

## 1: How to Fix a Knocked-Out Tooth | Treatment for Knocked Out Tooth

*A knocked-out permanent tooth is a dental emergency. Knocked-out teeth can be re-implanted in many cases. A permanent tooth that is re-implanted within 30 minutes has the highest chance of success.*

**Mouthguard** The best method for the prevention of knocked-out teeth is the use of helmets and mouth protectors. This section contains content that is written like an advertisement. Please help improve it by removing promotional content and inappropriate external links , and by adding encyclopedic content written from a neutral point of view. January Learn how and when to remove this template message

Dental avulsion is a real dental emergency in which prompt management within 20â€”40 minutes of injury affects the prognosis of the tooth. Once the tooth and mouth are clean an attempt can be made to re-plant in its original socket within the alveolar bone and later splinted by a dentist for several weeks. If the mouth is sore or injured, cleansing of the wound may be necessary, along with stitches, local anesthesia, and an update of tetanus immunization if the mouth was contaminated with soil. Management of injured primary teeth differs from management of permanent teeth; avulsed primary tooth should not be re-planted to avoid damage to the permanent dental crypt. The teeth are often covered with debris. This debris must be washed off with a physiological solution and not scrubbed. Often multiple teeth are knocked-out and the person will not know which socket an individual tooth belongs to. The injured victim may have other more serious injuries that require more immediate attention or injuries such as a severely lacerated bleeding lip or gum that prevent easy visualization of the socket. Pain may be severe and the person may resist replantation of the teeth. People may, in light of infectious diseases e. HIV , fear handling the teeth or touching the blood associated with them. If immediate replantation is not possible, the teeth should be placed in an appropriate storage solution and brought to a dentist who can then replant them. The dentist will clean the socket, wash the teeth if necessary, and replant them into their sockets. He will splint them to non-knocked-out teeth for a maximum of two weeks for teeth with normal alveolar process and bone support. Properly handled, even replantation of periodontally compromised permanent teeth in older patients under good maintenance have been reported, with splinting extending for over 4 weeks due to the reduced support structure for the root due to periodontal disease. In addition, as recommended in all dental traumas good oral hygiene with 0. The tooth receives its nourishment through this ligament. When a tooth is knocked-out, this ligament is stretched and splits in half; half stays on the tooth root and half stays on the socket wall. If these two halves can be kept alive, the tooth can be replanted and the halves of the ligament will reattach and the tooth will remain vital. The half that stays on the socket wall, since it remains connected to the bone blood supply, is naturally kept alive. However, the ligament cells that remain on the tooth root lose their blood and nutrition supply and must be artificially maintained. They must be protected from two potentially destructive processes: Prevention of cell crushing[ edit ] When teeth are knocked-out, they end up on an artificial surface: If the surface is hard, the tooth root cells will be traumatized. Since the cells remaining on the tooth root are very delicate, additional trauma to the tooth root cells must be avoided so as to avoid more tooth root cell crushing. When a tooth is picked up, it should always be grasped by the enamel on the crown. Any attempt to clean off any debris should be avoided. Debris should always be washed off gently with, at the very least, a physiologic saline. At the same time that this agitation occurs, the bumping of the tooth root against a hard surface such as glass, plastic or even cardboard must also be avoided. In addition to the potential damage that the hard surface can cause, glass containers have the added possibility of breakage or leakage of the physiologic storage fluid. If the glass container does not have a tightly fitting top, then during the transportation, the physiologic storage solution can spill out and the teeth can fall, once again, on the floor and, at the same time, be out of a physiologic environment. Maintenance of normal cell metabolism[ edit ] Normally metabolizing tooth root cells have an internal cell pressure osmolality of mOs and a pH of 7. When the tooth is knocked-out, this normal blood supply is cut off and within 15 minutes [14] most of the stored metabolites have been depleted and the cells will begin to die. Within one to two hours, enough cells will die that rejection of the tooth by the body at a later time is the usual outcome. Once this process starts, it is irreversible and the tooth will eventually fall out.

