

A Caregivers Guide to Good Oral Health for Persons with Special Needs



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Special Olympics

Healthy Athletes

Special Smiles®



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INTRODUCTION

You're Not Healthy without Good Oral Health

For the millions of people worldwide with intellectual and 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. In the words of former United States Surgeon General C. Everett Koop, "You are not a healthy person unless you have good oral health. Oral health is part of general health and it can affect your overall health and your quality of life."

It is well documented that oral disease — tooth decay, periodontal disease, tooth loss, oral cancer — is one of the most widespread of all chronic health conditions. Unlike the common cold, which left untreated will resolve itself, oral disease can lead to complications that can be difficult and expensive to cure. The good news is that dental disease is much easier to prevent than to treat. Dentistry has made great strides in the last decade and research proves that proper oral hygiene and regular visits to the dentist can prevent many dental diseases.

This guide is designed to help you develop and maintain a complete oral hygiene program for the person with special needs. These pages are devoted to easy-to-follow instructions on proper brushing, rinsing and flossing techniques, as well as suggestions for alternate positions for these activities. You will also find important information about common dental problems, including oral health considerations during the growth and development of a child with special needs. This guide does not take the place of routine visits to the dentist. With regular cleanings and check-ups, everyone can have a beautiful and healthy smile.

CREATING A PERSONAL ORAL HYGIENE PROGRAM

This personal oral hygiene evaluation and program checklist will help to evaluate the level of ability the person with special needs has in maintaining his or her oral hygiene. The following pages will help to develop a regular and realistic individualized oral care program.

Take this form to your dentist or dental hygienist. He or she will complete it with you and talk with you about how best to help the person with special needs take care of his or her oral health.

Patient Skills Evaluation Checklist

Date: _____

Patient: _____

Caregiver: _____

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

- Patient requires significant assistance
- Patient has some dexterity but insufficient cleaning techniques
- Patient can effectively brush with little assistance
- Patient requires virtually no assistance

2. Current Patient Brushing Method (please check one):

- Scrub Brush
- Bass
- Vibration
- Circular
- Roll
- Electric

3. Does the patient use toothpaste?

- Yes
- No

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

CREATING A PERSONAL ORAL HYGIENE PROGRAM

4. Rinse (please check one):

- Patient rinses with chlorhexidine
 - Patient rinses with fluoride (please specify)
-

- Patient rinses with alternate rinse (please specify)
-

- Patient unable to rinse; caregiver uses swab technique with chlorhexidine

- Patient is unable to rinse; caregiver uses swab technique with alternate rinse (please specify):
-
-

5. Floss (please check one):

- Patient is able to floss
- Patient is able to floss with finger holder
- Patient is unable to floss; caregiver assistance needed
- Patient is unable to floss; no flossing technique currently used

6. Fluoride (please check one):

- Liquid
- Gel

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A Guide to Good Oral Health for Persons with Special Needs

CREATING A PERSONAL ORAL HYGIENE PROGRAM

Oral Hygiene Checklist

Regimen	Patient	Caregiver
Toothbrushing	<input type="checkbox"/>	<input type="checkbox"/>
Monitor Activity	<input type="checkbox"/>	<input type="checkbox"/>
Toothbrush Modification	<input type="checkbox"/>	<input type="checkbox"/>
Electric Toothbrush	<input type="checkbox"/>	<input type="checkbox"/>
Toothpaste	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride Rinse	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride Gel	<input type="checkbox"/>	<input type="checkbox"/>
Chlorhexidine Rinse	<input type="checkbox"/>	<input type="checkbox"/>
Chlorhexidine Brushing	<input type="checkbox"/>	<input type="checkbox"/>
Chlorhexidine Swab	<input type="checkbox"/>	<input type="checkbox"/>
Red Dye Program	<input type="checkbox"/>	<input type="checkbox"/>
Saliva Substitute	<input type="checkbox"/>	<input type="checkbox"/>
Floss	<input type="checkbox"/>	<input type="checkbox"/>
Reinforcers (e.g., food, TV, book)	<input type="checkbox"/>	<input type="checkbox"/>
Support	<input type="checkbox"/>	<input type="checkbox"/>
Arm	<input type="checkbox"/>	<input type="checkbox"/>
Head	<input type="checkbox"/>	<input type="checkbox"/>
Hand	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Instructions	<input type="checkbox"/>	<input type="checkbox"/>
Position of Caregiver	<input type="checkbox"/>	<input type="checkbox"/>

