

# Practical Oral Care for People With Developmental Disabilities

*Making a Difference*

## Continuing Education for Oral Health Professionals

**Credits:** 2 hours

**Course Goals:** The purpose of this continuing education activity is to review medical and dental considerations for people with mild or moderate developmental disabilities and to provide strategies for oral care. The physical, behavioral, and mental challenges and the oral health problems associated with developmental disabilities will be discussed.

**Learning Objectives:** Upon completing this activity, the participant will be able to

1. Describe the physical, mental, and behavioral challenges of patients with developmental disabilities and identify approaches to management.
2. Discuss the most common oral health problems in patients with developmental disabilities and strategies for oral care.
3. Educate caregivers about how to help clients with developmental disabilities maintain a healthy mouth.

**Assessment Method:** Post-test only.

**Course Instructions:** This is a continuing education home-study activity. It has two parts—the course and the post-test. Most state dental boards will accept the course toward fulfillment of continuing education requirements for licensure renewal. However, the course is not valid unless you take the post-test and send it in to be graded. If you pass (19 or more correct answers), you will receive a certificate of completion that you can submit to your state dental board or keep on file in the event of an audit, depending on the rules in your state.

The post-test is based on the booklet, *Continuing Education: Practical Oral Care for People With Developmental Disabilities*. After you have finished reading the booklet, take the post-test, complete the answer sheet on the last page, and submit it to the National Oral Health Information Clearinghouse (NOHIC) **by June 30, 2019** for grading. You must provide your complete name and address in order to receive credit. You will receive notification of your test results in 2 to 3 weeks. There is no fee for this continuing education course.

NOHIC is a service of the National Institute of Dental and Craniofacial Research, an American Dental Association Continuing Education Recognition Program–recognized provider.

**This continuing education activity is also available online at  
<http://www.nidcr.nih.gov/OralHealth/Topics/DevelopmentalDisabilities/>**

1. A developmental disability
    - A. Affects the mind, the body, and the skills people use in everyday life.
    - B. Is usually present in childhood or adolescence.
    - C. Lasts a lifetime.
    - D. All of the above.
    - E. None of the above.
  
  2. When treating a patient with mobility problems
    - A. Clear all paths within the treatment setting.
    - B. Always transfer your patient from a wheelchair to the dental chair.
    - C. Treat all patients in their wheelchairs.
    - D. A sliding (transfer) board is often helpful when treating a patient in a wheelchair.
    - E. A and D only.
  
  3. To safely deliver oral care to a patient with uncontrolled body movements
    - A. Make the treatment environment calm and supportive.
    - B. Observe his or her movements, looking for patterns to help anticipate the direction of movement.
    - C. Gently cradle the patient's head.
    - D. A and C only.
    - E. A, B, and C.
  
  4. Many people with Down syndrome have congenital heart disease that may place them at risk for
    - A. Bacterial endocarditis.
    - B. Periodontal disease.
    - C. Xerostomia.
    - D. A and B only.
    - E. All of the above.
  
  5. Examples of toothbrush adaptations for patients with manual dexterity problems are
    - A. Enlarging the handle by inserting it into a tennis ball.
    - B. Enlarging the handle by placing it into a bicycle handle grip.
    - C. Suggesting the use of a power toothbrush.
    - D. Bending the handle.
    - E. All of the above.
  
  6. Which of the following strategies work well when treating a patient with reduced mental abilities?
    - A. Repeat instructions as needed.
    - B. Consult with the caregiver about the patient's intellectual and functional ability.
    - C. Repeat instructions quickly and frequently.
    - D. Avoid hands-on demonstrations.
    - E. A and B only.
  
  7. People with developmental disabilities generally do not have more oral health problems than other people.
    - A. True
    - B. False
  
  8. During a desensitizing appointment, the following typically occurs:
    - A. The patient is familiarized with the office staff and equipment.
    - B. Radiographs are taken.
    - C. A thorough examination is completed.
    - D. A fluoride treatment is given.
    - E. All of the above.
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9. Gastroesophageal reflux
- A. Is uncommon in people with developmental disabilities.
  - B. May cause dental erosion and tooth sensitivity.
  - C. Is contagious.
  - D. Can be managed with good daily oral hygiene.
  - E. Isn't a concern to the patient's oral health
10. Which of the following should the dental team do when a patient experiences a seizure?
- A. Stay with the patient.
  - B. Monitor the patient's pulse.
  - C. Remove any instruments from the patient's mouth.
  - D. A and C only.
  - E. A, B, and C.
11. Which of the following is not a proper strategy for treating a patient with a visual impairment?
- A. Determine the level of assistance required for the patient to move safely through the dental setting.
  - B. Speak clearly in a slightly louder than normal voice.
  - C. Provide written instructions in large print.
  - D. Describe how the dental equipment might feel and sound.
  - E. Face the patient when you speak.
12. When communicating with a patient who has a hearing loss or is deaf, remember to
- A. Turn off the suction and music before speaking.
  - B. Maintain eye contact.
  - C. Remove your facemask before speaking or wear a clear face shield.
  - D. Find out how he or she prefers to communicate.
  - E. All of the above.
13. Patients with spina bifida or those who have had frequent surgeries are especially prone to developing
- A. Hearing loss.
  - B. Dental caries.
  - C. Latex allergies.
  - D. Seizures.
  - E. All of the above.
14. All of the following contribute to dental caries in people with developmental disabilities except
- A. Inadequate daily oral hygiene.
  - B. Sugar-free medicines.
  - C. Prolonged bottle-feeding.
  - D. Medicines that cause xerostomia.
  - E. Sugary treats used to reward good behavior.
15. Children with developmental disabilities should have their first dental examination by
- A. The time they can talk.
  - B. Their first birthday.
  - C. Their third birthday.
  - D. The time all of their primary teeth have erupted.
  - E. The time they begin school.

