Beyond Caries and Loose Teeth
(The Unique Components of a 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
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II. Oral Examination  
A. Treatment Planning  
1. Prioritizing  
   a. Posteriors are always highest priority  
   b. Anteriors can wait—lower priority  
   c. Consider referring emergency extractions  
2. Sequencing  
   a. Relieve pain  
   b. Mandibular arch first (profound anesthesia)  
   c. Save easiest (and quickest) quadrant for last  
3. Treatment planning considerations  
   a. Age of patient—younger children in the morning  
   b. Minimize number of visits  
   c. Consolidate visits  

C. 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  

D. 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
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III. Radiographs
   A. Importance of radiographs for developmental disturbances
      1. Anomalies are often asymptomatic
      2. Only radiographs will find them
   B. 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