Other: (MI Paste, xylitol gum, etc.) _____

Additional Comments/Instructions:

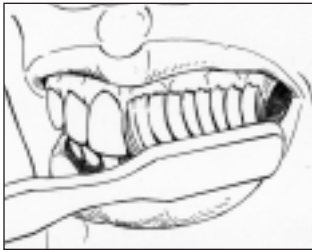
GOOD ORAL HYGIENE...STEP BY STEP

The most important part of maintaining good oral health is a person's daily oral hygiene and diet. Brushing, rinsing, a healthy diet and, if possible, flossing, will not only enhance a person's smile and self-esteem but also can avoid problems in the future.

Everyone, regardless of their ability, should brush or have their teeth brushed at least twice each day. Flossing and rinsing are equally important. However, as you may know, for persons with special needs, these tasks can be difficult.

The following instructions will help to make oral hygiene easier. They provide information on the following techniques; ways to adapt a toothbrush and positions to enhance brushing.

Brushing...Step by Step



1. Place toothbrush bristles at the gum line at a 45-degree angle to the gums. Press gently and use short strokes vibrating back and forth, or light scrubbing motion.

Reposition brush vertically to clean inside upper and lower surfaces of front teeth.

2. Start with upper teeth, brushing outside, inside, and chewing surfaces. Do the same for lower teeth. Be sure to brush each tooth.



GOOD ORAL HYGIENE...STEP BY STEP

3. To freshen breath, brush the tongue too, since it can harbor many bacteria.

4. For persons with limited dexterity, there are alternate methods of brushing. Using the "roll" method, turn their wrist slightly. With the filaments of the brush remaining flexed, follow the contours of the teeth.

Another method is the "circular" method. With teeth closed, place the brush inside the cheek with tips lightly touching the teeth. Use a fast, wide, circular motion with little pressure.

Have your dentist or hygienist recommend the best method and instruct you on how to perform it.

Rinsing...Step by Step

1. Take recommended dose of a fluoride rinse (usually a capful) and swish it around mouth for 60 seconds, and expectorate (spit), taking care not to swallow the rinse. For full fluoride protection, do not eat or drink for 30 minutes after rinsing.



2. If the patient is unable to rinse without swallowing, as in Step 1, use a cotton swab or toothbrush to place a little fluoride rinse on teeth. Your dental professional may also recommend a prescription fluoride gel treatment.

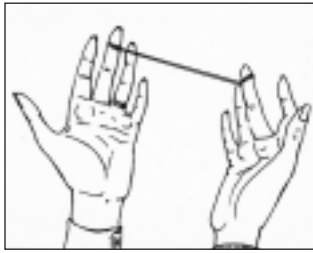
GOOD ORAL HYGIENE...STEP BY STEP

If a person gags or cannot expectorate (spit), brush with a fluoride rinse instead of toothpaste. First, brush without the rinse. Then pour a little rinse into a cup, dip the toothbrush into it, and brush.

If a chlorhexidine gluconate product is prescribed, use a sponge applicator (available in many medical supply stores) or a toothbrush/, dip into the chlorhexidine, and rub on the teeth and gums.

Flossing...Step by Step

Flossing is an important activity, but takes a high degree of manual dexterity. Many persons with special needs may not have the ability to floss. It is, however, an activity that can be done for the person.



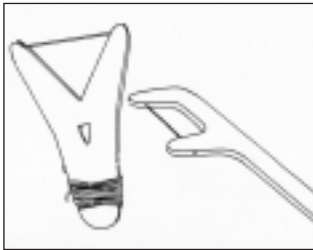
1. Take a piece of floss, approximately 18 inches long, and wrap it around the middle finger of each hand. You can also tie the ends together in a circle.



2. With the floss gripped firmly between the thumb and index finger of each hand (hold an approximately half-inch section taut for more control), work the floss gently between the teeth until it reaches the gum.

