

INDICATIONS FOR LASER THERAPY IN DENTISTRY

Indications	Dosage	Follow up treatment	Results	Remarks
Abscess	2J/cm2 on incision 4J/cm2 in abscess or around it 1J/cm2 on peripheral oedema	repeat after 3 days, if necessary increase dosage by 50 %.	pain reduction and a faster ripening of the abscess.	of course the natural cause of the abscess should be treated as well.
Alveolitis	2J/cm2 in every affected alveole 2J/cm2 around the alveole 2J/cm2 on painful sites	repeat every 1-2 days until the inflammation is wearing out.	immediate pain reduction and partial neutralization of the trismus.	please prevent alveolitis and post- operative oedema by lasering directly after the surgery.
Anaesthetics	4J/cm2 before superficial anaesthesia 1J/cm2 before dissolution of a-depot		short superficial anaesthesia. anaesthesia shortened by 50%	laser anaesthesia works on hyper- polarising the peripheral nerve.
Aphthae	1J/cm2 in middle of the aphthae 2J/cm2 around the aphthae	not necessary - except for the stom.apht. - then after 2 days	immediate pain relief faster wound healing	
Bleeding	2-4J/cm2 on bleeding alveole 2J/cm2 on neighbouring papilla 1J/cm2 on each suture	only if there are recurrent bleedings	coagulation starts within minutes after laser treatment	first the bleeding increases before the coagulation sets in!
Caries	2J/cm2 apical, both buccal and oral 2J/cm2 in cavity 1J/cm2 per papilla, buccal and oral	not necessary	faster healing of the pulpa and the interdental papilla	first comes the laser treatment and thereafter follows the final grinding of the tooth
Choke reflex	1J/cm2 in middle of upper- + lower lip	not necessary	30 minutes reduced choke reflex	
Cleansing trauma	2J/cm2 on traumatised site	not necessary	fast healing of trauma	
Crown preparation	2J/cm2 per apex, before and after tr. 1J/cm2 over the marginal gingiva	not necessary - except for an electrotomie	less or even no pain after treatm. less irritation of the pulpa	treat with the laser while the cement of the crown is getting hard.
Dentitio difcilis	2J/cm2 on painful sites 4J/cm2 for a pericoronitis 2J/cm2 on tender points in muscles	2 days later	better blood circul. of sub mucosa, red. of oedema, pain reduction, recovery of the pericoronitis	for pericoronitis please rinse the pocket and may be open up the mucosa.
Disc dislocation	4J/cm2 in and around joint cavity 2J/cm2 per tender point in muscle	3x in first week after trauma, then 1-2x per week	TMJ mobility clearly improved, pain release	

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Disc subluxation	3-8J/cm2 in joint groove 2-3J/cm2 per tender point 1-2J/cm2 per tender point intraoral	treat twice weekly, when relief treat once a week, 3 weeks after-treatment	often treatment period may be reduced by 50% and patients respond better to convent. treat.	don't forget to treat this indication for three weeks after the ailment has worn out.
Endodontics	2J/cm2 after endodont. treatment 4J/cm2 around the apex 1J/cm2 on peripheral oedema 1J/cm2 on palpable lymph knots	if painful treat 1-3x per week, without pain after one week with 2J/cm2 per apex	almost no pain after endodontic treatment. periapicale oedema shrinks	treat existing peripheral oedema repeat until patient is pain free treat difficult cases twice daily as long as the pain persists.
Fungal infection	2J/cm2 on the area of infection	every three days necessary	infection recedes, healing may begin, several treatments necessary	
Haematoma	2J/cm2 on the haematoma	often not necessary	formation of oedema is prevented	treatment on a routine basis
Herpes simplex	3J/cm2 on the blister 3x 1J/cm2 around the blister	often not necessary	almost immediate pain relief and faster wound healing	h.s. heals about 3x times faster and lasering may even prevent blisters.
Hypersensitive dentine	2J/cm2 on the apex, buccal and oral 2J/cm2 on each neighbour. papilla	once a week for 4-6 weeks	sensitivity of the dentine soon decreases	at the first treatment the patient may experience a slight prickling sensation.
Implantology	1J/cm2 buccal and oral before treatm. 2J/cm2 in alveole before implantation 2J/cm2 on the whole suture 1J/cm2 after removal of suture 4J/cm2 buccal and oral before implantation of the perimucosal structure	without complications treat once a week; if inflamed treat every 3 days with 4-8J/cm2	better wound healing and less danger of postoperative complications	
Injured mucosa	1J/cm2 on injured site	only for prolonged inflamm.	faster wound healing	
Insect bites	2J/cm2 on each site of bite	not necessary	immediate relief of pain and itching	laser treatment is very effective
Lip and cheek bites	1J/cm2 on and around the lesion	not necessary	fast and painless recovery	
Nerve lesions	3J/cm2 on injured nerve site	once per week	often nerves may recover completely when treated with a laser.	
Orthodontics	2J/cm2 per papilla	repeat when painful	no pain after activation	
Periodontics	1J/cm2 per papilla for a gingivitis	1J/cm2 after removal of suture	bleedings stop and the papilla	suture may be removed after half of the

