Introduction

• Various special needs exist

• RDH must be competent to alter techniques
Patients with gag reflex

- Confident attitude
- Patience, tolerance, & understanding
- Key: limit amount of time
- Prepare patient & equipment ahead of time
- Start with anterior exposures
- Then, premolar shot before molar
- Maxillary molar films must be exposed last
Patients with Gag Reflex:
Film Placement & Technique

- Each film must be placed and exposed as quickly as possible
- Avoid the palate
- Demonstrate film placement to the patient
- Never suggest gagging
- Suggest deep breathing through the nose
- Try to distract patient
- Reduce tactile stimuli (ice H2O, salt, topical anesthetic)
Patients with Physical Disabilities

A. Vision impairment:
   communicate using clear verbal explanations

B. Hearing impairment:
   - Gestures
   - Written instructions
   - Ask caretaker for assistance

C. Mobility impairment:
   - Assist the patient in transfer
   - Ask caretaker for assistance
Patients with Developmental Disabilities

- Examples: autism, cerebral palsy, epilepsy, mental retardation
- Coordination problems: mild sedation
- Comprehension problems: ask for assistance
- If the patient cannot tolerate IO films → No intraoral films must be exposed
- Alternative: Panoramic X-Ray
Pregnant Patients

- Lead apron with thyroid collar is required
- Some clinicians double-lead abdomen area
- Some offices require you to check with M.D.
- Dental X-Rays might not be permitted per M.D.
Pediatric Patients

- Follow KCC prescribing guidelines
- Explain procedure:
  - Tubehead = camera
  - Lead apron = coat
  - Radiograph = picture
- Exposure factors must be reduced
- Size 0 = primary dentition;
  Size 1 = mixed dentition;
  Size 2 = mainly for occlusal radiographs
Edentulous Patients

• Why radiographs are necessary?
  – To detect presence of root tips, impacted teeth, and lesions;
  – To identify objects embedded in bone;
  – To observe the quantity and quality of bone that is present
Pediatrics: Helpful Hints

- Show and tell
- Demonstrate behavior
- Request assistance if needed from a parent
- Postpone examination if child is too scared
Panoramic Exam of Edentulous Patient

- Panoramic x-ray is the most common way
- If PAN reveals something, then PA must be taken
Periapical Examination of Edentulous Patient

- If PAN is not available, then 14 PAs
- PAs must be exposed in all teeth-bearing areas
- PA = size 2 film
- If II tech. is used, put cotton rolls on 2 sides of bite-block
- The film should be positioned so that 1/3 of it extends beyond edentulous ridge
- Could also use bisecting technique
Occlusal and Periapical Examination

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Patients with Tori

- When taking BWs,
  - Place the film b/w tori & tongue
- With large tori, BW holder is recommended
- When taking PAs using II technique,
  - For max. tori, place film on the far side of tori
  - For mand. tori, place film b/w tori and tongue
Patients with Missing Teeth & Shallow Palate

Missing teeth:

- Use cotton rolls to “replace” missing tooth
- Helps to position the film parallel to long axis

Shallow palate:

- If the lack of parallelism is > 20, then →
  - Use 2 cotton rolls one placed on each side of bite-block
  - Vertical angulation can be increased by 5-15 degrees
Ankyloglossia

- Mobility of tongue is very limited
- The film is placed on the tongue for anterior films

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EndoRay

- Aids in positioning the film during RCT
- Fits around rubber dam clamp
- Allows space for RCT instruments & filling material
- Use paralleling technique to avoid distortion
References