In growing children, this can cause bone development problems because the replacement resorption also termed ankylosis attaches the tooth firmly to the jaw bone and stops normal tooth eruption and impedes normal jaw growth. The most often recommended are: Water and ice have been shown to damage the tooth root cells, and as such, avulsed teeth should never be stored in them. When a knocked-out tooth is placed in water, the cells attempt to equalize with the surrounding environment, the cell fluid tries to move to the outside pressure environment and burst. Water with table salt in it is damaging to the knocked out teeth. Saliva, as a storage media, causes twice damage as water. Its osmolality is very low, causing bursting of the tooth root cells, but additionally, because saliva is filled with its normal flora of microorganisms, it will severely infect the tooth root cells. When the tooth is replanted, not only will the cells be necrotic but they will also infect the bone socket. Only whole milk can be used for tooth preservation. Skim milk and heavy cream do not have the correct fluid pressure and will cause damage to the root cells. Milk has no observed regenerative properties for cells on knocked out teeth. It was discovered 30 years ago that milk was less damaging to knocked out teeth than water or saliva. It was recommended because it has a compatible osmolality fluid pressure to tooth root cells and it is thought to be readily available. However, like physiologic saline, milk lacks the necessary metabolites and glucose necessary to maintain normal cell metabolism of the tooth root cells. The most optimum storage media that are available have been shown to be pH balanced cell preserving solutions. HBSS also has been shown to be capable of replacing lost cell metabolites. Some studies in dental research have shown that knocked out teeth that have been dry for up to one hour will have less resorption if they are soaked in a HBSS for 30 minutes prior to replantation. It has also been shown that keeping the teeth cold while in the HBSS does not affect success. Many other types of storage liquids have been tested such as powdered milk , Enfamil, Gatorade, and contact lens solution. All of them have been shown to either be ineffective or damaging to avulsed tooth. Prognosis[ edit ] The long-term prognosis of replanted knocked out teeth is very variable. In the case of knocked-out teeth, being prepared and knowing what to do can mean the difference between a person retaining or losing replanted knocked-out teeth for life. Teeth that have been knocked out when they are fully matured, that is, when the root has completely formed, have a much better prognosis than those teeth that are immature and not fully formed. When teeth have not fully formed, the walls of the root are thinner and thus more fragile. Another complication for the prognosis is the length of time that the tooth has been out of its socket. Teeth that are replanted within fifteen minutes of the accident have an excellent prognosis. Teeth that have been placed in an optimal storage medium within one hour of the accident also have an excellent prognosis. Teeth that do not have root canal treatment within two weeks of replantation also have a poor prognosis. Many of these teeth are knocked-out during school activities or sporting events such as contact sports , football , basketball , and hockey. It is important for anyone whom is related, working, or witnessing sports that they be educated on this subject matter. Being educated could aid in minimizing injuries that could do further harm to the victim. Being informed and spreading awareness of dental avulsion in the state of knowledge, treatment, and prevention could make an impact. In , Pierre Fauchard also reported replanting knocked out teeth. Wigoper in used a cast gold splint to hold reimplanted teeth in place. In , Cvek [38] showed that removal of the dental pulp following reimplantation was necessary to prevent resorption of the tooth root. In , Cvek [38] showed that storage of knocked out teeth in saline could improve the success of replanted teeth. In , Lindskog et al. In , Blomlof [15] showed the storing the periodontal ligament cells in a biocompatible medium could extend the extra oral time to four hours or more. In this study, it was serendipitously discovered that milk could also maintain cell viability for two hours. In , Andreasen [16] [17] [18] showed that crushing of cells on the tooth root could cause death of the cells and lead to resorption and reduction in prognosis. In , Matsson et al. In , [40] a systematic storage device was developed to optimally store and preserve knocked out teeth. In , Trope et al. In this study, milk was only able to maintain vitality for two hours.

