

# Orthodontic Services – Initial Recovery Protocol

As the lockdown continues to be extended, there is more likelihood that our patients braces may break, or that active mechanics may produce unwanted tooth movement.

Each orthodontist must take responsibility for the risks for each of their patients and advise them accordingly. This BOS advice provided here aims to provide a 'best practice framework' to help clinicians manage their patients at this time. In this very uncertain and rapidly changing world any advice provided must be considered **ADVISORY**. The BOS is not in a position to dictate individual protocol (this is the domain of the government and DoH) and we are presenting this advice to aid orthodontic practitioners in making clinical decisions for the wellbeing of your patients.

## Phase 1 Framework:

1. Identify patients in active treatment (**To be reviewed first by clinical team**);

### 'Active' examples;

- Those in space closure +/- elastics
- Active gold chains, rather than those with fixed in NiTi wires only
- Complex mechanics – use of TADs
- Immediate or recently post-operative patients
- Patients who have had extractions requested but have still to start orthodontic treatment
- Patients in fixed appliances in the alignment phase of treatment with or without extractions.
- Patients in functional appliance treatment. (Removable or fixed)
- Activated palatal arches and quadhelix

2. Telephone call to patients to ensure all is well.

3. Arrange video consultation call for patients the clinical team is worried about or if patients are concerned. (See [NHS patients video consultations](#) ). It may be worth the requesting the patient sends the clinical team photos of the problem before a video consultation is arranged so that image quality can be assured. Using the 'screen grab/print screen function' a simple step-by-step guide can be created from the video still. ([see example below](#))

4. Provide video home advice for patients where appropriate.

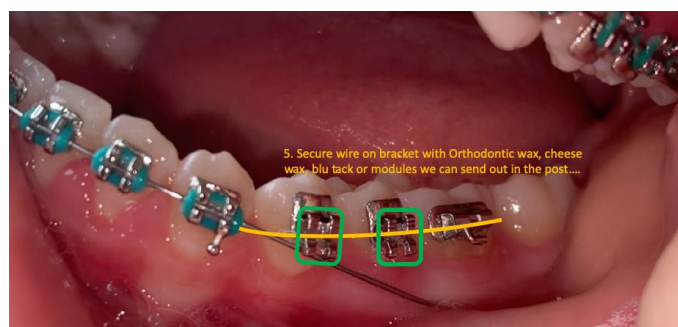
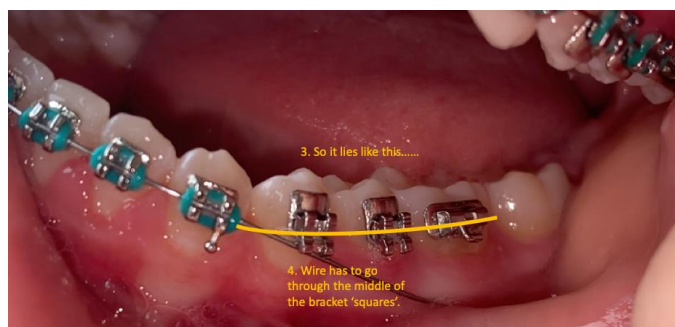
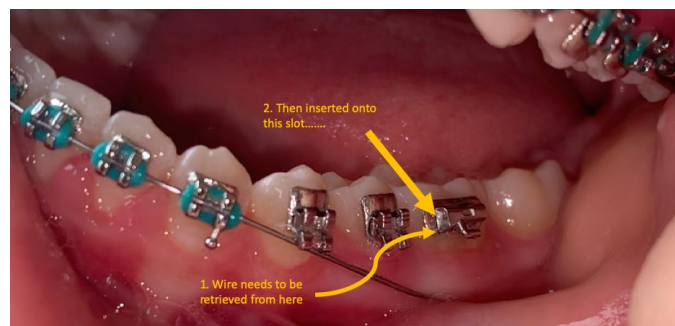
5. Facilitate Face-to-Face assessment and management for 'urgent' orthodontic problems where possible at an appropriate centre, subject to local or NHS trust level provision and PPE supply.

6. Other patients requiring simple retainer reviews, review of radiographs and/or scans could be contacted (by text/email or letter) during this time period to inform them of the current position and providing them with reassurance to reduce the backlog or patients needing to be seen upon restart.

7. Create a list of priority patients for early review:

- broken brace
- active mechanics
- extractions completed but treatment still to start
- lost retainers etc.

Example use of images sent by a patient enabling tailored advice to be provided:



NHS patients video consultations;

- The BOS can not recommend any specific video platform due to regional and national interpretation GDPR.
- It would be worth liaising with your local clinical network as to what video platform has been approved for use in your area.
- Some examples of platforms available include Fleming or accuRx for video consultation, Zoom, Microsoft Teams and Attend Anywhere.

