COMMUNICATING WITH PEDIATRIC DENTAL OFFICES

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E-Mail: craighdds@msn.com

Mini-Biography

- Born and raised in St. Louis, Missouri
- Psychology Major-Ann Arbor, Michigan
- Dental School-University of Missouri in Kansas City
- One Year GPR at Miami Children’s Hospital
- Pediatric Dental Residency-University of Iowa
- Board Certified as a Diplomate AAPD
- Associate at Pediatric Dentistry of Sunset Hills-1991
- Currently 7 pediatric dentists at 3 offices
- Wife-Pediatric Endocrinologist
- Daughter-Communications graduate from Eckerd College in St.Petersburg, Florida currently living in Ghana
- Son-Junior studying pre-med at Eckerd College

DISCLAIMER

- I do not have any financial interest in any commercial products discussed in this presentation.
- I have obtained permission from the orthodontists in order to show you the various forms of communication letters they send out.
- In this lecture:
  pediatric dentist=general dentist=primary dentist
- My opinions are based on 27 years of experience and working with 20-25 orthodontic offices.

WAYS TO KEEP PEDIATRIC DENTISTS HAPPY

THINGS THAT DRIVE ME CRAZY

SET YOURSELF APART FROM OTHER ORTHODONTIC OFFICES

- Communicate with the primary dentist
- Develop an effective oral hygiene program
- Reduce and reverse decalcifications and white spot lesions
- Treat kids with behavioral disorders
COMMUNICATING WITH THE PEDIATRIC (PRIMARY) DENTIST

• An introductory letter should be sent when patient is first seen.
• The primary dentist will know that the family has been to your office.
• The primary dentist will be able to follow up with the family at their next checkup.
Fax the letter to save on postage. The primary dentist can fax it back.

Please complete and fax back at your convenience.

1) Is there any reason this patient should not receive orthodontic care? Yes No
   If yes, please specify the reason.

2) Pertinent medical history:

3) Radiographic concerns and interdisciplinary management:
   a) missing teeth ________
   b) Undererupted/papered lateral ________
   c) TMJ disorders ________
   d) Impacted teeth ________

4) Date of last dental check-up:

5) Other concerns:

Thank you for the confidence in allowing us to treat your patient. Your referrals are greatly appreciated.

Sincerely,

The letter thanks the dentist, even if they did not refer them.

Dentist can inform orthodontist about patient's past dental history.

Please complete and fax back at your convenience.

1) Is there any reason this patient should not receive orthodontic care? Yes No
   If yes, please specify the reason.

2) Pertinent medical history:

3) Radiographic concerns and interdisciplinary management:
   a) missing teeth ________
   b) Undererupted/papered lateral ________
   c) TMJ disorders ________
   d) Impacted teeth ________

4) Date of last dental check-up:

5) Other concerns:

January 13, 2018

birthday

Dr. Craig Muskalla
3235 Walnut Office Drive
Clarks Summit, PA 18411

Re: Andrea J. Williams

Date of last cleaning and checkup: __________
Oral hygiene: good fair poor ____________________________
Date of last check-up: __________
Date of orthodontic referral: __________
Are there any congenitally missing or previously extracted permanent teeth? Yes No
Are there any carious lesions in deciduous dentition? Yes No
Are there any occlusal interferences? Yes No
Is there any history of TMD or any other systemic disease? Yes No
If yes, what? ____________________________

Please place this patient on a 6-8 week recall for appointments once we start orthodontic therapy. Also, let us know if they are not keeping their scheduled appointments. Thank you.

For your convenience fax to 636-200-2728 or email to team@waltermuskalla.com
November 20, 2017

Last date of dental checkup in your office: __/__/__

Last date of full mouth x-ray or panoramic: __/__/__

Any pending dental work: Yes / No

Periodontal status for orthodontic treatment:

☐ Acceptable
☐ Areas of Concern

If patient is over the age of 18, could you please include patient’s most recent periodontal charting?

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Date of next app't.