### 2: What to Do with a Knocked-Out Tooth

*When a tooth has been knocked out, the nerves, blood vessels and supporting tissues are damaged, too. The nerves and blood vessels can't be repaired. That is why all avulsed teeth will need a root canal. However, the bone can reattach to the root of the tooth once it's put back into place. The odds.*

An avulsed tooth is a tooth that has been displaced from the dental socket or the alveolar bone owing to trauma. What You Can Do When a tooth has been knocked out, the nerves, blood vessels and supporting tissues are damaged, too. That is why all avulsed teeth will need a root canal. The odds of saving a tooth are highest in young children, but adult teeth can be saved as well. Only permanent teeth should be re-implanted. It is important to get to the dentist as quickly as possible after a tooth has been knocked out. It is also important to avoid damaging the tooth even more. Follow these suggestions to improve the chances of saving your tooth: Handle the tooth carefully. Try not to touch the root the part of the tooth that was under the gum. It can be damaged easily. If the tooth is dirty, hold it by the upper part the crown and rinse it with milk. This could damage the tooth. Keep the tooth moist. Drop it into a glass of milk. Instead, have the child spit into a cup. Place the tooth in the cup with the saliva. If nothing else is available, place the tooth in a cup of water. The most important thing is to keep the tooth moist. Try slipping the tooth back into its socket. In many cases, it will slip right in. If the tooth is intact not broken in pieces , it is always a good idea to try to save it. Other times it can be complicated, such as when the tooth or bone is broken. Your dentist will use water to flush debris from the socket. Then he or she will slip the tooth back into place. It is most important to re-implant the tooth as soon as possible. Ideally, this should occur within the hour of the accident. The dentist may perform a root canal right away, or may wait. The best course to take will depend upon how long the tooth was out of the mouth and other factors. This will be used to hold the tooth in place for 7 to 10 days. If the bone around the tooth was not fractured, the root usually will reattach firmly to the bone in about three to four weeks. More damage to the area may require six to eight weeks of repair time. Your dentist should examine the tooth again in three to six months. Unless there are signs of infection, the next visit will occur at your yearly checkup. The dentist will follow up for the next two to three years to ensure that the tooth re-implanted successfully.

### 3: Knocked-Out Tooth: First Aid | Cigna

*More than five million teeth are knocked out every year in children and adults but if this happens to you due to an injury or accident it doesn't necessarily mean it's lost for good.*

Many times when kids get a head injury they knock out a tooth. Other times, they simply hit the tooth really hard and injure it. Any time a tooth suffers an injury, there is a possibility that it may turn a different color. Tip – I will use words like pulp, dentin, and enamel in this article. As the blood breaks down, it can make the tooth appear to be gray, dark gray, brown or even black. In cases of this type, there is some chance that the pulp will retain its vitality, although the likelihood of vitality is apparently low in primary teeth with dark gray discoloration. Some experts have said that the darker the discoloration, the more likely it is that the nerve of the tooth has died. If there is no sign of infection in a dark tooth, the dentist may choose to not do anything and let the tooth eventually fall out on its own when the permanent tooth is ready to take on its role in the mouth. Also, if there are no other signs of infection, this study showed that there is no need to do a root canal.

**Red and Pink Teeth Immediately After the Injury** If a tooth turns red shortly after being traumatized, it usually means that the blood vessels inside the pulp broke. When the blood vessels rupture, blood leaks inside the whole pulp area of the tooth resulting in a reddish pink color. This condition is known as pulpal hyperemia. Sometimes pulpal hyperemia is difficult to detect.

**Red and Pink Teeth Weeks after the Injury** As a result of trauma, sometimes cells inside the tooth start eating away at the hard layers of the tooth through a process called internal resorption. These cells are called odontoclasts and in certain cases they can eat away to the outside of the tooth within a few short weeks. The tooth looks pink because as the pulp layer of the tooth gets bigger, its red color more easily shines through the thin layer of remaining tooth structure.