Fleming or accuRx:

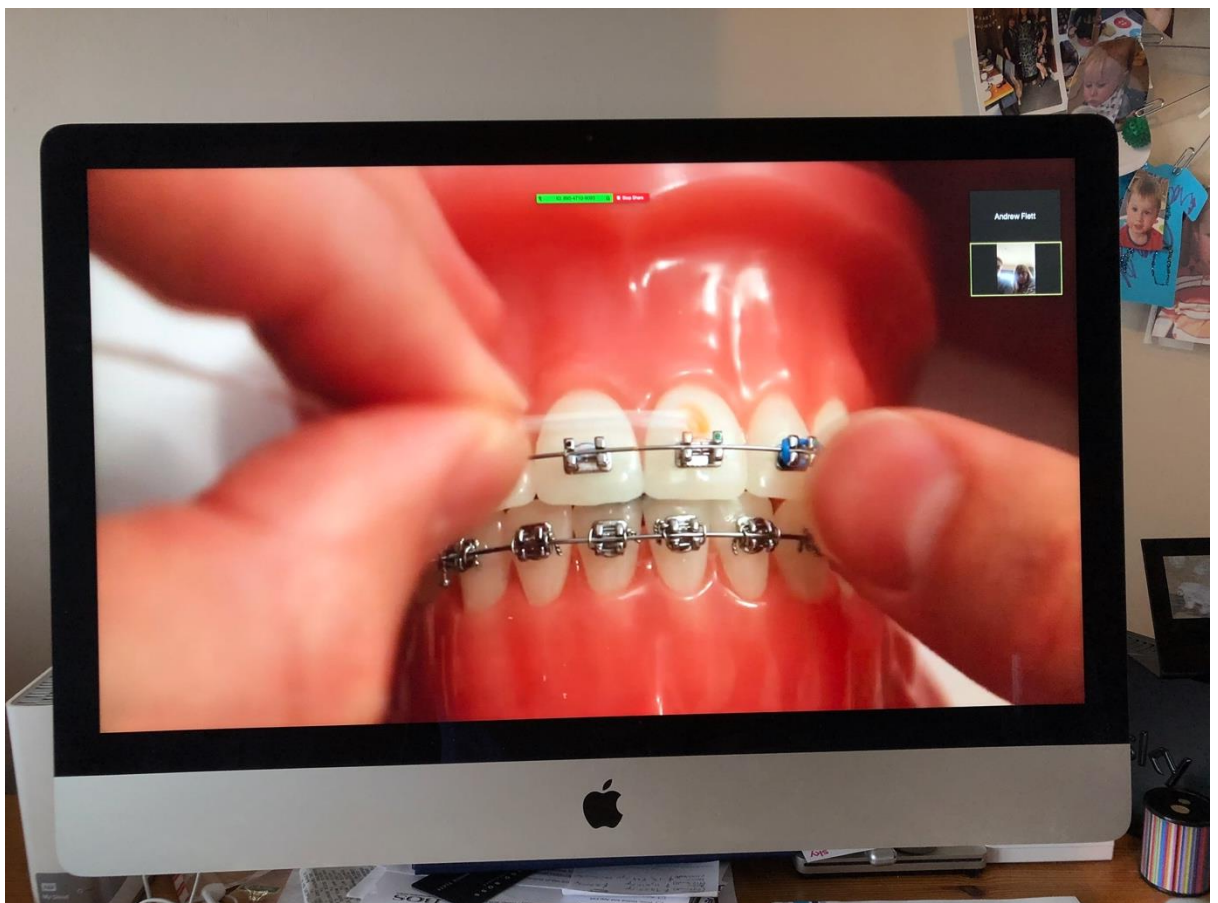
<https://fleming.accurx.com/login>

Attend Anywhere:

<https://england.nhs.attendanywhere.com>

- These have been approved by hospital Trusts nationally, but it is always best to check with your local health care administrator before use.

Example of using video conferencing to talk patient through BOS home advice video using screen share function:



## Record keeping;

- We suggest keeping a log (spreadsheet) of all patients that have been rung for reassurance or updating the patients notes with a clear entry designating the contact as remote.
- In keeping with best practice, all video consultations should be considered similar to a face to face consultation. Contemporaneous notes should be made and uploaded/recorded into the patients records.

## Suggested goals in phase 1 covid-19 orthodontic management

- During this stage the goal should be maintaining whatever orthodontic appliance the patient has in situ.
- Simple home repair or pain relief measures where appropriate.
- Maintenance or halt to active mechanics based on assessment by orthodontic provider.
- Referring to face to face treatment at Urgent Dental Centres where all home advice measures have been exhausted
- Retention supervision
- Creating a list of priority patients

Some clinicians may want to monitor the progress of their cases via video review of the overjet, overbite and buccal segments for example. We suggest this is **undertaken with caution** as even with the best advice and video viewing, it still may be the case that the patient misrepresents the clinical situation.