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November 20, 2017

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Periodontal status for orthodontic treatment:

☐ Acceptable
☐ Areas of Concern

If patient is over the age of 18, could you please include patient’s most recent periodontal charting.

How often would you like to see the patient for hygiene maintenance during the course of orthodontic treatment?

Thank you for your help. We will encourage the patient to visit your office as you prescribe.
COMMUNICATING WITH THE PEDIATRIC (PRIMARY) DENTIST

• An introductory letter should be sent when patient is first seen.
• Progress reports can be sent every 6-9 months.

The Progress Note

• Orthodontist can be alerted if patient has not seen the primary dentist in a while.
• Informs primary dentist how compliant the patient is with regard to hygiene and appliance wear.
• Encourages the primary dentist to reinforce these issues as well.
Discusses how treatment is progressing

Grades the patient on different aspects of care.

Reinforces that checkups are still necessary with primary dentist. Lets primary dentist know if treatment is needed.
Copy is sent home with patient as well.

NCR Paper

COMMUNICATING WITH THE PEDIATRIC (PRIMARY) DENTIST

• An introductory letter should be sent when patient is first seen.
• Progress reports can be sent every 6-9 months.
• A final letter lets the dentist know that appliances are being removed soon.
December 7, 2017

Dr. Craig Hollander
3555 Sarette Office Drive
St. Louis, MO 63127

RE: Kyle K. -orthodontic

Dear Dr. Hollander,

Kyle has completed active orthodontic treatment and is now beginning the retention phase. We will continue to see him over the next year. We have recommended that he return to your office for a thorough check-up and cleaning as soon as possible. We are including Kyle’s before and after photographs and a copy of the last appointment report. Please monitor the eruption of the wisdom teeth and notify the patient of any recommended treatment. If you haven’t seen Kyle recently, please contact him for an appointment.

We have enjoyed this opportunity to treat Kyle and the privilege of working with you.

Sincerely,

[Image of a person running in an advertisement for GO THE EXTRA MILE]

GO THE EXTRA MILE

We want to help make sure your patients are COMING BACK to you for their regular cleanings and checkups.

- What can WE do to make this happen more consistently, if it is not?
- Is there anything other offices do that you have appreciated so that you wish they would do to help?

Comments:

- Oral Surgeon(s) preferred:
- Periodontist(s) preferred:
- Other:

DOCTOR PREFERENCES

PROCEDURE QUESTIONS

- Yellow tooth?:
- Gray tooth?:
- Permanent tooth?:
- Wisdom tooth?:
- Do you perform frenectomy?:
- Place implants at your office?:
- Would you like to have your patients removed prior?:
- Are you okay with Dr. Demko doing surgery?

Would you like to evaluate your patients prior to removal:
- All
- Select Cases
- No need

- Do you remove the composite for removing peg lateral or in the central?
- If no, are you okay with Dr. Demko doing so as a "temporary"?

Would you like to evaluate your patients prior to removal:
- All
- Select Cases
- No need

For extractions:
- Would you like to evaluate your patients prior to removal:
- Yes please do so
- Our staff is able to do
- We remove but would like you to put back in
- No need we are comfortable working around wires.

[Image of a doctor with a stethoscope and a patient]

KNOW YOUR REFERRING DENTISTS

PROCEDURE QUESTIONS

- Do you remove the composite for removing peg lateral or in the central?
- If no, are you okay with Dr. Demko doing so as a "temporary"?

Proceedure Name: Best options for removing tooth
- Best options for removing tooth:
- Are you interested in a "temporary"?
- Do you perform frenectomy?:
- Place implants at your office?:
- Would you like to have your patients removed prior?:
- Are you okay with Dr. Demko doing surgery?

Would you like to evaluate your patients prior to removal:
- All
- Select Cases
- No need

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- Would you like to evaluate your patients prior to removal:
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- We remove but would like you to put back in
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Dr. Demko always wants her referring dentists and their staff to feel they can reach her directly.

The best way is via email or herself. Please keep us up to date on your doctor and office of current information. Updates as needed.

