Information Concerning Patient Management Techniques

Informed Consent indicates your awareness of sufficient information to allow you to make an informed personal choice concerning your child’s dental treatment after considering the risks, benefits and alternatives. Please read this form carefully and ask about anything you do not understand. We will be pleased to explain it.

It is our intent that all professional care delivered in our dental operatories shall be of the best possible quality we can provide for each child. Providing a high quality of care can sometimes be made very difficult, or even impossible, because of lack of cooperation of some child patients. Among the behaviors that can interfere with the proper provisions of quality dental care are: hyperactivity, resistive movements, refusing to open mouth or keep it open long enough to perform the necessary dental treatment, and even with aggressive or physical resistance to treatment, such as kicking, screaming and grabbing the dentist’s hands or the sharp dental instruments.

All efforts will be made to obtain the cooperation of child patients by the use of warmth, friendliness, persuasion, humor, charm, gentleness, kindness, and understanding.

There are several behavior management techniques that are used by dentists to gain the cooperation of child patients to eliminate disruptive behavior or prevent patients from causing injury to themselves due to uncontrollable movements. The more frequently used pediatric dentistry behavior management techniques in our office are as follows:

Tell-Show-Do: The doctor or dental assistant explains to the child what is to be done using simple terminology, then shows the child what is to be done by demonstration with instruments or a model or the child’s own finger. The procedure is then performed in the child’s mouth as described. Verbal praise is used aggressively to reinforce cooperative behavior.

Positive Reinforcement: This technique rewards the child who displays any behavior which is desirable. Rewards include praise, a pat on the back, a hug or a prize.

Voice Control: The attention of the disruptive child is gained by changing the tone or increasing the volume of the voice. Content of the conversation is less important than the abrupt or sudden nature of the command. It is not shouting at the child, or use of any angry tone, but may be a firm tone.

Mouth Prop: A solid device is placed in the child’s mouth to prevent closing when a child refuses or has difficulty maintaining an open mouth. Use of a “tooth pillow” comfortably allows the child to rest the teeth on a solid point, eliminating having to hold open.

Verbal Praising: The most commonly used method to solicit good behavior. Example: “That’s good, sit still Billy”.

Distraction: Sudden, fast, intensive, animated talking often successfully diverts the attention for a crying child long enough to reestablish real communication with the child.

Ignoring: Minor unwanted behaviors can often be ignored when they do not interfere with the procedures at hand. This technique can be sometimes used as a method for the child to successfully vent their stress.

Playful Physical Contact: Tickling works wonders!

Typically the various positive techniques are tried rapidly in succession until one is found to work. When these methods fail, the following may be considered:

Hand-Over Mouth (HOM): HOM is commonly accepted and effective behavior management method. A hand is placed over the child’s mouth and behavior expectations are calmly explained. The child is told that the hand will be removed as soon as appropriate behavior is reinforced. This method may require re-application.

Physical Restraint: Papoose boards, Pedi-wrap, and holding the child are restraining devices/techniques for limiting the child’s movements to prevent injury and to enable the doctor to provide the necessary treatment. The child is restrained to secure arms and legs comfortably but securely, and is placed in a reclined dental chair.