**Pink tooth of Mummery** can start occurring anywhere from a few weeks to months after a tooth is injured. These teeth are usually kept until the crown of the tooth is dissolved. If a tooth reacts to an injury by laying down a lot more dentin, it is known as pulp canal obliteration Also called calcific metamorphosis, progressive canal calcification or dystrophic calcification. The increase in the amount of dentin and the concurrent decrease in the amount of pulp gives the tooth a yellow, opaque color.

Do you have any stories, questions, or comments about tooth discoloration? Feel free to write your thoughts in the comments section below so that we can all learn from each other – Thanks for reading! Submitted Photos Krista from The Muminator blog shared the following photos of her daughter after she had an accident in The tooth continued to get darker: And a final photo of the tooth returning almost back to its normal color:

### 4: Tooth Knocked Out | Texas Pediatric Dentistry

*The extensive damage of having a knocked out tooth is a type of injury that needs to be examined by a professional this may lead to dental trauma. The longer a tooth is out of the socket, the more serious the injury becomes.*

Biting on hard food First Aid Save any tooth that has been knocked out. Bring it to your dentist as soon as possible. The longer you wait, the less chance there is for your dentist to fix it. Hold the tooth only by the crown chewing edge. You can take the tooth to the dentist in one of these ways: Try to place the tooth back in your mouth where it fell out, so it is level with other teeth. Bite down gently on a gauze or a wet tea bag to help keep it in place. Be careful not to swallow the tooth. You can also hold the tooth between your lower lip and gum or under your tongue. This type of kit contains a travel case and fluid solution. Consider buying one for your home first aid kit. Also follow these steps: Apply a cold compress on the outside of your mouth and gums to ease pain. Apply direct pressure using gauze to control bleeding. After your tooth has been replanted, you will most likely need a root canal to remove the cut nerve that is inside your tooth. You may not need an emergency visit for a simple chip or a broken tooth that is not causing you discomfort. You should still have the tooth fixed to avoid sharp edges that can cut your lips or tongue. **DO NOT** handle the roots of the tooth. Handle only the chewing edge -- the crown top portion of the tooth. **DO NOT** scrape or wipe the root of the tooth to remove dirt. **DO NOT** brush or clean the tooth with alcohol or peroxide. **DO NOT** let the tooth dry out. When to Contact a Medical Professional Call your dentist right away when a tooth is broken or knocked out. If you can find the tooth, bring it with you to the dentist. Follow the steps in the First Aid section above. If you cannot close your upper and lower teeth together, your jaw may be broken. Prevention Follow these guidelines to prevent broken or knocked out teeth: Wear a mouth guard when playing any contact sport. Avoid hard foods, such as bones, stale bread, tough bagels and unpopped popcorn kernels. Always wear a seatbelt. Head also eye, ear, nose, throat, and mouth. Medicine for the Outdoors. Management of traumatic dental injuries. Nelson Textbook of Pediatrics. Review provided by VeriMed Healthcare Network.

### 5: Broken or knocked-out tooth - Injuries & first aid | NHS inform

*A permanent (adult) tooth that is knocked out can sometimes be put back in place (replanted). In most cases, only permanent teeth are replanted into the mouth. Baby teeth are not replanted. Save any tooth that has been knocked out. Bring it to your dentist as soon as possible. The longer you wait.*