Designs Dentistry
314-376-4809
www.dentistry.com

[Image of a doctor with a stethoscope and a patient]
Remove Wires Before Checkups

Identify tongue thrusts

Myofunctional Therapy only - No Orthodontics

If tongue thrust is not treated before braces are removed……

Stop Thumb Sucking

The Habit Breaker

- Recommended when other “less invasive” methods have been attempted to stop thumb sucking.
<table>
<thead>
<tr>
<th>The Habit Breaker</th>
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</table>

<table>
<thead>
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<tbody>
<tr>
<td>• Must be presented to the child as a reminder, not a punishment.</td>
</tr>
<tr>
<td>• The thumb sucker has to want to quit.</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<td>• May not work for finger suckers.</td>
</tr>
<tr>
<td>• The palatal crib prevents the incisal papilla from being stimulated.</td>
</tr>
<tr>
<td>• The Modified Bluegrass appliance can help with tongue thrust or kids who need a different activity when bored or tired.</td>
</tr>
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<tr>
<td>• The appliance should be worn for at least 9 months to a year.</td>
</tr>
<tr>
<td>• Don’t throw it away in case there is relapse.</td>
</tr>
</tbody>
</table>
Creating an Oral Hygiene Program

Poor Oral Hygiene

• Plaque will usually be visible.
• Sometimes there will be no plaque, but the gingiva will be red and puffy.
Poor Oral Hygiene - Pre Ortho

Day of orthodontic appliance placement

Three months in braces

Six months in braces

One Year in Braces
An Effective Oral Hygiene Program

- Will set boundaries as far as what is acceptable for the patient.
- Will inform the parent when hygiene needs improvement.
- Will record hygiene grades between visits.
- Should have incentives for the patient to get good grades.

ARE ELECTRIC TOOTHBRUSHES BETTER?

VS.

An Experiment

What you need:

Disclosing Tablets
Step One
Rinse with water and spit
Wait a week then reverse the sides

Step Two
Step 3 Write down your results
Chew another tab

Step 3 Write down your results
Rinse and Spit

Check the teeth

Which side was better?
• One of the toothbrushes may have performed better.
• If one side is always better no matter which toothbrush……… It’s a dexterity issue!!

Plaque Identifying Toothpaste

No Time to Brush?
1. Kids are busy after dinner with homework.
2. Too tired to brush at bedtime
SOLUTION
Have teeth brushed immediately after they’re done with dinner and snack.

SOLUTION
Have teeth brushed immediately after they’re done with dinner and snack.
Child can’t go back to watching T.V. or playing video games until parents have checked OH

No Time to Brush?

HOW ARE THE TEETH SUPPOSED TO GET FLOPPED?

SOME SUGGESTIONS
• Floss on Monday, Wednesday, and Friday.
• Have a sign posted in the bathroom.
• Leave floss on the counter.
“Out of sight, out of mind.”

Floss Threader
Super Floss
PREVENTING DECALCIFICATIONS

Are the Parents Involved?

MI Paste OR MI Paste Plus
Which One Is Right For Your Practice

Use MI Paste
- After Tooth Whitening
- Pregnant Mothers
- Children Six Years & Under
- During And/Or After Orthodontics
- Desensitizing
- Prevent Early Plaque Formation For Teeth

Use MI Paste Plus
- White Spot Lesions
- Desensitizing
- During And/Or After Orthodontics
- Medically Compromised Patients
- Severe Dysphagia / Dry Mouth
- Patients With An USP Oral Environment
- Erosion And Gastric Reflux
- Patients With Poor Plaque Control
- High Caries Risk Patients
- Provides Extra Protection For Teeth
Recaldent™ (CPP-ACP)

Post-orthodontic decalcification

After one week using MI Paste™


MI Paste™ Application Finger or Tray

Should not be used in individuals with milk allergy or are lactose intolerant.

Tray:
1. 3-5 minutes
2. Overnight

Do not eat or drink for 30 minutes after applying

Prevident Booster 5000

• Name brand comes in Fruit flavor as well as Spearmint. Generic will only come in mint.