GOOD ORAL HYGIENE...STEP BY STEP

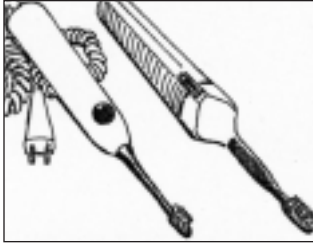
3. Curve the floss into a C-shape around the tooth. Slide it up and down the side of the tooth. Remove the floss carefully, and repeat the process for each tooth. While flossing, make certain not to injure the gums — keep your movements controlled and gentle whenever the floss is in contact with the gums.



4. Floss holders are available to help with coordination.

ADAPTING A TOOTHBRUSH

Don't give up on brushing if the person is unable to hold a brush. Here are six suggestions and possible methods to modify a toothbrush.



1. Note that even when an individual cannot manipulate a regular toothbrush, they may be able to brush their teeth on their own by using an electric or battery-operated toothbrush.



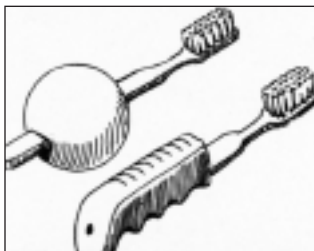
2. Consider attaching the toothbrush to an individual's hand by using a wide elastic band (taking care that the band is tight enough to secure the toothbrush but loose enough so that it does not constrict circulation).



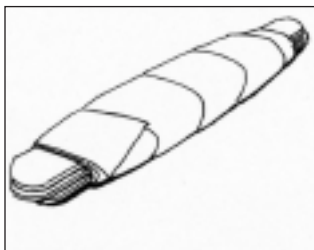
3. Depending on the composition of the toothbrush, bending a brush handle to create a more conducive angle is sometimes possible by running very hot water over the handle (not the brushhead) of the toothbrush, to soften the plastic.

ADAPTING A TOOTHBRUSH

4. If an individual cannot raise his or her hand or arm, the toothbrush handle can be lengthened by attaching extenders such as a ruler, a tongue depressor or a wooden spoon.



5. If an individual possesses only limited grasping ability, enlarge the toothbrush handle by inserting it into a sponge, a rubber ball or a bicycle handlebar grip. The thicker surface can enable them to hold it in their hand and brush on their own.



6. If an individual cannot hold his or her mouth open for the extended period of time to brush, consider trying a mouth prop. Examples of a mouth prop include three or four tongue depressors taped together, a rolled-up, moistened washcloth or a sterilized rubber doorstep.

DIFFERENT POSITIONS FOR BRUSHING

There are a number of positions you can use to clean a person's teeth. Remember that supporting the head, being able to see properly inside the mouth and ease of manipulation are important. Work with your dental professional to find the safest, most comfortable position for you and the person you are caring for.

In a Wheelchair



Method 1: Stand behind the wheelchair. Use your arm to brace the individual's head against the wheelchair or against your body. Consider using a pillow so that the person is comfortable.



Method 2: Sit behind the wheelchair and, remembering to lock the wheels of the wheelchair for safety, tilt the wheelchair back into your lap.

DIFFERENT POSITIONS FOR BRUSHING

Sitting on the Floor



Have the individual sit on the floor while you sit immediately behind them on a chair. Have the person lean his or her head against your knees. Note that if the individual is uncooperative sitting in this position, you can gently place your legs over his or her arms to keep them still.

On a Bed or a Sofa

The individual lies on a bed or a sofa with his or her head in your lap. Support the person's head and shoulders with your arm.

Note if the individual is uncooperative lying prone in this position, a second person can gently hold his or her hands and feet, as needed.



DIFFERENT POSITIONS FOR BRUSHING**In a Beanbag Chair**

If an individual has difficulty sitting up straight, sitting in a beanbag chair often lets them relax without the fear of falling. Once the person is comfortable, use the same positions as noted above for the bed or the sofa.

Lying on the Floor

Have the person lie on the floor with his or her head on a pillow. Kneel behind the individual's head, using your arm to help hold the person still, if necessary.

Remember that in any position, it's important to support the person's head. Take care to avoid choking or gagging if the person's head is tilted back.

SOME COMMON DENTAL PROBLEMS

Following is a list of some common dental problems, what they mean and what to do about them.

