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Preface: Now Is the Time for Special Care Dentistry xi
Stephanie M. Munz

Caries Management in Special Care Dentistry 169
Marcia S. Campos and Margherita Fontana

The objective of this article is to provide a summary of the current evidence-based recommendations for caries management in patients with special health care needs (SHCNs). Considerations regarding caries risk assessment and preventive measures are also discussed with the goal of helping clinicians to manage the caries disease process using a person-centered approach and risk-based interventions. Importantly, most of the evidence is still based on the general population, because the evidence for those with SHCNs is still limited.

The Impact of COVID-19 on the Oral Health of Patients with Special Needs 181
Ronald Ettinger, Leonardo Marchini, and Samuel Zwetchkenbaum

In March 2020, the World Health Organization declared a global public health emergency due to the spread of COVID-19, and medical and dental elective care was suspended, disproportionally affecting persons with special needs. As many of the special needs population live in a communal environment, they were at higher risk of being infected with and dying of COVID-19. Consequently, their access to medical and dental services was limited to emergency care. A method of reaching these populations evolved by the expansion of telehealth, including dentistry, to provide diagnosis, management, prevention, and provision of psychosocial support for patients.

Teledentistry for Patient-centered Screening and Assessment 195
Scott E.I. Howell and Brooke Fukuoka

Teledentistry is a powerful tool for connecting oral health providers with patients who cannot easily visit a dental office, such as patients with special health care needs. Teledentistry is a skill that must be learned and this article will review key concepts that will allow providers to be better prepared to use it within their practices. These concepts include considerations for data collection and information that is necessary for a successful teledentistry visit. The authors also provide different examples of teledentistry in action, such as guided oral hygiene or dental screenings. Lastly, the authors review some unique challenges related to teledentistry and recommendations for overcoming those challenges.
This article provides a brief overview of how the environment can affect behavior and that well-designed spaces can affect how patients handle stress. The application of the Snoezelen multisensory interactive calming strategies and devices that were installed in all facets of a community dental practice are described. These principles of creating a calming dental home improved behavior, cooperation, and satisfaction with care in persons with disabilities and reduced the need for sedation or general anesthesia. It is proposed that the creation of similar clinics with multisensory calming features could improve community access to dental care for persons with special needs.

Thinking Outside the Tooth: Diagnosis and Management of Patients with Neuropathic Orofacial Pain

Akihiro Ando, Phuu P. Han, and Seena Patel

Nonodontogenic orofacial pain exists, and diagnosis and management of those conditions can be challenging. This article highlights and discusses how to take a complete and systematic pain history and the important red flags to recognize in patients presenting with perplexing nonodontogenic orofacial pain. Cause and epidemiology, clinical presentation, clinical evaluation and diagnosis, and management options for common neuropathic pain conditions are included. Neuralgia and neuropathic pain conditions and red flags as secondary cause of orofacial pain are more common in older-aged patients.

Oral Health Advocacy for People with Special Health Care Needs

Kimberly Marie Espinoza

People with special health care needs experience barriers to oral health care resulting in oral health inequities. This article outlines avenues for advocacy to better serve these populations and reduce oral health inequities. Concepts of cultural humility can aid in advocacy efforts and include critical self-reflection, addressing power imbalances in health care relationships, and advocacy for change that influences the social determinants of health. Developing cultural humility is a lifelong process that requires ongoing learning and action in reducing health inequities and barriers to health care.

From Restraint to Medical Immobilization/Protective Stabilization

Steven P. Perlman, Allen Wong, H. Barry Waldman, Clive Friedman, Jessica Webb, Rick Rader, and Ray A. Lyons

Clinical dental treatment is the most exacting and demanding medical procedure that persons with special needs undergo on a regular basis throughout their lifetime. Dental treatment is surgical in nature, usually requiring controlled placement of sharpened instrumentation in intimate
proximity to the face, airway, and highly vascularized and innervated oral tissues. Although approximately 90% of patients with special needs can and should be mainstreamed through any general dental practice, without significant behavioral guidance, techniques, or medical immobilization/protective stabilization, over the past years there has been a drastic shift toward pharmacologic management of these patients using various forms of sedation and general anesthesia.

The Prenatal Diagnosis and Consultation for Cleft Lip and Palate Prior to Presurgical Infant Orthopedics and Early Dental Care

Brett Chiuet and Lizbeth Holguin

Children born with cleft lip and/or cleft palate (CL/P) have unique treatment needs and benefit from a team of health care providers, including surgeons, dentists, and allied health professionals. Presurgical infant orthopedic appliances can reduce the severity of the birth defect and can be provided to patients by a dental health care professional starting at birth. The dental needs of patients with CL/P are multifaceted and having an established dental home to monitor growth and development and help with disease prevention is key to improve oral health.

Interdisciplinary Oral Health for Those with Special Health Care Needs

Allen Wong and Lisa E. Itaya

The growing numbers and aging population of people with special health care needs has become an incredible problem in the healthcare system. The workforce has decreased steadily while the numbers of those in need has increased in age and medical complexity. Inadequate quality healthcare is a major problem that can only be solved when a patient’s health is not treated in silos. Prevention needs to be a focus to avoid larger problems, and education and curriculum change needs to embrace a comprehensive and interdisciplinary approach. The use of technology should also be incorporated to maximize health and minimize wait times.

Mentorship for the Future Special Care Dentist

Stephen Beetstra

Mentorship and exposure to individuals with intellectual disabilities and special health care needs is typically limited in predoctoral dental training programs due to time restrictions created by the expansion of technology and scientific learning within the dental school curricula. In this article, the authors look at the benefits of creating mentorship programs; characteristics of good mentors and mentees; and examples of successful, unsuccessful, and future programs in order to create dental professionals who are equipped to address the oral health needs for these vulnerable populations.