June 06, Categories: General Dentistry One of the scariest dental issues an adult can have is a loose or knocked out tooth. Typically coming as a result of some kind of emergency or trauma, adult teeth that are damaged need to be taken care of properly with the help of a dentist or endodontist. Regardless of the circumstances that led to the damaged tooth or teeth, there are a number of steps you must take to reduce your risk of permanent damage moving forward. Dental Trauma and The Results Many of the issues covered in this post occur as a result of dental trauma. Examples include car accidents, sports injuries, or victims of violence. This trauma can cause a number of issues, the most common being a chipped tooth. Less commonly, but more seriously, you can encounter knocked out or avulsed teeth, dislodged or impacted teeth, or even root fractures. These injuries are all variations of the same impact type injuries where the tooth or surrounding structure is damaged or knocked out. If left untreated, the tooth and surrounding structures can become permanently damaged or even die. In these cases, it is almost always crucial to get to an emergency dentist or endodontist as soon as possible, hopefully within the hour of the injury. Caring for Damaged Teeth Having a tooth knocked out is a very serious condition. The most important thing to do is to go to a dental professional as soon as possible. Your dentist may elect to use a filling instead of the broken-off piece depending on the situation. Whatever the damage might be, your dentist will give you a detailed plan to fix the area, and walk you through how to care for that damage in the future. Typically, a knocked out tooth requires a root canal to fix permanently. While the tooth can bond back with the bone, the blood vessels surrounding it cannot survive and usually die regardless of how long the tooth has been knocked out. Depending on whether there is any damage to the surrounding bone and gum, such as with an impacted tooth, your dentist may elect to fix those areas first and let them heal before working on the tooth. In the meantime, the knocked out tooth will be temporarily affixed to your mouth without permanent bonding. Based on the treatment plan your dentist comes up with, you will have to go through a few visits before the tooth can be permanently reinstalled in your mouth. With the many advances in dental medicine, there is a high threshold for damage that can be repaired by a dentist or endodontist. The most important thing when faced with dental trauma is to get to a dental professional as soon as possible, and to care for the tooth properly in the meantime. The best they can do is treat pain and send you home to visit a dentist as soon as possible. With modern medicine and the proper steps taken following trauma, your dentist can repair your injuries and restore your smile. If you have more questions about damaged teeth or need to understand more about what to do in these situations, contact us at Cardinal Family Dental today!

### 6: Broken or knocked out tooth: MedlinePlus Medical Encyclopedia

*Knocked out teeth can be a scary situation. If your kids are in sports, we recommend a mouth guard. Here is more info courtesy of [www.enganchecubano.com](http://www.enganchecubano.com) to help you if you should ever unfortunately need it in a "he knocked out his tooth" situation!*

This is one of the most serious dental emergencies for permanent teeth. However, the damage can be fixed. What You Can Do When a tooth has been knocked out, the nerves, blood vessels and supporting tissues are damaged, too. That is why all avulsed teeth will need a root canal. The odds of saving a tooth are highest in young children, but adult teeth can be saved as well. Only permanent teeth should be re-implanted. It is important to get to the dentist as quickly as possible after a tooth has been knocked out. It is also important to avoid damaging the tooth even more. Follow these suggestions to improve the chances of saving your tooth: Handle the tooth carefully. Try not to touch the root the part of the tooth that was under the gum. It can be damaged easily. If the tooth is dirty, hold it by the upper part the crown and rinse it with milk. This could damage the tooth. Keep the tooth moist. Drop it into a glass of milk. A young child may not be able to safely "store" the tooth in his or her mouth without swallowing it. Instead, have the child spit into a cup. Place the tooth in the cup with the saliva. If nothing else is available, place the tooth in a cup of water. The most important thing is to keep the tooth moist. Try slipping the tooth back into its socket. In many cases, it will slip right in. If the tooth is intact not broken in pieces , it is always a good idea to try to save it. Other times it can be complicated, such as when the tooth or bone is broken. Your dentist will use water to flush debris from the socket. Then he or she will slip the tooth back into place. It is most important to re-implant the tooth as soon as possible. Ideally, this should occur within the hour of the accident. The dentist may perform a root canal right away, or may wait. The best course to take will depend upon how long the tooth was out of the mouth and other factors. This will be used to hold the tooth in place for several days. Your dentist will decide how long the splint should remain. If the bone around the tooth was not fractured, the root usually will reattach firmly to the bone in about three to four weeks. More damage to the area may require six to eight weeks of repair time. Your dentist should examine the tooth again in three to six months. Unless there are signs of infection, the next visit will occur at your yearly checkup. The dentist will follow up for the next two to three years to ensure that the tooth re-implanted successfully.