16. Which of the following statements about periodontal disease are true for people with developmental disabilities?
- A. Periodontal disease occurs at a younger age in people with developmental disabilities.
  - B. Periodontal disease seldom occurs in people with developmental disabilities.
  - C. Periodontal disease occurs more frequently because of difficulty brushing and flossing.
  - D. Antimicrobial agents are contraindicated in people with developmental disabilities.
  - E. A and C only.
17. Consultation with the patient's physician, family, or caregiver is essential to
- A. Obtain an accurate medical history.
  - B. Ensure that daily oral care is performed.
  - C. Determine who can legally provide informed consent for treatment.
  - D. A and B only.
  - E. A, B, and C.
18. A medical consultation may be necessary when treating a patient with a developmental disability because of associated conditions such as
- A. Congenital heart diseases.
  - B. Seizure disorders.
  - C. Gastroesophageal reflux.
  - D. All of the above.
  - E. A medical consultation is not necessary when treating patients with developmental disabilities.
19. Which of the following statements about malocclusion is true?
- A. Malocclusion always occurs in patients with developmental disabilities.
  - B. Malocclusion may increase the risk for periodontal disease, dental caries, and oral trauma.
  - C. People with developmental disabilities are not good candidates for orthodontics to correct malocclusion.
  - D. B and C only.
  - E. A, B, and C.
20. Food pouching is an oral habit often observed in people with developmental disabilities. Talk to caregivers about
- A. Adapting a toothbrush for an easier grip.
  - B. The need for a mouth guard.
  - C. Inspecting the mouth after meals.
  - D. Premature wearing of the teeth.
  - E. None of the above.
21. In children with Down syndrome, the pattern and timing of tooth eruption
- A. May be delayed.
  - B. Occur at normal times.
  - C. Do not typically cause malocclusion problems.
  - D. Should not be a concern to the oral health professional.
  - E. B, C, and D.
22. Physical abuse is reported more frequently in people with developmental disabilities.
- A. True
  - B. False

23. All of the following habits may be observed in people with developmental disabilities except
- A. Self-injurious behavior.
  - B. Rumination.
  - C. Gastroesophageal reflux.
  - D. Pica.
  - E. Tongue thrusting.
24. When educating caregivers on caring for an oral trauma, include the following instructions:
- A. Explain the procedures to follow when a tooth is knocked out.
  - B. Suggest a tooth-saving kit for group homes.
  - C. Seek dental treatment the next business day.
  - D. A and B only.
  - E. A, B, and C.
25. All of the following statements about treating people with developmental disabilities are true except
- A. Encourage independence in daily oral hygiene.
  - B. Allow extra time to introduce new concepts.
  - C. Obtain consent prior to using any type of immobilization.
  - D. Involve the entire dental team.
  - E. Don't consider orthodontic treatment.



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## Practical Oral Care for People With Developmental Disabilities Continuing Education Test

Name: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Please circle the correct answer for each question.**

- |              |               |               |               |
|--------------|---------------|---------------|---------------|
| 1. a b c d e | 7. a b        | 13. a b c d e | 19. a b c d e |
| 2. a b c d e | 8. a b c d e  | 14. a b c d e | 20. a b c d e |
| 3. a b c d e | 9. a b c d e  | 15. a b c d e | 21. a b c d e |
| 4. a b c d e | 10. a b c d e | 16. a b c d e | 22. a b       |
| 5. a b c d e | 11. a b c d e | 17. a b c d e | 23. a b c d e |
| 6. a b c d e | 12. a b c d e | 18. a b c d e | 24. a b c d e |
|              |               |               | 25. a b c d e |

**Before you send back this answer sheet,** please take a moment to evaluate this continuing education activity by responding to the following statements, using a scale of: Excellent = 5 to Poor = 0

The course objectives were met.	5	4	3	2	1	0
The content was useful.	5	4	3	2	1	0
The questions were relevant.	5	4	3	2	1	0
Please rate the course overall.	5	4	3	2	1	0

**Please return this page to:**

National Institute of Dental and Craniofacial Research  
National Oral Health Information Clearinghouse  
Attn: Practical Oral Care CE  
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