Dental hygienist is rewarding profession

CLOSE supervision in clinical procedures are observed at the School of Dentistry at Howard University.

Nature of the Work

Dental hygienists are oral health clinicians and educators who help the public develop and maintain good oral health.

As members of the dental health team, dental hygienists may perform preventive and therapeutic services under the supervision of the dentist.

Specific responsibilities of the hygienist vary, depending on the law of the state where the hygienist is employed, but may include:

Removing deposits and stains from patients' teeth; providing instructions for patient self-care, and dietetic and nutritional counseling; and the application of medicine for the prevention of tooth decay.

They take medical and dental histories, expose and develop dental X-ray films, make model impressions of teeth for study, and prepare other diagnostic aids for use by the dentist.

Pain control and restorative procedures also may be performed by dental hygienists in some states.

Dental hygienists who work in school systems serve in several capacities.

Clinical functions include: examination of children's teeth, assistance to the dentist in determining the dental treatment needed, and reporting of their findings to parents.

They also scale and polish teeth and give instruction on proper mouth care. In addition, they develop classroom or assembly programs on oral health.

A few dental hygienists assist in research projects. Those having advanced training may teach in schools of dental hygiene.

Places of Employment

Nearly 27,000 persons worked as dental hygienists in 1979. Many are employed part time. Most work in private dental offices.

Public health agencies, school systems, industrial plants, clinics, hospitals, dental hygiene schools and the federal government are other sources of employment for dental hygienists.

Some who are graduates of bachelor's degree programs are commissioned officers in the Armed Forces.

Dental hygienists must be licensed. To obtain a license in most states, a candidate must be a graduate of an accredited dental hygiene school and pass both a written and clinical examination.

For the clinical examination, the applicant is required to perform dental hygiene procedures, such as removing deposits and stains from a patient's teeth.

In 1976, candidates in 48 states and the District of Columbia could complete part of the state licensing requirements by passing a written examination given by the National Board of Dental Examiners.

Few states permit dental hygienists licensed in other states to practice in their jurisdictions without further examination.

Last year, 182 schools of dental hygiene in the United States were accredited by the American Dental Association.

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Occupational therapist—little known—much needed

Occupational therapists plan and direct educational, vocational, and recreational activities designed to help mentally and physically disabled patients become self-sufficient.

They evaluate the capacities and skills of clients, set goals, and plan a therapy program together with the client and members of a medical team which may include physicians, physical therapists, vocational counselors, nurses, social workers, and other specialists.

About two therapists out of five work with emotionally handicapped patients and the rest work with physically disabled persons.

These clients represent all age groups and degrees of disability. Patients participate in occupational therapy to determine the extent of abilities and limitations; to regain physical, mental, or emotional stability; to relearn daily routines such as eating, dressing, writing, and using a telephone; and, eventually, to prepare for employment.

Occupational therapists teach manual and creative skills such as weaving and leather working, and business and industrial skills such as typing and the use of power tools.

These skills are taught to restore mobility and coordination and to be the patient regain physical and emotional stability.

Therapists also plan and direct games and other activities, especially for children. They may design and make special equipment or splints to help disabled patients.

Besides working with patients, occupational therapists supervise student therapists, occupational therapy nursing workers.

The chief occupational therapist in hospitals may teach medical and nursing students the principles of occupational therapy.

Many therapists supervise occupational therapy departments, coordinate patient activities, or are consultants to local and State health departments and mental health agencies. Some teach in colleges and universities.

About four out of 10 occupational therapists work in hospitals. Rehabilitation centers, nursing homes, schools, outpatient clinics, community mental health centers, and research centers employ most of the others.

Some work in special sanitariums or camps for handicapped children, others in State health departments.

Still others work in home-care programs for patients unable to attend clinics or workshops. Some are members of the Armed Forces.

A degree or certification in occupational therapy is required to enter the profession.

Forty nine colleges and universities offered programs in occupational therapy which were accredited by the American Medical Association and the American Occupational Therapy Association. All of these schools offer bachelor's degree programs.

Some have 2-year programs and accept students who have completed 2 years of college. Some also offer shorter programs, leading to a certificate or a master's degree in occupational therapy for students who have a bachelor's degree in another field.

A graduate degree often is required for teaching, research, or administrative work.

Course work in occupational therapyr programs includes physical, biological, and behavioral sciences and the application of occupational therapy theory and skills.

These programs also require students to work for 6 to 9 months in hospitals or health agencies to gain experience in clinical practice.

Graduates of accredited educational programs are eligible to take the American Occupational Therapy Association certification examination to become a registered occupational therapist (OTR).

Occupational therapy assistants who are certified by the association (COTA's) and have 4 years of approved work ecperience also are eligible to take the examination to become registered occupational therapists.

Those COAT's considering this path of entry to the occupation should contact the Director of Certification of the American Occupational Therapy Association to identify the types of experience required to qualify for the examination and to determine the availability of suitable work settings.

Entry to educational programs is keenly competitive and applicants are screened carefully for previous academic performance to select those most likely to complete their studies successfully.

Persons considering this profession, therefore, should have above average academic performance and consistent grades of "B" or better in science courses, including biology and chemistry.

College students who consider transferring from another academic discipline to an occupational therapy program in their sophomore or junior year need superior grades because competition for entrance to programs is more intense after the freshman year.

Personal qualifications needed in the profession include a sympathetic but objective approach to illness and disability, maturity, patience, imagination, manual skills, and the ability to teach.

In addition to biology and chemistry, high school students interested in careers as occupational therapists are advised to take courses in health, crafts, and the social sciences.

Newly graduated occupational therapists generally begin as staff therapists. Advancement is cheifly to supervisory or administrative positions; some therapists pursue advanced education and teach or do research.

Employment in this occupation is expected to grow much faster than the average for all occupations due to public interest in the rehabilitation of disabled persons and the success of established occupational therapy programs.

Many therapists will be needed to staff hospital rehabilitation departments, community health centers, extended care facilities, psychiatric centers, schools for children with developmental and learning disabilities and community home health programs.

However, the increasing number of graduates from occupational therapy programs may exceed the number of openings that will occur each year due to growth in the occupation and replacement of those who will die or retire.

As a result, new graduates may face competition in some graphic areas through the mid 1980s.

Beginning salaries for new graduates of occupational therapy programs working in hospitals averaged about $12,000 a year in 1976 according to a national survey conducted by the University of Texas Medical School.

Some experienced therapists earned as much as $17,000, and some administrators as much as $25,000 to $30,000.

In 1976, the average

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