### 7: Tooth Injuries Lansing MI, Knocked Out Teeth, Root Canal

*When a tooth has been knocked out or loosened, damage takes place in the mouth, surrounding tissues, and the nerves of the tooth. It is possible for those damaged tissues to support the tooth again if the tooth is placed back in its socket quick enough after the incident.*

Traumatic Injury Impacted Teeth Injuries to the mouth can cause teeth to be pushed back into their sockets. Your endodontist or general dentist may reposition and stabilize your tooth. Root canal treatment is usually started within a few weeks of the injury, and a medication such as calcium hydroxide will be placed inside the tooth. Eventually, a definitive root canal filling will be placed. Dislodged Teeth Subluxation Sometimes a tooth may be pushed partially out of the socket. If the pulp remains healthy, then no other treatment is necessary. If the pulp becomes damaged or infected, root canal treatment will be required. Knocked-Out Teeth Avulsion If an injury causes a tooth to be completely knocked out of your mouth, it is important that you be treated immediately. If this happens to you, keep the tooth moist. If possible, replant the tooth back in the socket and call your dentist or endodontist. If the tooth cannot be replanted, do not clean it off. Put it in milk to keep it moist until you can be seen by the dentist or endodontist. Based upon the stage of root development, your endodontist may start root canal treatment immediately. The length of time that the tooth was out of the mouth and the medium in which it was stored e. In Children An injured immature tooth may need one of the following procedures to improve the chances of saving the tooth: Apexogenesis This procedure encourages the root to continue to develop as the pulp heals. Soft tissue is covered with medication to encourage growth. The tip of the root apex will continue to close as the child gets older. In turn, the walls of the root canal will thicken. If the pulp heals, no additional treatment will be necessary. The more mature the root becomes, the better the prognosis of the tooth. Apexification In this procedure, the unhealthy pulp is removed. The doctors place medication into the root to help a hard tissue form near the root tip. This hardened tissue provides a barrier for the root canal filling. At this point, the root canal walls will not continue to develop, making the tooth susceptible to fractures. For this reason, it is important that your dentist properly restore the tooth after this procedure.

### 8: Knocked Out Tooth | Morgan Dental

*Try to find the avulsed tooth (a knocked-out tooth is an avulsed tooth). Once you have located the tooth, pick it up carefully by the crown, not by the root as you do not want to cause further damages to the delicate nerves and tissues around the root.*

If your kids are in sports, we recommend a mouth guard. Here is more info courtesy of [www](#). This is one of the most serious dental emergencies for permanent teeth. However, the damage can be fixed. What You Can Do When a tooth has been knocked out, the nerves, blood vessels and supporting tissues are damaged, too. That is why all avulsed teeth will need a root canal. The odds of saving a tooth are highest in young children, but adult teeth can be saved as well. Only permanent teeth should be re-implanted. It is important to get to the dentist as quickly as possible after a tooth has been knocked out. It is also important to avoid damaging the tooth even more. Follow these suggestions to improve the chances of saving your tooth: Handle the tooth carefully. Try not to touch the root the part of the tooth that was under the gum. It can be damaged easily. If the tooth is dirty, hold it by the upper part the crown and rinse it with milk. This could damage the tooth. Keep the tooth moist. Drop it into a glass of milk. Instead, have the child spit into a cup. Place the tooth in the cup with the saliva. If nothing else is available, place the tooth in a cup of water. The most important thing is to keep the tooth moist. Try slipping the tooth back into its socket. In many cases, it will slip right in. If the tooth is intact not broken in pieces , it is always a good idea to try to save it. Other times it can be complicated, such as when the tooth or bone is broken. Your dentist will use water to flush debris from the socket. Then he or she will slip the tooth back into place. It is most important to re-implant the tooth as soon as possible. Ideally, this should occur within the hour of the accident. The dentist may perform a root canal right away, or may wait. The best course to take will depend upon how long the tooth was out of the mouth and other factors. This will be used to hold the tooth in place for several days. Your dentist will decide how long the splint should remain. If the bone around the tooth was not fractured, the root usually will reattach firmly to the bone in about three to four weeks. More damage to the area may require six to eight weeks of repair time. Your dentist should examine the tooth again in three to six months. Unless there are signs of infection, the next visit will occur at your yearly checkup. The dentist will follow up for the next two to three years to ensure that the tooth re-implanted successfully.

