

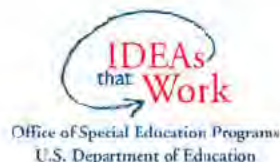
Dental Health

Guidance for Parents of Children with
Disabilities or Special Healthcare Needs





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Today's Tooth Topics

At Home Oral Health Care

Brushing Challenges and
Accommodations

Preparing for The First Dental Visit

Useful Resources





At Home Oral Care

Caring for your Infant's Teeth

Before Teeth Arrive

- Use a clean wet cloth or gauze
- Twice daily gently wipe child's
 - Gums
 - Inside of cheeks
 - Outside the lips and along the tongue

Caring for your Infant's Teeth

After Teeth Begin to Arrive

- Continue wiping your child's mouth until teeth arrive
- As teeth arrive, begin using a soft bristle, child-sized toothbrush and water
- Ask dentist if you need to add fluoride to your baby's diet. Fluoride prevents cavities and makes teeth stronger

Parent should apply toothpaste to the brush.

Using too much toothpaste can lead to “fluorosis”; staining of the teeth.

If your child cannot spit

Place a smear of toothpaste on the brush. Use a clean, wet washcloth to wipe out the excess toothpaste

Use a thin smear
for children
under age 3



Use a pea-sized
amount for
children ages 3-6





Flossing

A toothbrush can't reach all the places between teeth

If food and germs are not removed, they can cause gum disease and cavities

Parents should help children under the age of 10 with flossing

We should floss our teeth 1 - 2x a day

Start flossing as soon as child has teeth that are next to each other

Healthy Teeth, Happy Teeth

Juice and milk only during mealtime

Water is always the BEST option

Do not brush after eating or drinking acidic items

If brushing isn't an option, rinse with water

Only water after night-time brushing

Avoid sticky and gummy snacks

Reduce sugary food intake

Encourage snacks containing fruit, vegetables, and dairy products

Milk contains calcium and helps keep teeth and bones strong






Brushing Challenges & Accommodations

Reflexes and toothbrushing

With certain conditions natural infant reflexes can persist throughout life. This may cause brushing challenges.



Contact your providers (OT, Speech, Dental) to learn about certain techniques that can help to accommodate for your child's individual brushing needs.



Combating the gag reflex

Determine where the gag begins on the tongue

Start at the tip of the tongue with handle of toothbrush and apply firm pressure then release

Keep moving further back until you find the spot that causes the gag reflex

Avoid the gag area

Brush outer surface of all teeth first, then the insides, etc.



Brushing Tips

Try out different ways to see what works best for your child

If your child does not need a sink to spit, try brushing while watching the TV so they have their attention elsewhere

Keep spare toothbrushes nearby if they are grabby and want to help

Using a folded washcloth can serve as an inexpensive tool to help you prop the child's mouth open while brushing

Pick out a toothbrush and other tools that works for your child



Chewy Tubes Oral Motor Tool

Chewy Tubes are an innovative oral motor device designed to provide a resilient, non-food, chewable surface for practicing biting and chewing skills.



<http://chewytubes.com/>



Nuk Massage Brush

A soft, yet durable oral motor brush that can be used to stimulate, massage, or desensitize the gums, teeth, and palates of children who are orally defensive, hypersensitive to food textures, or for kids who have other oral motor differences.



<http://www.nukbrush.com//>



ARK's Z Grabber

- Vibrating chewing tool
- On/Off for sensory desensitization
- Develop jaw strength and chewing rhythms



<https://www.arktherapeutic.com/arks-z-grabber-vibrating-chew-tool/>



Multi-sided Bristle Toothbrushes

Adapting a toothbrush or using a GripEazy toothbrush

- Tennis Ball: Cut a hole on both ends of a tennis ball and then push the toothbrush through the ball.
- Bicycle Handle: push the toothbrush into the hole where the bicycle handle would fit. Not all bicycle handles will work.
- Use an elastic band or a piece of Velcro to hold the brush in the child's hand. Be careful not to pull too tight.
- There are some special toothbrushes that are made to be easier to hold.

OraBrite®
Assisted Oral Care Products

#GripEazy!

Why make one?

GripEazy
Expand by OraBrite
Toothbrush Adapters
Item # ORA201

Your source for preventive dental products for over 20 years

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Tidbits and Tooth Tips

Toothbrush bristles should be SOFT

Generally, a bigger handle is easier to use

Keep Fresh! Toothbrush should be replaced every 2-3 months

If child can tolerate electric ... go electric!