[The BOS have created a patient advice sheet to aid in the measurement of their overjet and overbite.](#)

## Patient advice sheet on measuring overjet (horizontal distance) and overbite (vertical distance) during distant orthodontic monitoring

### Overjet and overbite measurements;

1. Provide advice to the patient as how to get into the retruded contact position.
2. Use cocktail stick, knitting needle or large safety pin to measure the horizontal or vertical distance (see photos)
3. Mark object with pen, pencil or end of nail.
4. Measure length of object using conventional ruler.

### How to measure your overjet for your orthodontist:

The overjet is the horizontal distance measured from the front surface of your lower front teeth to the front surface of your upper front teeth.



Example of an average 2mm overjet as measured with a ruler

1. Bite on your back teeth as directed by your orthodontist
2. Using a small rigid implement (eg. Cocktail stick), gently place the tip on the front surface of your lower front teeth with your teeth together. Hold the measuring aid straight and at 90 degrees to the lower front tooth surface.
3. Mark where the cocktail stick meets the tip of your front teeth with a black pen or something that will show up.
4. Measure tip of implement with a ruler you have at home.



*Note – Your overjet may not be 2mm!! Your orthodontist will advise you on what is normal for you*



An increased overjet = +7mm overjet.



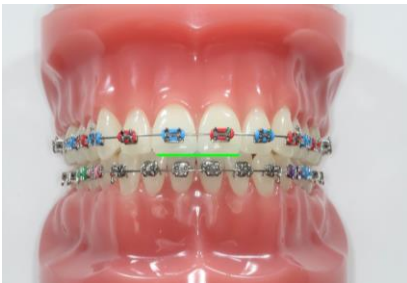
A reduced overjet = -2mm overjet

How to measure your overbite for your orthodontist:

Example of an average 2mm overbite as measured with a ruler



1. Bite on your back teeth as directed by your orthodontist
2. Place your finger nail, on front surface of the lower front tooth where just below where the uppers begin to cover the rest of the tooth.
3. Open your bite and get a family member to put a small rigid implement (eg. Cocktail stick) next to your finger nail and at the edge of the lower front tooth
4. Mark distance from the edge of the tooth where the cocktail stick meets 'finger nail line' with a black pen.
5. Measure tip of implement with any ruler to hand



Level above which lower teeth are overlapped by uppers



**Note – Your overbite may not be 2mm!! Your orthodontist will advise you on what is normal for you**



An increased overbite = +9mm overbite.



A reduced overbite = -3mm overbite

## Covid-19 Orthodontic emergency protocol

(For front desk team)

At this time there are very few instances where an orthodontic patient needs to be seen urgently. However, all patients must be carefully triaged to ensure that they do not come to harm during this period.

The majority of breakages can be managed at home with advice. Until further notice we must try to prevent the spread of the virus by preventing unnecessary patient travel/contact.

For the time being we will be adopting the BOS guidelines on dealing with orthodontic breakages.

<https://www.bos.org.uk/Portals/0/Public/docs/Advice%20Sheets/COVID19%20FACTSHEETS/BOS%20Covid-19%20-%20v2%20-%20Orthodontic%20Emergencies%20Protocol%20FINAL%20.pdf>

If you have any problems please do not hesitate to contact the responsible orthodontic provider using the following numbers **(DO NOT GIVE THESE NUMBERS OUT TO PATIENTS)**

Clinician – (HOME)  
(MOBILE)

### **Front desk Protocol for handling orthodontics emergency calls**

1. Take patient call – assess orthodontic related problem and notate
2. (For Clinician's only) – Review Covid-19 status
3. Take down patient's email address and forward standard email to direct patient towards BOS website in order to take photos of problem – COPY to [CLINICIAN'S EMAIL] so they know the email has been sent and can be aware a reply is coming
4. Patient to forward information to orthodontist/clinician once reviewed
5. Find solution to orthodontic problem – email back advice/ arrange video conference call/ advise were to attend for emergency treatment

Covid-19 Orthodontic emergency protocol  
(Examples to send to Patient)

Dear.....

We are sorry that your brace is causing problems for you at this time. As a team we are here to help you but there are severe restrictions on movement of people and the face to face review of dental patients unless in an absolute emergency.

In order for us to carefully review what exactly the problem is I would be grateful if you could view this link and take some high-quality photos and video if possible through your phone;

<https://www.bos.org.uk/News-and-Events/COVID19-BOS-Advice/Patients-Advice/Virtual-consultations-for-emergency-triage-and-advice>

Then email them back to;

[INSERT EMAIL ADDRESS HERE]

*Copy this email address in the email sent to the patient if going from a different address to create a reminder and audit trail of who has been emailed*

Once reviewed we will then send you an email to arrange a telephone or video call to give you home advice or tell you where to go if you need to be seen as a matter of urgency.