

Dentistry for Kids

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A Word From The Tooth Fairy²

Produced to improve your dental health and awareness

Spring 2009



How To Explain Dental Visits To Your Children

Kids are very intelligent. They can sense when their parents are nervous or scared. Please be careful *not* to verbalize or show your fears because your children can sense this.

If your child has questions prior to treatment, other than regular

check-ups, try not to say too much. Our doctors and staff will be sure to explain everything to your child in words that are age appropriate and easy for them to understand.

There are certain words that can provoke fear. Examples of these types of words are those like "hurt," "needle," and "pain." We try not to use these words in our practice at all. Parents, siblings and friends tend to inadvertently use these words and unintentionally cause their children to become nervous.

Our staff is trained to use terminology that children can understand and that have more pleasant connotations. For example,

fromthedentists

we don't use "drills," we use "water whistle toothbrushes." Which would you rather have in your mouth?

Never tell your child that they are getting a "shot," otherwise we will never get them into our dental chair. Rest assured that we use topical anesthetic, behavior modification techniques and distraction so that most children don't even realize that this is what they are getting.

Following these guidelines will help to ensure that your child will have a pleasant dental experience.

Sincerely,

Dr. Kohn, Dr. Ballinger and our wonderful staff

Toothbrush Truths & Fairy Tales!

- If you brush two to three times a day you should replace your brush every three months or when the bristles start to look worn or frayed.
- Most people forget and keep their toothbrushes on average of nine months.
- Kids like munching and chewing on their toothbrushes and that makes them wear out faster. If they look ratty, they probably are!
- Rinse your toothbrush thoroughly with hot water after each use and let it drain standing on its handle in a glass or toothbrush holder.
- Worn or frayed bristles can actually harm your gums.
- Always brush with a soft, round-ended bristled toothbrush.
- Healthy brushing should last for two to three minutes – with kids sand timers are great fun.
- Consider changing your toothbrush after an illness or infection. Some toothbrushes can be placed into the dishwasher to be disinfected.
- Make sure that your toothbrush has been accepted by the *American Dental Association (ADA)*.

When all of the attention is focused on teeth, it's easy to forget that your brush needs care too!



Ask us about the great dental products we sell in the office

FACTS ABOUT FLUORIDE

HELP!

At *Dentistry for Kids*, we are constantly asked questions about fluoride... Why? How much? Tablets? Gels? School Rinse?...



ADA Fluoride Supplement Schedule

Concentration of fluoride in drinking water (ppm)

Age (years)	Less than 0.3	0.3 - 0.6	0.6+
Birth - 6 mos.	0	0	0
6 mos. - 3 yrs.	.25 mg	0	0
3 yrs. - 6 yrs.	.50 mg	.25 mg	0
6yrs. - 16 yrs.	1.0 mg	.50 mg	0

If there is a question about how much fluoride is in your well water, a water test kit can be used to determine fluoride concentrations. In Maryland and Pennsylvania, typically, there is less than .3 ppm (parts per million) of fluoride found in well water.

To begin with, fluoride comes in two forms. The first form, topical, comes in the form of gels, pastes, or rinses. The second form, systemic, comes in the form of tablets, drops, a rinse that is swished then swallowed, or water (some bottled water companies add fluoride and some public water companies add fluoride.)

Topical fluoride is exactly that. It is goes on “top” of existing teeth. It benefits only the teeth actually in the mouth.

Systemic fluoride is actually swallowed/ingested and enters the blood stream. It is then incorporated into developing teeth. Systemic fluoride only benefits teeth still developing in the jaw bone. Systemic fluoride is sometimes added to the public water system. Every municipality is different. **Check with your water company to find out if your water system has added fluoride.** If you have well water, more than likely there is no naturally occurring fluoride. It is most unlikely to find in this part of the country. There are water test kits (*Fluorichек®*) to test your water. This is an easy, inexpensive way to test your water to determine exactly how much (if any) naturally occurring fluoride is in the water. You can purchase this kit from us.

Who needs systemic fluoride? Children with developing teeth that live in a non-fluoridated areas or who drink only bottled water without fluoride should be given a systemic fluoride supplement. The supplements come in tasty chewable tablets, drops or a swish and swallow rinse. The dosage of the systemic fluoride changes as your child ages. The dosage is not based on weight like most children’s medications. See dosage chart at the **Top** of this article for age/dose

information. Your pediatrician or your pediatric dentist can prescribe fluoride.

