

# Division of Developmental Disabilities

## OFFICE OF QUALITY IMPROVEMENT

### “A Guide to Good Oral Care for Persons with Developmental Disabilities”

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To: Agency Providers & Families



For the millions of people worldwide with developmental disabilities, dental care is often not a top priority and takes a back seat to more pressing medical issues. However, maintaining good oral health should be a priority for everyone.

The ways to maximize oral health and daily hygiene are through brushing, rinsing, and, if possible, flossing. This will prevent dental problems from occurring in the future. It is important to keep in mind that every individual requires a plan of treatment specific to his or her dental needs.

Providing dental care to individuals with disabilities may require increased awareness, attention and accommodation by the dentist and dental staff, such as: frequent consultation with other health care providers, communicating with patients who have a sensory impairment, transfer of patient from wheelchair to dental chair, reducing patient anxiety, obtaining appropriate informed consent, proper airway positioning and modifications to routine treatment procedures.

## **THE FOLLOWING IS A LIST OF SOME COMMON DENTAL CONCERNS**

**Note: Please consult a dentist for any concerns regarding the oral health of a consumer.**

BAD BREATH	Most causes of bad breath are related to problems of the mouth and poor oral hygiene, gum disease, dry mouth and the effects of smoking.
BRUXISM	Grinding or gnashing of teeth is common in persons with disabilities.
CAVITIES	Poor oral hygiene and a diet high in sugar can cause cavities. They must be treated in primary teeth as well as in permanent teeth.
DARKENED / DISCOLORED TEETH	This discoloration indicates change in vitality of the nerve in the tooth, usually because of a past history trauma to the tooth.
FRACTURED OR LOST TEETH FROM TRAUMA	Seek professional care as soon as possible. The sooner the treatment, the better the chance of success. If you are unable to stick the tooth back in the socket, place the tooth in milk and seek professional care immediately. If milk is unavailable, you may substitute water.
MEDICATIONS	Persons with special needs are generally prescribed more medications such as antibiotics, that are often taken over a long period of time can result in tooth decay.
TARTAR (CALCULUS)	Plaque deposits that become calcified or hardened on the teeth and under the gums are called tartar. Tartar contains bacteria and irritates the gums causing gingivitis, bleeding gums and cavities.
PERIODONTAL DISEASE	(Also known as gum disease) is caused by bacteria, and it advances in stages, destroying the gum tissue and ligaments that connect the teeth to the bone.
SENSITIVITY	The root of a tooth may become exposed because of age, severe inflicted trauma, improper toothbrushing technique, or excessive force during toothbrushing.

The following are websites that may be helpful in answering questions about dental care.

<http://www.nohic.nidcr.nih.gov/poc/booklets.aspx> National Institute of Dental and Craniofacial Research, Practical Oral Care for People with Developmental Disabilities.

[www.pacificspecialcare.org](http://www.pacificspecialcare.org) University of the Pacific School of Dentistry (Part of California's initiative to improve oral health care for people with special needs.)

The following is a list of toll free numbers and websites for dental supply companies. You may choose to contact these companies for additional information on training materials for staff and specialized equipment for the individuals in your programs.

Specialized Care 800-722- 7375

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

Patterson Dental 800- 223-0576

<https://www.pattersondental.com/>

Sullivan-Schein 800-372- 4346

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

Smart Practice 800-522- 0800

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

Listed below is the telephone number for The Office of Donated Dental Services. This is a great resource for those individuals who may not be able to afford costly dental work.

(732) 821-2977



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**To: Agency Providers (Addendum to Oral Hygiene Bulletin)**

#### **CREATING A PERSONAL ORAL HYGIENE PROGRAM**

This is a personal oral hygiene evaluation and program checklist that you can use to begin to evaluate the level of ability the person with special needs has in maintaining his/her oral care program. The person who works most closely with the individual will complete this form. Upon completion, the form should be reviewed with the dentist or hygienist to solicit their recommendations for oral hygiene and care.

## Individual Oral Hygiene Skill Evaluation Checklist

Date: \_\_\_\_\_

Consumer: \_\_\_\_\_

Caregiver: \_\_\_\_\_

1. **Classification of Cleaning Skills** (please check one)

- Requires significant assistance
- Has some dexterity but insufficient cleaning techniques
- Effectively brushes with little assistance
- Requires virtually no assistance

2. **Current Brushing Method**

- Manual toothbrush
- Electric
- Specially designed toothbrush
- Cleans dentures properly

3. **Person uses toothpaste appropriately**

- Yes
- No

If yes, type of toothpaste used (e.g.: tartar control) \_\_\_\_\_

4. **Rinse**

- Rinses toothpaste from mouth/uses mouthwash
- Unable to rinse

5. **Floss**

- Able to floss
- Patient is unable to floss; caregiver assistance needed
- Flossing not indicated (consumer has no teeth)

**Date** \_\_\_\_\_

**Dentist's Oral Care Recommendations**

Tooth brushing frequency \_\_\_\_\_

Toothbrush type \_\_\_\_\_

Toothpaste type \_\_\_\_\_

Flossing instructions \_\_\_\_\_

Other \_\_\_\_\_

**Comments/Special Instructions:**

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