

# Improving dental care for special needs children



## Small changes, big impact

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The American Academy of Pediatric Dentistry (AAPD) and the American Academy of Pediatrics (AAP) advocate taking your child to the dentist six months after the eruption of the first tooth or at 1 year of age, whichever comes first, to establish a dental home.<sup>1</sup> Yet taking your child to the dentist can be a daunting task, and many parents do not take this advice.

Parents of children with special needs face real hurdles when it comes to dental care. A trip to the dentist can overwhelm the senses—loud sounds, unfamiliar tastes, strange sights, odd sensations, and new smells. In an effort to protect their child, some parents delay visits until they're older. But that delay can make things harder, not easier.

Starting early helps children get comfortable with the dental environment and builds a strong foundation for lifelong oral health. It also gives parents the guidance they need—what to expect as their child develops, how to brush effectively, and how to make daily care feel manageable. Just as important, it establishes a trusted provider when questions, injuries, or emergencies come up.

Parents may struggle to find an office willing to treat their children's individual needs. Offices may feel ill-equipped, there may be physical barriers that create a challenge, and insurance coverage may be an obstacle, too.

One thing providers can do is make our offices physically welcoming to help set children up for success. Private operatories with doors and rooms with volume control for the office sound system create a calm environment. Ear plugs for sounds, sunglasses for light sensitivity, and no-flavor options for taste can also help. Additionally, investing in equipment and technology supports the most effective, efficient, and comfortable patient appointment (e.g., selecting quieter options for handpieces and using air-polishing technology for cleanings). Biofilm removal is a clinical imperative—many of my patients who cannot complete a traditional prophylaxis sit through an air-polishing procedure with markedly less distress.

Insurance codes support providers to be compensated for the additional time, staffing, and behavioral strategies required to treat patients with sensory and behavioral challenges that may impede routine care.<sup>2</sup> There are codes for desensitization visits and also for more frequent cleanings than the standard every six months. By seeing patients more often, dentistry becomes routine and they remember the positive experience and exhibit less resistance. There is less time for calculus to accumulate, which makes removal easier and reduces the chair time necessary for a patient to stay still. By making

the tasks more manageable, we are setting patients up for success.

While pediatric dentists and those with special patient care training have skills for these patients, not every employee feels as confident. It is important to educate and invest in our team members' knowledge. A calm, patient attitude, tell-show-do technique, and transparency in our next steps helps every patient feel comfortable.

No two patients are the same, but being cognizant of office design, armamentarium, and possible triggers can help create a healthy, judgment-free visit. With the proper foundation, neurodiverse patients often become our easiest patients because they love routine and structure and have determination beyond measure. **DE**

### REFERENCES

1. The dental home: It's never too early to start. American Academy of Pediatric Dentistry Foundation. February 2007. <https://www.aapd.org/assets/1/7/DentalHomeNeverTooEarly.pdf>
2. American Academy of Pediatric Dentistry. Management of dental patients with special health care needs. In: *The Reference Manual of Pediatric Dentistry*. American Academy of Pediatric Dentistry; 2025:364–371.

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