Who needs topical fluoride? Everyone! New recommendations tell us that children should begin using fluoride toothpaste as early as age one – only with parental supervision. In addition, since these small children are incapable of spitting, it is recommended that a tiny “smear” on the last few bristles is enough to achieve anti-cavity benefits. In addition to fluoride toothpastes, some children need “extra” protection that a prescription strength fluoride gel or rinse can provide. This may be due to an increased risk for cavities, developmental defects, or many other situations. Children with orthodontic appliances are also recommended to use an extra fluoride gel or more commonly a rinse. Some fluorides even provide an anti-microbial property that can improve gum inflammation. We will assess your child’s needs individually and make necessary recommendations.

FYI – School rinses are “topical” only. The children who receive school rinses are instructed to rinse and spit. Children who receive school rinses are only getting an extra topical benefit. They should continue their regular regimen of toothpaste and prescribed products – as well as systemic fluoride if prescribed.



NEW TECHNOLOGY FOR THE MAXILLA LABIAL FRENUM

In conclusion, we hope you will call and ask a question before you discontinue your child’s fluoride or change a recommendation we have made. We welcome questions! You may also find our website helpful! www.toothfairy2.com

THUMB OR PACIFIER



Many parents ask us which is better – if their child is a thumb sucker or if they use a pacifier? The truth is that **both** can be a bad habit. These oral habits can make a big difference in a child’s developing dentition and smile. While the need to suck is natural for an infant, we recommend discouraging the habit between ages two and three. Pacifiers are usually easier to take away since thumbs are always around. Many children will stop sucking on their own by



age four. If sucking continues once the permanent teeth erupt it may severely affect the positioning of the teeth and jaws.

There are several factors that will influence how these habits affect the teeth. The first is called **frequency** – this is how frequent your child engages this habit i.e. only at night vs. all day long. The second is called **duration** – when your child is sucking, how long does it last. For example, a child that falls asleep with the thumb and keeps it in the mouth the entire night is more likely to have problems than a child who falls asleep and then the thumb falls out of the mouth. Finally, the last factor is called **intensity**. This is how hard your child sucks on the thumb or pacifier. Children who rest their thumbs passively in their mouths are less likely to have oral problems than those that vigorously suck their fingers, thumbs or pacifiers. If any of you have ever watched the TV show *The Simpson’s*, you know that Maggie Simpson walks around making noises with her pacifier – she is a very intense sucker! Children with intense sucking habits may cause both orthodontic and orthopedic movement and shifting of the jaws and teeth.

Bones and muscles grow quickly in early life. When facial bones, muscles and teeth work together, they form a comfortable bite. If they grow improperly, teeth won’t fit evenly, causing a multitude of problems. Signs that your child may have an incorrect bite include speech problems, chewing difficulties, open-mouth breathing, overlapped or crowded teeth, and an under or over bite. What is the best way to avoid these problems? Discourage thumb sucking and pacifier use ... it isn’t always easy, but it is definitely worth it!

**Remember...
if necessary,
orthodontic
treatment can
help later.
However, the
earlier we start
correcting mal-
aligned teeth,
the better.**

Many of you may have noticed that either you or your child has a thick piece of gum tissue between your two upper front teeth. This is a muscle attachment known as the maxillary labial frenum. The definition of a frenum is “a membranous fold of skin or mucous membrane that supports or restricts the movement of a part or organ of the body;” In this case, it is the attachment of the upper lip to the inside of the mouth.

Frenums come in all different shapes and sizes. They are also inherited and you will see many family members with the same “gap” between their front teeth. The strong attachment that causes the gap is not abnormal, however, some people feel it’s not attractive.

In young children the frenum concerns us in several ways. First, as children are learning how to stand and

walk they tend to fall. Quite often we see this muscle attachment (frenum) torn or separated from the gum tissue. This injury usually does not require stitches, but can be pretty bloody. Second, if the attachment is very strong it can make it challenging for parents to brush the front teeth. We see many children develop cavities on these front teeth because parents are unable to access and clean this area.

What do we do? In many cases, we do nothing. We educate parents and show them how to lift the upper lip up and clean the area properly. However, on occasion, we simply cannot access the teeth. In this situation a frenectomy procedure is indicated. With new technology, we can use our soft tissue dental laser to perform this procedure. The use of lasers is highly efficient and effective and it is virtually painless.