Water flossers

Use fluoride toothpaste

Gel toothpaste texture can be more forgiving

Preparing Your Child For Their First Dental Visit



PATIENT INFORMATION (Please Print)

Date: _____

PERSONAL INFORMATION:

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Phone:
(home) _____ (work) _____

Email
Address: _____

Date of Birth: ____/____/____ Age: ____ Height: _____

Weight: _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Address:(if different from above)

Phone: home- _____

work- _____

Current Physician: _____

Phone: _____

MEDICAL INFORMATION:

Describe the nature of your disability:

Are you currently taking any medications? YES NO

If yes, what
medications: _____

Describe side effects of current
medications: _____

Have you ever had SEIZURES? YES NO

If YES, date of last seizure _____

Describe the type of seizure _____

Do you have any ALLERGIES? YES NO

If yes, please list _____

Do you have any FOOD SENSITIVITIES OR AVERSIONS? YES NO

If yes, please list _____

Do you have any BLADDER or BOWEL ADAPTATIONS? YES NO

Please list any adaptations: _____

Are there any precautions we should be aware of regarding bladder/bowel control?:

DENTAL EXPERIENCE:

Have you had any dental experiences? YES NO If yes, please

describe_____.

Do you have a dental experience at home on a daily basis? YES NO

If yes, please describe_____.

How would you describe your tolerance for dental experiences? Good Fair
Poor

Do you use a powered toothbrush or a manual toothbrush?_____

What are your dental health goals?_____

ORAL HABITS

How often are you snacking during the day?_____

Is food used as a reward during therapy?:_____

If yes, what types of food do you prefer?:_____

Do you need to chew for sensory stimulation?_____

If yes, how often per day?:_____

If yes, what materials do you chew on?:_____

Do you have a tendency to put non-edible items in your mouth?

If yes, please describe?:_____

PHYSICAL FUNCTIONING

Are you currently working or attending school?_____

If yes, how long is your average work or school day?:_____

Do you have difficulty breathing?_____

Do you have normal range of motion in the following?

Right arm: YES NO Left arm: YES NO

If NO, please

describe:_____

Describe your strength: (Circle all that apply)

Upper Body: Weak Average Strong

Left Side: Weak Average Strong

Right Side: Weak Average Strong

SENSATION:

Is any part of your body paralyzed? YES NO

Can you feel hot and cold normally? YES NO

If YES to any of the above, please

explain:_____

COMMUNICATION:

Receptive communication level High Medium Low

Expressive communication level High Medium Low

Can patient make needs known to dental team? YES NO

Do you have difficulty speaking or communicating? YES NO

Do others have difficulty understanding you? YES NO

Do you have difficulty remembering things?: YES NO

Do you have difficulty in learning new things?: YES NO

Do you have difficulty following directions?: YES NO

Do you have difficulty hearing?: YES NO

If you answered YES to any of these questions, PLEASE EXPLAIN:_____

Useful phrases or words that work best with patient? _____

Does student use non verbal communication? YES NO

If YES:

- ☐ Mayer Johnson Symbols
- ☐ Sign Language
- ☐ Picture Exchange Communication System (PECS)
- ☐ Sentence Board or Gestures

Will you be bringing a communication system with you? YES NO

Are there any symbols/signs that we can have available to assist with communication? _____

VISION:

Do you wear glasses?: YES NO
Do you wear contacts?: YES NO

Please mark any of the following that are true about your vision:

double vision _____
visual perceptual problems _____
can only see to one side _____ Which side, left _____
right _____

HEARING

Do you have a hearing impairment? YES NO
Do you wear a hearing aide? YES NO
If YES, please
explain _____

BEHAVIOR/EMOTIONS:

Impulsive? YES NO
Do you become easily frustrated? YES NO
Do you become angry easily? YES NO
Do you every physically/verbally lose control? YES NO

PLEASE give details to any question that you answered yes to: _____

What are the best ways to help you gain control? _____

Behavior to be discouraged: _____

PLEASE GIVE ANY ADDITIONAL INFORMATION THAT MAY HELP US TO PREPARE FOR A SUCCESSFUL DENTAL EXPERIENCE: _____



At Home Preparation

Find a YouTube video of dentist session (Modeling)

Make a Visual Schedule

Make or Find a Social Story

Allow child to attend YOUR dentist appointment

Find pictures online of the office so you can review them with your child before the appointment



1 Put hands on stomach ☐



2 Feet out straight ☐



3 Open mouth wide ☐



4 Hold mouth open ☐



5 Count teeth ☐



6 Take X-Rays ☐



7 Clean teeth ☐



8 Spit into sink ☐

Visual Schedule

**From Autism Speaks: Successful Dental Visits for you Child with Autism*

Social Stories



Today I am going to the dentist. My family and I will walk into a tan building.



