

Questions from the audience:

1. Valerie Rynne: Are these OT collaborative efforts extending to adult dental care settings?

We see both pediatric and adult patients with developmental disabilities at University Pediatric Dentistry. These efforts can certainly be extended to adults with a variety of disabilities as well.

2. Jennifer Banna: This is great information, were family members of individuals with idd/dd consulted when developing these tips? Were the individuals with idd/dd asked about their preferences?

We have surveyed families about barriers and facilitators to dental health care through formal survey research and have included those tips in this presentation. We have also had families complete surveys about the positive and negative aspects of having OT in the dental office as consultants, and have included that information in the presentation. Finally, a recorded pilot video that was used as the foundation of this presentation was reviewed by individuals with developmental disabilities and their families and their ideas were used to inform this presentation.

3. Kathy Leibowitz: Are there any programs for dental students/residents to learn OT as part of their curriculum?

We are not aware of such programs at this time, but it is a great idea!

4. Marcelene Brabender: Regarding wheelchair transfer, I was told by a Physical Therapist never to lift from under the armpit, but rather lift at waist. Would you kindly comment?

As we discussed, you definitely do not want to hold someone by their armpits as this can cause brachial plexus damage. The NIH guide we used shows holding onto the person's arms, which are braced against the chest. <https://www.nidcr.nih.gov/sites/default/files/2017-09/wheelchair-transfer-provider-guide.pdf>

5. Karleigh Volk: These devices look like a wonderful aid. I wonder if they would ever be useful for other patients in the dentist chairs... Is there any research about such pillows/knee rolls for geriatric patients or patients with chronic pain?

Yes, these can be used with a variety of patients. Check out the specialized products catalog listed in our resources list and also found here <https://specializedcare.com>

6. Elizabeth Isralowitz: Can you talk about how to tell the difference between the noted oral reflexes and perseverative oral behaviors and behaviors related to anxiety?

Reflexes are elicited in response to specific stimulation. They are not present when the stimulation is not present. They are also not voluntary. Perseverative oral behaviors are seen for a variety of reasons, but are not a response solely to a specific type of stimulation. We often see perseverative oral behaviors and behaviors related to anxiety as a means of self-regulating, and that can often be decreased when the patient is comfortable and when their sensory needs are being met and they are being communicated with. We will talk about that a bit more next week in "behavioral support"

7. Jennifer Banna: Who coordinates with OT/PT to participate in positioning at the dentist office? Do you know how insurance typically sees this?

We are in the early stages of this collaboration and those are very good questions that we have yet to work out. We would love to hear from others who may have experience with this!

8. Sharon Cermak: How would a dentist bill for the costs of having an occupational therapist at a visit?

I think the billing would need to come from the OT, but I am not sure. This is something we should start looking at as OTs as I think this is an area of primary care for which we have much to offer.

*I think that if diagnosed as a “medical need”, there may be funding ... in California, I believe that our Regional Centers might have access to some funds for additional services...

9. Meghan McAlary: Would a bite block be encouraged or discourage in someone who has a tonic bite?

A bite block would likely be helpful as it would allow the moth to remain open safely during the procedure.

*the size of the bite block needs to be appropriate, start with small to larger... frankly the ones that are labeled “Child” fit an adult....AND I recommend the bite block that has a handle with a hole for a saliva ejector tip. The handle helps for placement AND if the patient coughs or gags... you don’t worry about it falling towards the throat....they come in three sizes...
<https://specializedcare.com>

10. Anonymous Attendee: What are your thoughts about using sedation for dental procedures?

I am going to leave this for Dr. Dian

Depends on emergency or non emergency as well as health risk. Non pharmacologic means such as desensitization would be less traumatic... The use of OT with adjuncts like weighted blanket and “wraps” seem less invasive to me... After dutiful attempts, and if airway is not an issue, then I consider oral sedation.... The last resort being general anesthesia... IMHO... Allen

11. Anonymous Attendee: Are the OT students integrated with the Dental School Clinics? Rotation?

We are in the process of formulating an OT fieldwork placement that would allow the OT students to rotate with the dental residents.

12. Elizabeth Isralowitz: What's the name of the blanket that can be wiped down?

Sommerfly weighted blanket with cover. It is in the resource list in this folder.

<https://tinyurl.com/dentalcomfortwebinar>

13. Elizabeth Isralowitz: Also wondering what advice you guys have for other practitioners, such as BCBA's who work with home oral care and preparing clients for their dental visit? What are some of the barriers to working with individuals from other disciplines? I don't know of any barriers to working with individuals from other disciplines. Next week we will talk more about preparing for the dental office visit and the use of social stories and home and school practice.

14. Debby Narcisso: Can we get a copy of the caregiver survey?

The caregiver survey is in the resource file <https://tinyurl.com/dentalcomfortwebinar>