For the last 25 years I have treated individuals with special needs. My guess is that most of you have as well, although you may not have realized it at the time.

“Special Needs Patient” is used in the oral health field to describe an individual with special needs, including physical, medical, developmental and/or cognitive conditions, resulting in limitations in their ability to receive dental services and prevent oral diseases by maintaining daily oral hygiene.¹

Our child patients, geriatric patients, and fearful patients can all meet this definition.

The Pennsylvania 2010 census data indicated that over 5,000,000 households included people over 60 years of age; there were over 600,000 people over 5 years old with an independent living difficulty; and over 316,000 people with self-care limitations in non-institutionalized settings.² Where should these half a million people go for dental care if not to your office? What about the adults in your care already who may become that geriatric patient in the next 10 years? Should we dismiss a patient who finds themselves on more than five medications for five different medical issues? Of course not! So, why the great mystery or refusal to treat some of the most vulnerable individuals in our community because they are classified as “special needs?”

With the deinstitutionalization of individuals into group homes, more people living at home, and the Americans with Disabilities Act, providers in general practice are finding that individuals with special needs are seeking care in general practice settings.
Research regarding the association between medical and dental comorbidities is becoming more commonplace (see Figure 1). As a result, the patient centered interdisciplinary model of care is becoming the norm in care management. Physicians are taking notice of the teeth on their way to the tonsils and making referrals to their dental colleagues. Some practice providers are applying fluoride varnish. The coordinated care of the population is meant to meet the needs of every patient from the most complex to the least.

Figure 1.  
Medical Complications Associated with Oral Disease

Each person, regardless of age or ability level, needs an oral care plan. Identifying the physical, behavioral, emotional, and social limitations that may prevent participation in and/or execution of an oral care plan is the first step in creating a workable plan. Once limitations are identified and a plan is created, the entire health care team can work to overcome these limitations and successfully treat the special patient.

Identifying physical limitations includes knowing the medical history, ambulation, dexterity, and other traits of the individual. Our office personnel and the primary care provider need to communicate and clarify the patient’s current medical condition, medical history including surgeries, and all medications including over the counter and herbal medications. Reviewing a comprehensive medical intake form (see attachment 2) with the primary care person for and/or an individual and with the primary care physician (PCP) is the best assurance that this information is complete. Consulting with a pharmacist about medications that the person is taking and that you may want to prescribe is also a necessary step for many of the complex patients we care for. I have always found this type of communication is welcomed by our medical colleagues and appreciated by the care givers of the people I serve. Reviewing and updating this information on a regular basis is also imperative. Simply asking if there have been any changes is not adequate. We have all been to our physician and had a staff person take our vital signs and read through our list of medications and ask if it is accurate and complete. As oral health providers, we need to be following the same protocol. After all, we are physicians trained to understand the medical conditions of our patients and the potential risks associated with those conditions in the dental care setting. The best time to obtain this information is before the person has their first visit to your office. This not only gives you time for consultations, but time to investigate developmental diagnoses you may not be familiar with. Many individuals and their care givers do not have the information needed with them when they come for the first appointment. Many cannot tolerate waiting the time it takes to fill out these forms. Being prepared will make the first visit more efficient and enjoyable for everyone.

Breaking down the information regarding syndromes and the medical history makes treating the individual less intimidating and allows you to be adequately prepared to provide dental care and develop an oral health plan. For example, many individuals with Trisomy 21, also called Down Syndrome, can have numerous complications of varying degrees.
How to approach the history and possible treatment needs is best sorted out before they arrive at your office for their first visit, whether an exam may be possible, or simply a meet and greet to allow them to become familiarized with your environment to ease their anxiety.7,8,9

Once the syndrome is broken down, the complications are not that hard to manage in most dental offices. I encourage all oral health providers to access the training modules on the Pennsylvania Coalition for Oral Health website for more information regarding the treatment and management of the special needs patient’s oral health care at www.paoralhealth.org/webinars. These special needs modules (see Attachment 3) will walk you through important information and “tricks of the trade” that I have utilized in my long career treating the special population.9 The most important thing needed in any practice to accommodate these individuals is patience, kindness, and a willingness to get out of your box and into theirs! Treating the special population will be the most rewarding part of your practice. Experience the joy I have had in my career by becoming a provider to the most vulnerable and most grateful patients of your career.

1 **Intellectual limitation:** These can be mild to severe, affecting how well they can understand and follow instructions.

2 **Congenital heart condition:** may require antibiotic prophylaxis. Consult with primary care physician and/or cardiologist.

3 **Immune suppression:** may require antibiotics before, during, after more invasive procedures.

4 **Respiratory problems:** may need to watch positioning in chair, have oxygen available PRN.

5 **Vision problems:** may need to allow to feel things, and warn when about to enter mouth

6 **Thyroid problems:** hypothyroidism is possible, monitor heart rate and temperature

7 **Midface insufficiency:** difficulty breathing through nose, may require more breaks during treatment

8 **Megaglossaly:** decreases airway (Mallampati score) making sedation more risky

9 **Congenitally missing secondary teeth:** treatment of retained primary teeth may be needed

10 **Atlantoaxial insufficiency:** watch positioning, provide neck pillow for support.

11 **Limited dexterity:** may require modification of oral health implements for patient and care giver