471-000-39 Dental Periodicity Schedule for Children

The following schedule developed by the American Academy of Pediatric Dentistry (AAPD), provides a minimum basis for follow-up assessments after the initial examination to ensure continued health and well-being and to detect conditions requiring treatment. At six month intervals, dental screening is to be obtained from a dentist beginning at age one or earlier if medically necessary. Visual inspection of the mouth for very young children is recommended as part of each Health Screening.

AGE	6-12 Months	12-24 Months	2-6 Years	6-12 Years	12 Years and Older
Clinical oral examination[1,2]	•	•	•	•	•
Assess oral growth and development[3]	•	•	•	•	•
Caries-risk assessment[4]	•	•	•	•	•
Radiographic assessment[5]	•	•	•	•	•
Prophylaxis and topical fluoride[4,5]	•	•	•	•	•
Fluoride supplementation[6,7]	•	•	•	•	•
Anticipatory guidance/counseling[8]	•	•	•	•	•
Oral hygiene counseling[9]	Parent	Parent	Patient/parent	Patient/parent	Patient
Dietary counseling[10]	•	•	•	•	•
Injury prevention counseling[11]	•	•	•	•	•
Counseling for nonnutritive habits[12]	•	•	•	•	•
Counseling for speech/language development	•	•	•		
Substance abuse counseling				•	•
Counseling for intraoral/perioral piercing				•	•
Assessment and treatment of developing malocclusion			•	•	•
Assessment for pit and fissure sealants[13]			•	•	•
Assessment and/or removal of third molars					•
Transition to adult dental care					•

[1] First examination at the eruption of the first tooth and no later than 12 months. Repeat every 6 months or as indicated by child's risk status/susceptibility to disease.

[2] Includes assessment of pathology and injuries.

[3] By clinical examination.

[4] Must be repeated regularly and frequently to maximize effectiveness.

[5] Timing, selection, and frequency determined by child's history, clinical findings, and susceptibility to oral disease.

[6] Consider when systemic fluoride exposure is suboptimal.

[7] Up to at least 16 years.

[8] Appropriate discussion and counseling should be an integral part of each visit for care.

[9] Initially, responsibility of parent; as child develops, jointly with parent; then, when indicated, only child.

[10] At every appointment; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity.

[11] Initially play objects, pacifiers, car seats; then when learning to walk, sports and routine playing, including the importance of mouth guards.

[12] At first, discuss the need for additional sucking; digits vs pacifiers; then the need to wean from the habit before malocclusion or skeletal dysplasia occurs. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clinching, or brusixm.

[13] For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.