

4. Oral Risk

Cleaning will become harder once a brace is in the mouth. Remember more time will be needed as well as use of a high fluoride dose toothpaste and mouth rinse. The use of an electric toothbrush or adaptations to a manual toothbrush may help. Advice can be sought from the hygienist. Patients who require a third party or multiple members of the team to care for their oral health may not be suitable for orthodontic treatment.

5. Legal and Ethical

Assess the risk versus the benefit of orthodontic treatment before commencing treatment. A patient would need to have a level of understanding. Use of social stories, translators and advocates may help but it may be difficult for a child with additional needs. A second clinical opinion may be required.

6. Treatment complexity

Fitting a removable brace in a patient is simple but it may be hard for the patient to tolerate. Placing a fixed brace is moderately difficult as is cleaning the brace and having the brace removed. Remember retainers have to be worn at the end of treatment to keep the teeth straight.



What can I do?

- **Use social stories, YouTube videos and library material to prepare your child.**
- **Make sure your child's teeth are clean with no decay.**
- **Be prepared to have several visits before any treatment is carried out.**
- **Brace treatment can be uncomfortable. Be prepared to help manage it.**
- **Communicate with the orthodontist to best help your child.**
- **Understand that the treatment offered will be the best suited to your child's needs and teeth.**

Any further questions? Please ask your dentist, orthodontist or hygienist.

Further information:-

Autism Society www.autism.org.uk
British Society of Paediatric Dentistry www.bspd.co.uk
British Society of Disability and Oral Health
www.bsdh.org
Community Dental Services
www.nhs.uk/NHSEngland/AboutNHSservices/dentists/Pages/community-dental-services.aspx
NHS direct
www.nhs.uk
Social Stories
www.autism.org.uk/Aboutautism/Health
www.dentalhealth.ie/specialneeds/socialstoryforchildren.html

This leaflet has been produced with guidance from the Plain English Campaign and British Dyslexia Association to make it easier for you to read

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Patient Information Leaflet

ORTHODONTICS AND THE CHILD WITH ADDITIONAL NEEDS

BOS
BRITISH ORTHODONTIC SOCIETY

Registered Charity No 1073464 www.bos.org.uk

The child with additional needs

Children with additional needs can access orthodontic services, however, the level of orthodontic care that can be accessed may depend on:

- The level of understanding of the patient.
- The level of cooperation that can be given.
- The amount of time and effort the parent or carer is able to give.
- The enthusiasm and experience of the orthodontist and the clinic surroundings.

The amount of care offered can vary based on your child's individual treatment need and requirements. Some community units and most hospital units are able to consider care for the child with additional needs. However specialists on the high street may also be able to offer care in certain situations.



These are a few key points to consider:

1. Cooperation

Orthodontic treatment with braces requires no active decay, a good standard of tooth brushing and very good cooperation. If your child is able to tolerate sitting in the dental chair and have work such as cleaning, filling or extractions done then treatment can be considered. A barometer of cooperation can be assessed at the initial visit. Having photos of the face is reasonably easy but having photos of the inside of the mouth harder. Having an examination is relatively easy but having impressions (moulds of the teeth) or an xray of the whole mouth can be difficult.

If your child requires sedation or even a general anesthetic for dental treatment then the level of orthodontic treatment offered maybe limited and consist of dental extractions only. Routine orthodontic treatment involves a long-term commitment consisting of multiple visits to your orthodontist. A general anesthetic or sedation is not usually given for routine orthodontic treatment in the UK.

Further consideration may also need to be given if your child requires:

- Extra time.
- Several short acclimatising visits.
- Times when cooperation is best.
- Low level lighting or low noise.

Make sure you discuss this with your dentist before the referral is made and ask before attending the orthodontic appointment.



2. Medical

Most medical conditions, as long as they are controlled, will not preclude patients from accessing orthodontic care. The treatment plan will have to take into account the condition and the stage e.g acute or chronic, ongoing or limiting. Because the brace will be in the mouth for 18-24 months the patient will need to attend regularly for that length of time. Extractions as part of the plan may require referral for sedation or GA.

3. Access

If your child can physically access the dentist then they should be able to attend the orthodontist. If you require parking close to the surgery remember to enquire when the referral is made.

If you wheelchair access is required contact the practice beforehand and look at the NHS Direct website (<https://www.nhs.uk/nhs-direct>) or phoning before hand.