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	2J/cm ² per papilla for periodontics 4J/cm ² per inflamed pocket 1J/cm ² before parodontal surgery 1J/cm ² per suture 2J/cm ² after the curettage	after surgery treat the wound twice weekly with 2J/cm ² . at the onset of periodontics treat once a week with 2J/cm ² . juv. perio. : 2J/cm ² 1x per week	shrink, anti inflammatory effect, regeneration of original gingiva, a smaller postoperative oedema, faster wound healing	normal! healing time! stimulation of the whole recovery process
Pericoronitis	2-4J/cm ² on inflamed operculum 2J/cm ² around inflamed operculum 2J/cm ² per tender point in muscle 2J/cm ² per palp. submand. lymph knot	always necessary in order to control the inflammation.	fast pain relief and reduction of the peripheral oedema within a few hours.	causal therapy : extraction! beware of phlegmonas!
Periodontitis apic. chron.	2-4J/cm ² per apex prophylactic 4J/cm ² per apex for acute indication 2J/cm ² around area of oedema	prophylactic treatment of a problematic endodont. treat.: 1x per week for 3-6 weeks.	prophylactic to avoid acute probl. reduction of pressure pain reduction of the oedema	
Postoperative treatment	2J/cm ² before surgery 2J/cm ² per alveole until bleed. stops 2J/cm ² on the whole wound area 1J/cm ² after the suture	after one week treat with 1 J/cm ² on the suture and the whole area of the wound	almost no postoperative oedema less pain that wears out much faster	
Pressure ulcer	2J/cm ² on each chron. pressure site 1J/cm ² around affected area	treat chronic pressure ulcer once a week	immediate pain relief, oedema shrinks	check the denture
Prosthetics	2J/cm ² per papilla of supporting tooth	not necessary	setup of prosthetics happens without any tension.	
Pulpa cover	8J/cm ² on exposed site 2J/cm ² on neighbouring gingiva 2J/cm ² buccal and oral at the apex	1x per week for 3 weeks - or daily when necessary	the chance of saving a vital pulpa is much greater	
Pulpitis	4J/cm ² per apex buccal and oral 2J/cm ² per papilla buccal and oral	only if there are problems	no pain after endodontic treatm.	sometimes this indication may be treated with the laser alone (4-6J/apex).
Rhagades	2J/cm ² at inflamed mouth corner 1J/cm ² around the area	only if lesions are not closed jet after 3 days.	wounds close within 1-2 days	
Scars after wound healing	2J/cm ² at the edge of wound 1J/cm ² around the whole wound area	2x weekly on fresh wounds until pain wears out.	immediate pain relief, less or no scar formation at all	laser therapy is able to prevent any kind of complications concerning scars.

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Sinusitis maxillaris	2-4J/cm ² at the foramen infraorbitale 2J/cm ² intraoral on painful spots	1x per week for 6 weeks	reduction of sympt. of the head, less tiredness	there might be a temporary aggravation, for an acute sin. see your ENT doctor
TMJ Arthrosis and Arthritis	4J/cm ² in joint groove - mouth open 2J/cm ² around the joint 2J/cm ² per tender point in muscle	once per week	joint mobility is much better physiological relation of the joint movement returns faster	laser treatment has great impact on the therapy and the direct analgetic action plays an important role.
TMJ disorders	laser therapy has very good results in combination with conventional therapy.			