### 9: How To Save a Knocked-Out Tooth | Lakeshore Family Dentistry | Dental Blog | Milwaukee WI

*When a tooth is avulsed (knocked out), patients may think they have to have the tooth replaced. Actually, a dentist may be able to save the knocked out tooth in many cases. The first thing you should do when a tooth is avulsed, is take a deep breath.*

Best outcomes usually result if a dentist can see your child within the first few hours after the incident occurs. If you get a call, immediately contact your dentist. Do not wait until the end of the school day, or after a game, to take care of the injured tooth. For all tooth injuries: Use a clean towel to wipe away blood to in order to see the extent of injury. Be careful, however, not to use the towel to apply pressure to an exposed hole, as this may damage the ligaments within the gum tissue waiting for its tooth to return back home. Have the child take pain relief medicine, if able to do so. The specific action you should take depends on the type of trauma to the tooth.

**Three Types of Tooth Injuries** There are three types of injuries that can occur with a tooth. It can get knocked out, broken or chipped, or be misaligned.

**Knocked Out Tooth** If the entire tooth, including its root, is knocked out and clean, quickly pick up the tooth by the top crown, which is the part of the tooth you see in the mouth, and gently place it back into the hole, or socket, where the tooth was removed. If the knocked out tooth is dirty, gently hold it by the crown, not by the root, and rinse it in water first, being careful not to brush, scrub or sterilize the root of the tooth, which can kill its cells. When placing the tooth back into the hole or socket in the mouth, have the person gently bite down on it with a towel to help it settle into place. If trying to replace the tooth proves too difficult, put it into a glass of milk and bring it to the dentist who will work to replant it. Do not put it in a tissue – it needs to stay moist. Treatment for a knocked out tooth will vary depending on the trauma sustained to it. Ideally, the ligaments within the gum tissue will allow the tooth to be reattached. Dental work, time and X-rays will tell if the tooth made it through the trauma. If the nerves within the tooth are damaged, the tooth will eventually turn grey. If that happens, additional dental work may be needed which may include a root canal or crown.

**Broken or Chipped Tooth** Gently rinse it in salt water first, being careful not to brush, scrub or sterilize the portion of tooth still in mouth. The remaining tooth structure may still be very fragile. Gently wipe away the blood to evaluate the damage but avoid pushing or biting down too hard on the broken tooth. Be careful not to cut your tongue, cheek or lip if the broken tooth has a rough edge. Treatment for a broken or chipped tooth will depend on the extent of the missing tooth structure. If only a small piece of tooth enamel is chipped off, it most likely will be repaired with a tooth colored restoration material that is bonded to the tooth.

**Misaligned Tooth** If the tooth is extruded, appearing longer than the surrounding teeth, or is laterally displaced by either being pushed back or forward, have a trained dental or medical team member reposition the tooth into the socket using firm finger pressure is important. If the tooth is intruded, or looks short and pushed into the gum, do not attempt to reposition it. Treatment will vary according to the severity of the luxation, which is caused if the tooth is in the socket but appears to be in the wrong position.

**Mouth Guards Matter** Children need to be reminded regularly that adult teeth are permanent teeth, so they need to take care of them. One way to protect them is for both adults and children to use protective mouth gear when playing contact sports. Mouth guards do matter, especially when trying out a trick on a skateboard or playing football, hockey, basketball, baseball or the myriad of other sports played today. My last post highlighted the types of mouth guards that are available for athletes, how to properly fit and take care of them. There will be emergency phone number to get a hold of us if it is after regular office hours.

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