

## **KNEE-TO-KNEE EXAMINATIONS: A HOW TO FOR DENTISTS**

Both the Canadian Dental Association and the Canadian Academy of Pediatric Dentistry recommend that the first dental visit occur by age one or within six months after the eruption of the first tooth. The easiest and most effective way to achieve a thorough head and neck examination on an infant or toddler is the knee-to-knee position. This positioning allows the child to have eye contact and physical contact with the parent or caregiver throughout the examination, providing comfort and decreasing separation anxiety. It also allows the parent to be an active participant in the examination. Most importantly, the knee-to-knee examination attains proper stability of both the head and body, which is necessary to complete a safe oral examination on a small child.

In order to properly perform the knee-to-knee examination, instruct the parent or caregiver to do the following:

- Sit sideways on the dental chair facing the dentist, who sits in the operator chair knee-to-knee with the parent.
- The infant or toddler is positioned on the parent's lap facing the parent, with one leg wrapped around either side of the parent. This allows the parent to use his/her elbows to restrain the child's legs while allowing his/her hands to be free to hold the child's hands.
- The child's head is then lowered onto a pillow or towel placed on the dentist's lap for the examination. This position allows the operator to stabilize the child's head.

The dentist should begin the examination extra-orally, assessing the child's overall growth and development as well as the head and neck, the extensiveness of which will rely on the child's cooperability. Intra-oral examination of the hard and soft tissues, including the number of teeth, the presence of plaque, gingivitis, decalcifications or white spot lesions, carious lesions, abscesses, or evidence of trauma should be noted. It is very important to lift the lip to view the vestibular of the maxillary incisors for any signs of decalcification, caries, or abscess formation. It is important to counsel the parents prior to the examination that it is likely their child will cry and to reassure them that this is normal and can actually help facilitate the intra-oral exam. If the child will not open their mouth a more familiar object, the toothbrush, can be used to retract the cheeks as opposed to the dental mirror. A soft mouth prop may also prove useful. Throughout the examination it is imperative to continually and effectively communicate with both the parent and the child. Upon completion of the exam, the knee-to-knee positioning allows for quick retrieval of the child into the caregiver's arms for comfort and praise.

If the examination is the child's first visit to the office, and complete oral examinations as well as additional services were performed, such as the recommended oral hygiene instruction and nutritional counselling review with the caregiver, it is appropriate to put through the following codes:

- 01101: Complete Examination of the Primary Dentition
- 13211: Oral Hygiene Instruction
- 13101: Nutritional Counselling