Bad breath: Most causes of bad breath are related to problems of the mouth. Poor oral hygiene, gum disease, dry mouth and the effects of smoking are the major contributors to this problem. If all these factors have been eliminated and bad breath still exists, certain medical conditions could exist, such as digestive problems, chronic sinusitis, diabetes or side effects of medications.

Bruxism: Grinding or gnashing of teeth is common in persons with disabilities. Bruxism usually occurs at night during sleep, but can take place throughout the day. This habit, continued consciously or unconsciously over a period of time, can result in tooth abrasion and loss of tooth structure. In permanent teeth, bruxism can lead to periodontal disease (bone loss) and/or jaw joint disorder (headaches, facial pain, etc.).

Bruxism can be diagnosed at a routine dental visit. Treatment may include bite adjustments or a bite guard appliance. Most of the time no treatment is necessary or possible. Often the habit is outgrown.

Cavities: Poor oral hygiene and a diet high in sugar can cause cavities. These must be treated in primary teeth, as well as in permanent teeth. Regular dental care will allow a dentist to treat cavities in the early stages and minimize the potential for serious problems such as dental abscesses and tooth loss. New advances in oral care such as fluoride varnish and MI Paste may be included in your oral health care plan.

Dark (blackish-bluish or yellowish) front tooth: This discoloration may indicate a change in vitality of the nerve in the tooth, usually because of a past history of trauma to the tooth. Your dentist should be consulted.

Drooling: People with certain types of disabilities are often prone to excessive drooling. This problem can be irritating to the skin of the face, neck and chest. This condition can be treated in several ways. Please consult with your health care provider as to treatment options and be sure the benefits outweigh the risks.

SOME COMMON DENTAL PROBLEMS

Dry mouth: This is a common side effect of some medications or a symptom of certain diseases. Dry mouth is regarded as a significant health problem because it can affect nutrition and psychological well-being, while also contributing to tooth decay, gum disease or other mouth infections. Professional advice should be sought because various treatments are available.

Facial or gum swelling: Swelling often indicates an abscessed tooth and is usually caused by a deep cavity or by past history of trauma with subsequent nerve damage. In primary teeth, the usual treatment is extraction; in permanent teeth, pulp therapy is recommended. Your dentist should be consulted immediately to help prevent the spread of infection.

Fractured teeth from trauma: Seek professional care as soon as possible. The sooner the treatment, the better the chance of success.

GERD (Gastro-Esophageal Reflux Disease): This can be a common problem in patients with special needs. GERD leads to an acidic environment in the oral cavity and is very erosive to the teeth. Your dentist may prescribe MI Paste to help neutralize the oral cavity acid associated with this disorder.

Medications: Persons with special needs are generally prescribed more medications, such as antibiotics, that are often taken over a long period of time. Children are prescribed medication in a liquid form that may contain syrups and sweeteners to make them more palatable. A high concentration of sugars increases the potential for decay. Many medications, such as sedatives, barbituates, and antihistamines, may reduce salivary flow, which is the natural cleansing action of the oral cavity. Some seizure medications may cause enlarged gums that frequently bleed. Aspirin or other pills are sometimes dissolved in the mouth before swallowing; creating an acidic environment that fosters decay. Rinsing or spraying the mouth with water or possibly chewing xylitol gum after each dose of medication would be a preventive measure that can help minimize these associated dental problems. Your dentist may prescribe MI Paste to your daily oral hygiene regimen to help reduce oral acidity.

SOME COMMON DENTAL PROBLEMS

Over-retained primary teeth: A primary tooth still in position with a permanent tooth trying to come into the same space is over-retained, and should be removed immediately. The presence of primary teeth in teenagers and adults may indicate a potential problem, such as a congenitally missing or an impacted permanent tooth. Regular dental care will allow the dentist to monitor this situation.

Periodontal disease: Also known as gum disease, periodontal disease is caused by bacteria, and it advances in stages, destroying the gum tissue and ligaments that connect the teeth to the bone. Periodontal disease will also destroy the bone that anchors the tooth, leading to eventual tooth loss. Symptoms include bad breath or a funny taste in the mouth. Daily oral hygiene and regular professional care are the keys to preventing or minimizing periodontal disease.

