

Examining children in dental practice

The best approaches when examining young children, including specific positions and general considerations for this cohort of patients.

Children under the age of six have been identified as a priority group in the national oral health policy, Smile agus Sláinte. Three 'packages' of care have been proposed for this group. Package one covers children from birth to two years old, and packages two and three cover children from two to six years old.¹ While epidemiological evidence regarding the oral health status of young children in Ireland is limited, a recent cross-sectional study indicated that early childhood caries affects at least one in three young children by the age of five.² Early engagement with oral healthcare professionals offers an opportunity to develop a good rapport between practitioner and child, acclimatise the child to the dental environment, and provide early preventive oral healthcare advice.² With appropriate planning, simple techniques, and a flexible approach, a first appointment can be a productive and positive experience for all involved.

General tips

1. The dental team should be friendly and engaging, and the surgery should be clean and tidy. Avoid having a lot of distractions present, e.g., unnecessary equipment.
2. If possible, set expectations in advance of a visit, using pre-visit communication such as cartoons/stories.
3. Always discuss planned techniques with the parent/guardian and obtain consent in advance.
4. Booster cushions are available for dental chairs and are suitable for children under 150cm in height.
5. A loupe light or mirror with an attached light can be extremely useful for out-of-chair examinations (**Figure 1**).
6. A toothbrush and gauze are useful, non-threatening, and familiar tools for examining children.
7. Ask parents ahead of the appointment to bring weighted blankets, comfort blankets, or cuddly toys as these can be very soothing, especially for small children on their first visit.
8. Engaging a child in a choice of no consequence can reduce dental anxiety and aid behaviour management, e.g., "What colour toothbrush would you like?"



FIGURE 1: An LED pen light with dental mirror attachment (DENTMATE LUMINDEX 3).



FIGURE 2 (left): Knee-to-knee exam: The child's head is supported on the way down. FIGURE 3 (right): The dentist's and parent's knees act as a flat surface for a child to lie on.



Dr Rachel O'Donoghue BDS NUI PDip PCD RCSI
Senior House Officer Paediatric Dept.
Cork University Dental School and Hospital

Corresponding author: Dr Rachel O'Donoghue, E: rodonoghue@ucc.ie

Dr Siobhán Lucey BDS PGDip(TLHE) MFDS MCLinDent MPaedDent FDS (Paed Dent) RCSI
Consultant/Senior Lecturer in Paediatric Dentistry, Cork University Dental School and Hospital

Treatment positions

Accommodating certain children may require a combination of examination positions, for example, using a knee-to-knee technique in an alternative setting such as an office space. The main goal is to see as much as one can with the optimum lighting while keeping a young child comfortable and content, which is not an easy feat! **Table 1** and **Figures 2-7** describe and display positions in which young children can be examined.

Knee-to-knee position

The knee-to-knee position, which is described in detail in **Table 1**, is a particularly useful tool and worth explaining to the accompanying adult in depth. The dentist is close to the adult and child, so it is imperative to ask for permission to use this approach. Firm foot contact with the ground to maintain a solid base for the child is best. This can be achieved by using a standard set of chairs or lowering a rotating dental chair or saddle. This position is most successful when both adults are relaxed, and the child is kept as calm as possible and soothed when needed. The slow descent of the child's head ensures safety and comfort (**Figure 2**). Eye contact between the

child and adult, as seen in **Figures 3** and **4**, can have a pacifying effect. A dental assistant can be helpful in providing encouragement to both child and adult while ensuring good lighting and charting. This position can also be utilised at home by parents for brushing a child's teeth and checking for the arrival of new teeth.

Conclusions

Examining children aged six and under requires flexibility in approach, an open mind, and patience. Early engagement is key in preventive dentistry. This age group are some of the most enthusiastic patients and seeing them in practice can be both a pleasure and a privilege.

References

1. Department of Health. Smile agus Sláinte – national oral health policy. Dublin, Dept of Health. 2019.
2. James P, Harding M, Beecher T, *et al*. Fluoride and caring for children's teeth (FACCT): Clinical fieldwork protocol. *HRB Open Res*. 2018;1(4):7-13.
3. Neumann L. Once upon a time. *Ins Dent*. 2008;4(5):1-13. Available from: <https://www.aapd.org/assets/news/upload/2008/2637.pdf>.

Table 1: Suggested positions for examining young children.

	The 'knee-to-knee' exam (Figures 2-7)	Child on parent's lap	Alternative chair/setting
What?	The child sits in his/her parent's lap and leans back into the lap of the dentist.	Child sits with a parent, facing the same direction as the parent. The child's head may be positioned in the nook of the parent's elbow.	Child may be seated on a beanbag, a wheelchair/buggy or on the floor.
Who?	From birth to two years approximately.	Children aged two years and older.	Children aged two years and older.
Where?	Dental professional and parent on standard chairs.	Parent can sit on dental chair.	May take place in a waiting room, car or office space.
Advantages	Avoids separation anxiety; child and parent are facing each other at all times. Parent plays active role in holding child. Good visibility for parent. Can be completed in a non-dental environment.	Parent assists in holding the head and/or hands. Access to dental light, air and water syringe, and bracket table. Introduces the dental chair.	Child may feel more comfortable. Can be used to empower a child by giving them a choice. Can be completed in a non-dental environment.
Disadvantages	Dental professional, child and parent in very close proximity. Child may resist lying back.	May become reliant on parent.	Lighting may not be ideal. May be more difficult to access air and water syringe and bracket table.



FIGURE 4: Eye contact with the baby is maintained by their parent/guardian and their hands held.



FIGURE 5: An examination in a buggy.



FIGURE 6: Examination on a beanbag.



FIGURE 7: An examination taking place with the child's head in the crease of their parent's elbow.