• Home care has no extra steps: Kids are just brushing with a stronger toothpaste than what they can get OTC at the store.

• Children can spit, but should not rinse with water before going to bed.

Fluoride Rinses

• Fluoride mouth rinses require an extra step after brushing.

• Effectiveness is dependent on the length of time child is swishing.

• Studies have shown that mouth rinses are not as effective as Prevident fluoride.

Discuss Gatorade and soda consumption with your patients.

www.modental.org

<table>
<thead>
<tr>
<th>ACID + SUGAR = TROUBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACID AMOUNT (pH)</strong></td>
</tr>
<tr>
<td>Pure Water</td>
</tr>
<tr>
<td>Barq’s Root Beer</td>
</tr>
<tr>
<td>Diet Barq’s</td>
</tr>
<tr>
<td>Diet Dr. Pepper</td>
</tr>
<tr>
<td>Juicy-Juice (Berry)</td>
</tr>
<tr>
<td>Minute Maid Grape Soda</td>
</tr>
<tr>
<td>Diet Sprite</td>
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<tr>
<td>Orange Slice</td>
</tr>
<tr>
<td>Propel (Berry)</td>
</tr>
<tr>
<td>Diet Mountain Dew</td>
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<tr>
<td>Dr. Pepper</td>
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<tr>
<td>Sprite</td>
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<tr>
<td>Gatorade</td>
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<td>Mountain Dew</td>
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<tr>
<td>Diet Coke</td>
</tr>
<tr>
<td>Powerade</td>
</tr>
<tr>
<td>Pepsi</td>
</tr>
<tr>
<td>Coca Cola</td>
</tr>
<tr>
<td>BATTERY ACID</td>
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</table>
4 grams of sugar in 1 tsp or 21 grams of sugar

2.67 servings = 14 tsp or 56.07 grams of sugar

Preventing Decalcifications in your office

• Orthodontic appliances facilitate plaque retention around the brackets.

Glass Ionomer cements have fluoride release and are anticariogenic, but are brittle and bracket bond would not withstand orthodontic forces.

Fluoridated resin modified glass ionomers can effectively reduce demineralizations around brackets.

Fluoridated resin modified glass ionomers can effectively reduce demineralizations around brackets.

3M Transbond Plus

• Light cure adhesive for quicker bonding.
• Fluoride release for patient confidence.
• Color changing adhesive for enhanced bracket positioning and flash clean up.
• Moisture tolerance for added confidence in bonding when moisture control is difficult.
Fuji Ortho LC

- Bonds brackets, bands, and appliances.
- No need for acid etching.
- Can be placed with moisture present.
- Continuous fluoride release.
- Faster debonding with less risk of damaging the enamel than with composite resin bonding systems.

Vanish XT

- XT stands for “extended varnish” because it has a long-term durability with fluoride release.
- In the first 24 hours, it releases more fluoride than a conventional varnish.
- The fluoride is “recharged” when a patient brushes with a fluoridated toothpaste.
- Releases calcium, fluoride, and phosphate.

A LITTLE GOES A LONG WAY

1. Express one drop of Opal Seal into the bristles of the Metal Opal Seal tip.
2. Paint a thin layer of Opal Seal along the gingival margin of one illustrated tooth. Then use a downward stroke to cover the remainder of the tooth.
3. Repeat Step 2 on the rest of the illustrated teeth. Air thin and cure each tooth for 3 seconds on Valo plasma mode.
4. Shine with a black light to see how far one drop of Opal Seal can go.
Positive Reinforcement

- A Rewards Program can be created to recognize a patient’s hard work with keeping their braces clean and maintained.

Patients can earn points for:
- Arriving to their appointment on time
- Not having broken appliances
- Having great oral hygiene
- Visiting their primary dentist for exams and cleanings.

Positive Reinforcement

- A Rewards Program can be created to recognize a patient’s hard work with keeping their braces clean and maintained.

- The back of the card has a place for the primary dentist or hygienist to sign.
- The patient will return the signed card to the orthodontist office for extra points.