Permanent tooth accidentally knocked out of the mouth: Try to stick the tooth back into the socket as soon as possible. Hold it firmly in place until help is obtained. If you are unable to replace the tooth in the socket, put the tooth in milk, water or ice. If primary or permanent teeth are moved out of position, seek professional care immediately.

Primary tooth accidentally knocked out of the mouth: Leave the tooth out and seek care immediately. Bring the tooth to show the dentist. If the tooth is intruded (pushed up) because of injury, it can be left to re-erupt, but must be carefully monitored.

Sensitivity: The root of a tooth may become exposed because of age, self-inflicted trauma, and improper tooth brushing technique, or excessive force during tooth brushing. If discomfort is present, let your dental professional know because it can often be treated through the use of fluoride varnish or desensitizing toothpaste.

Soft diet: Many people with disabilities have difficulty in their eating abilities, including biting and chewing. Because of these factors, their diets are often limited to soft foods and liquids. This diet does not always provide the dentition, gums, and oral musculature with mechanical stimulation. Some people with special needs tend to hold soft foods in the mouth longer (pouching, or pocketing), creating an environment for bacterial activity. Brushing and rinsing are therefore very important.

SOME COMMON DENTAL PROBLEMS

Tartar (calculus): Plaque deposits that become calcified or hardened on the teeth and under the gums are called tartar. Tartar contains bacteria that can irritate gums causing gingivitis and bleeding. Regular brushing, insing, and flossing will reduce tartar build-ups.

Vague pain in gums: Check for canker sores. These are very common and can occur anywhere in the mouth. Medications can be given to relieve the pain; avoiding hot and spicy foods and drinks will diminish discomfort. If the pain does not go away within 48 hours, seek professional care.

Wisdom teeth: Occasionally the wisdom teeth will cause pain during their eruption. An infection may occur when the tooth is not fully erupted. If swelling arises, immediate care is necessary to prevent the spread of infection.

ORAL HEALTH CONSIDERATIONS DURING THE GROWTH & DEVELOPMENT OF A CHILD

- Try to prevent thumb-sucking, finger-sucking or pacifier habits, which may cause future malocclusions (bite abnormalities), because the child may not be amenable to orthodontic therapy.
- Keep an infant's gum pads clean to help reduce teething discomfort. Use a gauze wipe or a washcloth.
- An early initial dental exam is important to monitor proper growth and development and to detect dental decay. It will also help to mold the child's behavior by providing a positive initial experience.
- Be aware of "Nursing Bottle Mouth" or "Early Childhood Caries"; do not put the child to bed for a nap or a night's sleep with a bottle of sweetened liquid in his or her mouth (e.g. milk, formula or fruit juices). When the child is sleeping, a decrease in salivary flow allows the sugary liquid to remain in the child's mouth for a longer time, causing tooth decay. Demand breast-feeding over a long period of time can cause a similar problem.
- Some liquid medications contain from 30 percent to 50 percent sucrose, such as those used for preventing heart disease, seizures or recurrent infections. These sugar-laden oral medications are most often given at nap or bed time, when salivary flow is diminished and will not wash away the liquids. Give the doses of medications when the child is awake, and have the child rinse thoroughly after each dose. Be sure to inform your dentist of the medications the child is taking, and the frequency and time of the dosages prescribed. Request sugar-free medications from your pharmacist.
- There is a wide range of timetables for the eruption of primary and permanent teeth. Frequent dental care (at least semiannually) can help to ensure proper guidance of developing teeth and, if necessary, early interception of future malocclusions (bite abnormalities).
- If the child's primary tooth has not fallen out and the permanent tooth is erupting, seek care as soon as possible. Prompt removal of the primary tooth can prevent a crossbite or other orthodontic problems that may not be easily treatable.
- If tooth crowding is present, an early orthodontic consultation is advisable. There are certain procedures that may limit or possibly avoid extensive orthodontic treatment.



Special Olympics

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Special Olympics is an international nonprofit organization dedicated to empowering individuals with intellectual disabilities to become healthy, productive and respected members of society through sports training and competition. Founded in 1968 by Eunice Kennedy Shriver, Special Olympics provides year-round sports training and competition to over 2.5 million children and adults with intellectual disabilities in more than 165 countries. Special Olympics provides one of the world's greatest platforms for acceptance and inclusion for all people — regardless of race, religion, ethnicity or cultural differences.

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