

## CHAPTER 1

**OVERVIEW OF DENTAL SERVICE SUPPORT****Section I. INTRODUCTION****1-1. General**

Modernization of Army forces and combat doctrine requires that HSS doctrine evolve to meet changing needs. Medical Force 2000 (MF2K) is the Army Medical Department's (AMEDD) initiative to provide effective HSS to the Army of the twenty-first century. Dental support is one of the ten functional areas which comprise the MF2K HSS organization. Dental support enhances the combat power available to the commander by providing necessary care when and where it is required. This is accomplished through the use of modern, lightweight equipment, echeloned dental care, and flexible dental organizations. Dental support maximizes the return to duty (RTD) of dental casualties and sustains and maintains the dental fitness of deployed troops.

**1-2. Tenets of Health Service Support**

The MF2K organization offers substantial improvement in field dental support with particular attention to the following tenets of HSS:

*a. Prevention.* Prevention of disease and injury is the most resource-efficient means of maintaining the health of the soldier. The majority of inflammatory dental emergencies can be prevented

with appropriate treatment and continued oral hygiene on the part of the soldier.

*b. Return to Duty.* A healthy, well trained, and motivated soldier is the most critical resource on the modern battlefield. The primary goal of field dentistry is to attend to the soldier's dental needs and return him to his unit as quickly as possible in a condition that allows him to effectively perform his mission.

*c. Modular Medical/Dental Support.* Dental units are designed under a modular concept to allow flexibility and ease of augmentation, reinforcement, or reconstitution. Dental elements under the modular support system (Echelon II) are found in the area support squad of division medical companies and corps area support medical companies (ASMCs). The dental modules in these units are identical to the modules found in the forward treatment sections of the medical companies and medical detachments (dental service) and the ASMCs. The dental module is composed of a dental officer, a dental assistant, and compact, high-technology equipment. Chapter 2 provides more detail on dental modules.

*d. Enhanced Far Forward Care.* Dental support is designed to provide dental care which allows the soldier to be treated as far forward as possible. Far forward care reduces the time and resources needed to evacuate a soldier for dental care.

**Section II. CONCEPT FOR DENTAL SERVICE SUPPORT****1-3. General**

Dental service support assists in accomplishing the AMEDD's mission to conserve the Army's fighting strength by—

- Preventing oral disease.
- Promoting dental health.
- Providing dental treatment as far forward as possible to eliminate or reduce the effects of dental disease and injury.

- Providing early treatment of severe oral and maxillofacial injuries for casualties that must be evacuated.

**1-4. Echelonment of Health Service Support**

Health service support is arranged into echelons. Each higher echelon reflects an increase in capability, but can perform the functions of each lower echelon. Dental assets in the TO are found at Echelons II, III, and IV. The glossary provides a description of the HSS Echelons of Medical Care, I—IV. Refer to FM 8-10 for a more detailed description.

## 1-5. Categories of Dental Care

Dental support in a TO is classified into three categories of care: emergency, sustaining, and maintaining. A fourth category of highly specialized support termed comprehensive care is available only in the continental United States (CONUS). These categories are not absolute in their limits; however, they are the general basis for the definition of dental service capability at the various echelons of HSS. Each category is successively greater in service provided and corresponding resources required to provide that service. Sustaining care is capable of less definitive treatment than maintaining care, but requires less equipment and is more suited to use further forward in the battlefield where weight and mobility are greater concerns. Conversely, maintaining care provides a much wider spectrum of services, but is far more resource dependent and less suited to use in a rapidly moving scenario. Again, categories of dental care are not intended as absolute boundaries. They are better thought of as additive zones with each higher category including the capability of those lower.

*a. Emergency Care.* Emergency dental care is given for relief of oral pain, elimination of acute infection, control of life threatening oral conditions (hemorrhage, cellulitis, or respiratory difficulties) and treatment of trauma to teeth, jaws, and associated facial structures. Consistent with the HSS tenet of RTD, this care is expeditious and is available throughout the TO. It is the most austere type of care and is even available to soldiers engaged in tactical operations. Common examples of emergency treatments are simple extractions, antibiotics, pain medication, and temporary fillings.

*b. Sustaining Care.* Sustaining care is

dental treatment necessary to intercept potential emergencies. This type of care is essential for prevention of lost duty time and preservation of fighting strength. Soldiers in Dental Class 3 (potential dental emergencies) should be provided sustaining care as the tactical situation permits (see Appendix A for dental classifications). Common examples of sustaining care procedures are basic restorations, extractions, interim pulpal therapy (pulpectomy), treatment of periodontal conditions, and simple prosthetic repairs. Sustaining dental care is consistent with Echelon II HSS. Dental modules organic to divisions, separate brigade-size unit medical companies, ASMCSs, special forces groups (SFGs), and forward treatment sections of area support dental units are equipped to provide sustaining care.

*c. Maintaining Care.* Maintaining care is intended to maintain the overall oral fitness of soldiers at a level consistent with combat readiness. Soldiers in Dental Class 2 should be provided maintaining care as the tactical situation and availability of dental resources permit. Maintaining care is the highest category of care available in the TO and is provided by area support dental units. The scope of services includes restorative, exodontic, minor oral surgical, periodontics, endodontics, prosthodontic, and preventive procedures.

*d. Comprehensive Care.* Comprehensive dental care consists of those highly specialized procedures normally accomplished in fixed facilities in CONUS. Examples are reconstructive maxillofacial surgery, maxillofacial prosthodontics, and extensive oral rehabilitation and dental restoration. Though usually not available in the TO, comprehensive care is nevertheless a critical part of the dental continuum of care which extends from forward areas of the combat zone (CZ), through the communications zone (COMMZ), to CONUS base.