It produces no vibrations and no drilling noises. The laser results in less bleeding, quicker healing and less post operative discomfort to our patients. We usually don’t even have to place any stitches.

An evaluation of the frenum attachment is part of our age one dental exam. At this time, we will tell you and show you how to care for this area of the mouth. In young children there is usually no treatment indicated. But, if your child is going to have surgery for ear tubes, tonsillectomy or adenoidectomy we may recommend that your ENT perform a frenectomy while your child is already under anesthesia.

In older children, often in conjunction with orthodontic treatment, we can perform the frenectomy in the dental office.



RY

WORD FIND

Find the words in the word list by looking across, down, diagonally, forward, and backward. Circle the words you find.

O T M F M C A B L R M
 N M O L A R C X O S R
 M R T O N B E M M T O
 T W N S T D Z R B P T
 W T L S O H X A T B U
 X N S K Q F B O Z E V
 U S P I S Y Q R R M X
 R Q T L T G S L U N W
 S Z B E V N T G X S Y
 P N E G X I E T H L H
 M T C N Z J V D J P O
 H R F I A L X R K L P
 Q P D L C Y T I V A C
 U U G L E M W P R Q R
 R S M I L E C J S U S
 S Z H F G N F Q T E T

- TOOTHBRUSH
- DENTIST
- SMILE
- GUM
- MOLAR
- FLOSS
- FILLING
- CAVITY
- BABYTEETH
- PLAQUE

Dentistry for Kids

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Office Hours

Mon-Fri 8:00 am – 5:00 pm*

Saturday 8:00 am – 1:00 pm*

* by appointment

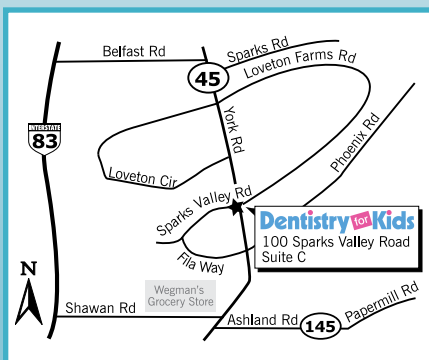
Contact Information

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Web site www.toothfairy2.com



To Patients And Families...



At *Dentistry for Kids*, we constantly strive to provide quality dental care and a warm kind environment to our patients and their families. We also understand the importance of providing care and scheduling appointments in a timely manner. Our focus must always remain on the quality of the dentistry we provide, not the quantity.

Recently, many of our patients have made us aware that they have had difficulties in scheduling appointments. We also have noticed that we are unable to provide treatment as quickly as we would like because our schedules are full. This is a major concern to us as we want to provide treatment to our patients as promptly as possible, especially if we determine a priority need for treatment. We are fortunate to be a growing practice and certainly, we appreciate our long-time and loyal patients and their wonderful support and referrals. To continue to provide the highest level of dental care, however, we need to make some adjustments to our office operations.

As a result, we have decided to phase out our relationship with Carefirst of Maryland, Inc. - CareFirst BlueCross BlueShield (ACareFirst) and, as of December 31, 2009, we will cease our participation as a CareFirst provider for dental service.

What does this mean to you?

1. Prior to December 31, 2009, nothing will change and we will accept and process CareFirst dental insurance as we always have.

2. Beginning January 1, 2010, we will no longer accept CareFirst dental insurance or its fee schedule. You will be required to pay for services, in full, at the time of your visit. We will provide you with an Attending Doctors Statement which will contain all of the information necessary for you to submit the charges directly to CareFirst for reimbursement.

3. We are still accepting new patients. However, those with CareFirst dental insurance, will be responsible for our fees in full at the time of service. We will provide an Attending Doctors Statement that can be submitted to CareFirst by the policy holder.

As always, we will provide you with a treatment plan estimate of our fees (and the applicable insurance codes.) We strongly recommend that you contact CareFirst prior to scheduled appointments to determine what your level of reimbursement will be, as each plan varies. This way, there will be no surprises as to what your costs will be both at the time of treatment and after insurance reimbursement. Any insurance issues or questions will need to be addressed with CareFirst directly.

Thank you for your patience and understanding as we move forward with this change. We sincerely hope that your family will remain patients of our practice as we work to continue to provide your children with quality dental care in a nurturing and pleasant environment. Please contact our office manager with any questions.

Drs. Shari Kohn and Lauren Ballinger

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