-drape the room with the plastic for the next patient, because the next Assistant won't know whether it is clean or not, and neither will the patient. Keep an accurate check on all your x-ray developing solutions and always follow the manufacturer's instructions, whether you have a manual developer or an automatic developer. As a Dental Assistant, I have taken x-rays on patients for approximately thirty years. I have taught many of my co-workers in the Veterans Administration how to SE the newest digital x-ray machines in the clinic, and I am knowledgeable in processing x-rays as well as mounting them (exhibit: 4).

My knowledge of policies and procedures come from my ability to research and review available records and locate required documents through our "Decentralized Hospital Computer Programming" system. In dental the basic standards of policies and procedures are: wearing lead aprons; technicians wearing their radiation badges; exercising quality control; monitoring exposure levels (ALARM); knowing and extending patient privacy information; HealthInsurance Portability andAccountabilityAct; and excellent customer service.