The dentist helps keep my teeth clean and healthy.



I will check in at the front desk.



I will have a seat in the waiting room. There are toys there for me to play with.



When my name is called I will walk through a door and follow my helper to a special room.



My helper will say Hi to me and ask me to sit down in the chair.



It will move and lean back. I have to sit still so my helper can look at my teeth.



She wears a mask, gloves, and glasses to get ready to look at my teeth.



Sedation at the Dentist's Office

Sedation

While every child is different, when working with special needs patients your child's dentist may recommend the use of laughing gas (nitrous oxide), conscious sedation, or general anesthesia.

These techniques may make it possible for your child to safely receive the treatment he or she needs.

The risks depend on the kind of procedure, the condition of the patient, and the type of anesthesia used. Be sure to talk to your child's doctor, surgeon, and/or anesthesiologist about any concerns.



Use your Team

Sedation at the dentist's office should only be used when necessary. Adopting an evidence based therapeutic approach can reduce certain problematic behaviors and anxiety. Utilize the members of your team to support positive behavioral outcomes in the dental environment.

Occupational
Therapist (OT)

Sensory
Integration
Therapist

Gene Specialist

Primary Care
Provider (PCP)

Partnership for
Children's Oral
Health (PCOH)

Licensed
Clinical Social
Worker (LCSW)

Preventative Care

Fluoride

- Brush with fluoridated toothpaste to remineralize and strengthen enamel
- Fluoride varnish applied at the dentist may be indicated for children who are at high risk for cavities

Sealants

- Reduce the risk of cavities in susceptible pits and fissures of the primary and permanent teeth

Routine Care and Cleanings

- Establish a dental home
- The dental team will create an individual treatment plan that fits your child's dental needs. The new plan may include extra cleanings and/or dental appointments.





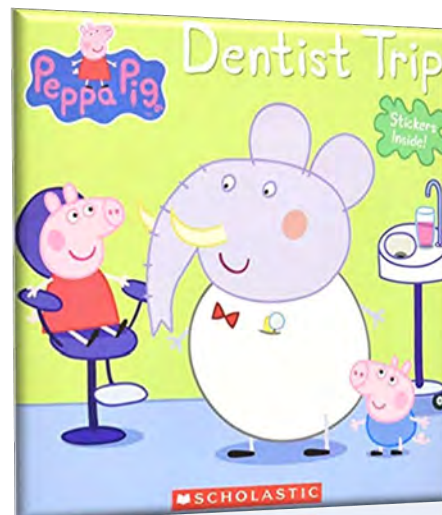
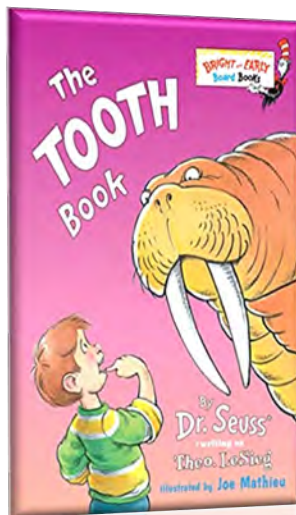
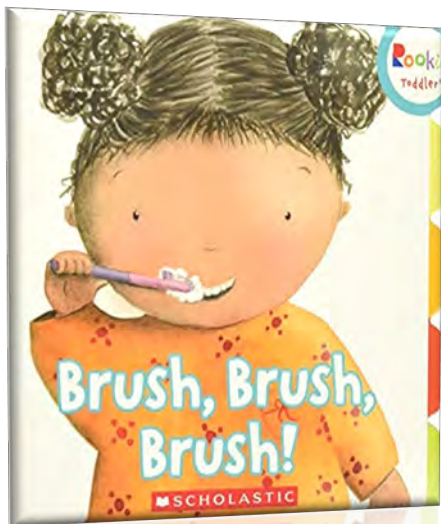
Useful Resources for Every Parent



MAINE
PARENT
FEDERATION

Lending Library

We have these books available to parents for free in our MPF Library.



Other child friendly books about going to the dentist. <https://spinpedo.com/books-kids-pediatric-dentist/>

VISITING THE DENTIST



*Little
Tikes*

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Partnership^{for}
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Partnership ^{for}
Children's
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Research Conducted by UNE College of Dental Medicine



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