1. Increase awareness about potential orthodontic patients with special needs
2. Present a process to facilitate quality orthodontic care for these patients
3. Discuss how much cooperation is required for orthodontic diagnosis, treatment, and retention
4. Illustrate with example cases

- A special health care need is a developmental or acquired impairment or limiting condition
  - Physical
  - Mental
  - Sensory
  - Behavioral
  - Cognitive
  - Emotional

- A special health care need requires any or all of the following:
  - Medical management
  - Health care intervention
  - Specialized services or programs
- The condition causes limitations
  - Daily self-maintenance
  - Life activities

- Health care for patients with special needs is beyond that considered routine and requires:
  - Specialized knowledge
  - Increased awareness and attention
  - Accommodation
• Role and status of people with special needs has changed in the past 50 years
  • Now a general recognition of the rights of people with special needs to fully participate in society

• Increasing numbers of people with medical, physical, and psychological conditions will present to your practices
  • Greater numbers with severe disabilities are surviving into adulthood
  • Deinstitutionalization places more people with special health care needs into the general population

• A serious disease or condition changes family life
  • Distress
  • Uncertainty
  • Loss of control
  • Negative feelings
  • Anxiety and depression
  • Loneliness
  • Financial problems

• Patients with special needs and their families may...
  • Have had negative experiences with health care
  • Lack understanding about oral health, orthodontics and orthodontic treatment complexity
  • Have unrealistic expectations for orthodontic treatment

Why do people with special needs seek orthodontic treatment?
Why do parents seek orthodontic treatment for their child with special needs?

Same reasons as most orthodontic patients!
  • Improve appearance: people are evaluated differentially based on physical attractiveness
  • Improve oral health and function
Additional reasons relating to special needs

- Perception that improved appearance will result in better treatment by peers, teachers, and society in general
- Provide “typical” child/teen life experience
- Stop socially unacceptable habits

Additional reasons relating to special needs

- Perception that improved appearance will result in better treatment by peers, teachers, and society in general
- Provide “typical” child/teen life experience
- Stop socially unacceptable habits
- Improve ability to eat
- Improve speech

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- Understanding the patient
  - Identify nature of special need
  - Clarify orthodontic concern of patient/parent
  - Assess cooperation potential of patient
- Take records/make orthodontic diagnosis
- Set orthodontic treatment goal(s)
- List orthodontic treatment options
  - Does special need eliminate any treatment option?

- Identify special need diagnosis or condition
- Natural history of condition
  - Congenital or acquired
  - Chronic or acute
  - Progressive, static, curable
  - Management
    - Medication, surgery, imaging, labs, therapies
  - Dental impact or interactions
    - Growth impairment, increased caries or periodontal risk
• Medication allergies
• Other allergies / sensitivities
• Device use
  • C-PAP, Cough-assist, augmentative communication device, Gastrostomy tube
• If applicable - therapy services
  • Speech, occupational, physical, feeding

• If applicable - school accommodation
  • Individual education plan IEP
  • Mainstream or self-contained classroom
  • Type of support services may indicate severity of condition
• If applicable - behavior program
  • Behaviors targeted
  • Reward system

• Dental history
  • Oral hygiene practices
  • Modified diet
  • Swallowing dysfunction
  • Gagging
  • Drooling
  • Oral habits (bruxing, digit, nail biting)
  • TMD symptoms

• Cooperation for preventive dental treatment
  • Examination with dental tools
  • Prophylaxis / suction
  • Intraoral radiographs
• History of dental caries
• Acceptance of invasive dental treatment
  • Isolation for sealants
  • Restoration with local anesthesia

• Complimentary / alternative treatments
• Family / social
  • What is the goal of orthodontic treatment
  • Who makes decisions
  • Who lives with patient
  • Who will be with patient at appointments
  • Is an adult willing and available for daily orthodontic support
Orthodontic Prerequisites

- No medical contraindications to treatment
- Good oral health
- Daily quality oral hygiene
- No destructive oral habits
  - Reasonable orthodontic goal and tx plan
  - Patient able to accept treatment
  - Parent has buy-in and will participate

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Which dental procedures are more difficult for patients to accept... preventive or orthodontic?

- Quality orthodontic outcomes result from a correct diagnosis, reasonable treatment goals, optimal mechanics in a compliant patient, and permanent retention
- Bellwethers for orthodontic cooperation
  - Acceptance of dental treatment
  - Orthodontic records appointment

Simple
- Extraoral photographs
- Examination
- Lateral cephalogram
- Intraoral photographs
- Models - impressions or scan
- Panoramic radiograph

Difficult
- It is often possible to make a diagnosis without records to ABO standards

Treatment - Escalating Complexity

- Removable appliance delivery & adjustments
**Treatment - Escalating Complexity**
- Fixed appliance adjustment
- Fixed appliance placement

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**Orthodontic Treatment Options**
- No treatment
- Extractions and “drift-o-dontics”
- Limited treatment
  - Alignment only
  - Orthodontics + Skeletal Anchorage
  - Jaw surgery without orthodontics
- Comprehensive treatment
- Informed consent is the key!
A motivated parent is not enough!
Orthodontic treatment will not succeed when applied to an unwilling oppositional patient

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4. Example cases – not included for handout

CLOSING THOUGHTS

- An improved smile may increase a person’s self esteem and acceptance by the general public
- Patients with special needs are often uninhibited about showing their appreciation
- Parents of these patients are often deeply grateful

- Orthodontic treatment should not be expected to improve speech or mastication
- Orthodontic treatment should not be viewed as the key to normal
- Not possible for all patients with special needs
  - Behaviors preclude treatment more often than medical status
- Parents rarely understand what orthodontic treatment involves
- Higher chance of poor hygiene and broken appliances
- Retention phase may be problematic