



University of Idaho

School of Health and Medical
Professions



CASE RECOMMENDATION FORM

ECHO Session Date: 1/20/2026

Presenter Credential: MD

After a review of the case presentation from the ECHO Idaho – Oral Health in Primary Care session, and discussion of this patient's case among the ECHO Community of Practice, the following suggestions have been made:

Summary:

3-yr male referred for ASD eval and diagnosed at visit; otherwise healthy. Hx notable for neonatal ankyloglossia s/p clip. Longstanding feeding difficulties including breastfeeding challenges, slow bottle feeds, delayed interest in solids, and current extreme food selectivity (chicken nuggets, bean burritos, Fritos, bananas, chocolate milk, water). Pt grazes throughout day and requires bedtime bottle of chocolate milk to fall asleep; attempts to remove bottle or switch to sippy cup result in significant sleep disruption. Hates having teeth brushed, so teeth are brushed ~2 hrs before bedtime to calm down before sleeping. Pt is difficult to examine, with screaming and thrashing, contributing to caregiver anxiety about dental visits. Exam limited but showed no obvious discoloration or caries; brief upper-lip lift revealed no visible decay. Dental habits were not extensively addressed at dx visit due to competing priorities; referral to a pediatric dentist experienced with ASD was recommended. At f/u, plan includes discussing transition from chocolate milk to water at night and reducing grazing to support appetite regulation and oral health.

Central Questions:

- How can parents of children w/ ASD or other disabilities be supported in establishing oral hygiene amid rigid and challenging behaviors?
- How should families prioritize oral health behaviors when trade-offs are necessary (e.g., bedtime bottle, pacifier use, sleep vs. dental risk)?
- When should preventive dental care begin for children w/ disabilities, given variable guidance from dental practices?
- How can medical and dental providers coordinate care, including combining dental procedures under sedation/anesthesia w/ labs or other tests?
- What strategies can help desensitize children who strongly resist tooth brushing?

Recommendations:

Oral exam approach in clinic

- Prioritize brief visual oral checks even if cooperation is limited; a quick look (\approx 10 seconds) is still valuable.
- Encourage parent-assisted stabilization when appropriate and agreed upon:
 - Child seated on parent's lap with parent holding head and waist, so child feels secure and tight to parent.
 - Knee-to-knee exam (child sits on parent's lap and leans back onto provider's lap).
- Match the exam approach to parent preferences and parenting style (e.g., consenting to holding down child vs not).
- Start with the least restrictive option and escalate only if needed to get a brief, effective look.
- Offer cooperative children choices (standing vs. sitting) to increase buy-in.
- Avoid "chasing" the child around the room, which is inefficient and prolongs distress.



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Supporting oral hygiene for children with special needs

- Ask whether the child participates in school-based life skills programs and encourage inclusion of toothbrushing practice at school when available.
- Address sensory sensitivities:
 - For taste sensitivity, recommend flavorless fluoride toothpaste.
 - For texture aversion to toothpaste, recommend brushing with a fluoride mouth rinse instead.
- Individualize toothbrush selection:
 - Trial electric toothbrushes for some children.
 - Use toothbrushes with apps to improve engagement if tolerated.
 - Consider three-sided manual toothbrushes to reduce brushing time and effort while covering all surfaces.
 - For older children with strong texture aversion, consider finger toothbrushes to reduce sensory overload.

Behavioral strategies for brushing

- Provide structured choices to reduce resistance (e.g., “hard or soft” brushing a.k.a “difficult or easy” brushing).
- Use imaginative distraction (pretending to look for characters in the mouth).
- Apply turn-taking concepts:
 - Child brushes in the morning; parent completes thorough brushing at night.
 - Clearly frame brushing as “your turn / my turn.”
- Increase ownership and choice:
 - Let children choose toothbrushes, flosser colors, or songs.
 - Use simple reward systems tied to brushing (e.g., picking a toothbrush).
- Use music, singing, or playful interaction to shift focus away from the brushing sensation.

Diet and grazing considerations

- Focus cavity risk on carbohydrate exposure and frequency, not just food type.
 - Foods that stick to teeth (e.g., Fritos) are higher concern than items like chicken nuggets or bananas.
 - Chocolate milk is a primary concern due to sugar content and sipping frequency.
 - Recommend consuming sugary drinks only at mealtimes rather than sipping throughout the day.
 - Allow larger quantities of sugary drinks at meals if desired, followed by water between meals.
 - Discourage lidded cups for sugary drinks, when possible, to reduce unnoticed frequent sipping.
 - Encourage water between meals.

Consider presenting a patient case at a future ECHO Idaho session.

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