

PSILENT PRODUCTIONS

Dr. Greg Psaltis

Olympia, WA

Phone and FAX: (360) 413-5760

e-mail: drpsaltis@orcalink.com

Website: www.psaltis.info

So Little Room, So Much to See **(The Complete Pediatric Dental Exam)**

I. Pre-appointment considerations

A. Informing parents about philosophy

- 1. Brochures or information sheets from your practice**
- 2. On the phone through the Front Office Personnel**
- 3. Sets tone for entire relationship with person who decides to come back**

B. Establishing Rapport

- 1. Critical to success of first visit and subsequent ones**
- 2. Opportunity to demonstrate behavior you prefer them to exhibit**
- 3. Without cooperation, adequate exam is already difficult**

C. Medical History

- 1. Children with significant histories will usually be more resistant**
- 2. Some medical situations require special care**

D. Gross Evaluation of the child

- 1. Physical condition**
- 2. Receptiveness or resistance**

The Complete Pediatric Dental Examination

II. Oral Examination

A. Hygiene

- 1. Problem areas give clues to source of caries activity**
- 2. Helps determine where to place emphasis on instruction**
- 3. Age may dictate which hygiene procedures to emphasize**

B. Caries

C. Existing restorations

- 1. Indicate whether child has been exposed before to dentistry**
- 2. Shows the trends in caries activity**

D. Dental Development

- 1. Balance and symmetry**
 - a. Be aware of average tooth eruption sequences**
 - b. Notice any areas that are not developed at a similar level**
 - c. Look more deeply into causes for these discrepancies**

2. Delays

- a. Over-retained teeth**
 - i. Mobility**
 - ii. Extent of root resorption**
- b. Congenitally missing teeth**
- c. Fused or geminated teeth**

3. Disturbances

- a. Ankylosis**
- b. Supernumerary teeth**
- c. Enamel dysplasias**

E. Arch Form

- 1. Symmetry**
- 2. Length**
- 3. Molar relationship**
- 4. Inter-arch relationships**
 - a. Crossbites**
 - b. Vertical problems**
- 5. Intra-arch relationships**
 - a. Ectopic eruption**
 - b. Early tooth loss with loss of space**

F. Soft Tissue

G. Habits

- a. Finger-sucking**
- b. Bruxism**
- c. Mouth breathing**

The Complete Pediatric Dental Examination

III. Radiographs

- A. Caries**
- B. Restorations**
- C. Apical pathology**
 - 1. When to treat pulp versus extract**
 - 2. Second primary molars are better root canal candidates than first molars**
- D. Developmental disturbances**
 - 1. Supernumerary teeth**
 - 2. Congenitally missing teeth**
 - 3. Root development**
 - 4. Ankylosis**

IV. Early Orthodontic Referrals

- A. Skeletal problems**
 - 1. Class II and Class III relationships**
 - i. Good to refer early for evaluation**
 - ii. Must determine which skeletal component is discrepant**
 - 2. Open bites**
 - i. Is this a true skeletal problem?**
 - ii. Has this been caused by a habit?**
- B. Arch length deficiencies**
 - 1. Is this congenital in nature?**
 - 2. What is the molar relationship?**
 - 3. Has early tooth loss and drifting created this problem?**
- C. Timing of referral**
 - 1. Dental maturity-- want first permanent molars and lower incisors erupted**
 - 2. Skeletal problems lend themselves to early treatment during growth**
- D. Philosophies**
 - 1. Treat in two phases**
 - a. Correct skeletal problems early**
 - b. Used fixed appliances to finish the case after permanent teeth erupt**
 - 2. Functional appliances**
 - 3. Wait until child has all permanent teeth**