Positive Reinforcement

- A Rewards Program can be created to recognize a patient’s hard work with keeping their braces clean and maintained.

Patients can accumulate points for prizes like bowling passes, gift cards, restaurant coupons, and so forth.

Negative Reinforcements

- Oral hygiene appointments with orthodontic assistant 1 or 2 weeks after the appointment
- Bring the parents back to see the areas being missed.
- Illustrative books like: *The Gross Disgusting and Totally Cool Mouth Book* by Ted Croll
BE RECEPTIVE TO KIDS WITH BEHAVIORAL DISORDERS

• Attention- Deficit Hyperactivity Disorder
• Obsessive Compulsive Disorder
• Pervasive Developmental Disorders

Basic Rules for Kids with Behavioral Disabilities

• First scheduled appointment should be an interview, orientation and brief examination in order to establish trust.

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• Scheduled treatment appointments should be according to the patient’s best time of day.
### Basic Rules for Kids with Behavioral Disabilities

- **First scheduled appointment should be an interview, orientation and brief examination in order to establish trust.**
- **Scheduled treatment appointments should be according to the patient’s best time of day.**
- **Appointments should be within 2 weeks of each other while familiarizing the patient.**

### Basic Rules for Kids with Behavioral Disabilities

- **Treatment appointments should be short (less than 20 minutes.)**
- **Allow for extra time at each visit.**
- **Perform treatment a little bit at a time. Band molars first visit. Place brackets on second visit.**
  - or
  - Place appliances on one arch first visit and appliances on other arch at second visit.

### Basic Rules for Kids with Behavioral Disabilities

- **Only do what you say. Use words that the patient will understand.**
  - The child’s behavior is dependent on good communication.
- **Understand the developmental age. It’s more important than chronological age.**

### Basic Rules for Kids with Behavioral Disabilities

- **When acting out, they are not being defiant. They are trying to cope with some type of anxiety.**

### Basic Rules for Kids with Behavioral Disabilities

- **Know the patient’s sensitivities**

### Basic Rules for Kids with Behavioral Disabilities

- **It is critical that staff is supportive about treating patients with special needs.**
Dental Treatment Accommodations
Serving the Patient with Special Needs. G. Folse, P. Glassman, and C. Miller
Access, January 2006.

• CONSISTENCY: Keep the same routine with each visit.

Use the same operatory each visit if possible.

Have the same assistant always treating the patient.

• MAINTAIN EYE CONTACT “Look at me.”

Come in to the operatory, sit down and be at eye level with the patient.

Don’t stand over the patient when talking to him/her.

• POSITIVE REINFORCEMENT: Praise good behavior, ignore negative behavior

Be sincere, and give consistent praise.

High fives allow the patient to touch you first.

Be Receptive Towards Kids with Developmental Disabilities

• The incidence of malocclusion in people with developmental disabilities is markedly higher than in the rest of the population.

• This increased frequency of orthodontic problems can be due to growth and development anomalies, as well as lack of dental supervision such as early loss of primary teeth.

• Parents and caregivers want the same things for the disabled child as those with normal abilities.

• Practical considerations of cooperation, oral hygiene levels and safety must be evaluated and explained to the parent who may have unrealistic expectations of what can be accomplished.

• Individuals with developmental disabilities may not tolerate full braces.

• Does the child have sensory issues?

• Does he/she tolerate labels in the back of their shirts?

• How effective is their toothbrushing at home?
Be Receptive Towards Kids with Developmental Disabilities

• Early interceptive care can be important to minimize future crowding. Timely removal of primary teeth can avoid the underlying permanent teeth from being deflected from their eruptive paths.
• You have the ability to improve the quality of life with these patients.

Keep Pediatric Dentists Happy

• Keep the dentist informed when you are seeing one of their patients.
• Send a copy of the panorex when your office takes one.
• Remove wires (if possible) for the patient's checkup visit.
• Pay attention to oral hygiene of your patients and communicate with the parent.
• Give kids with special needs a chance.

QUESTIONS?