Dental Periodicity Table for HealthCheck

The Dental Periodicity Table for HealthCheck below contaains the following information:

- The dots indicate recommended services at age-specific intervals.
- Because each child is unique, the recommendations in the table are designed for the care of children who have no contributing medical conditions and are developing normally. Recommendations will require modifications for children with special needs or variations from normal.
- Dental examinations should be performed every six months or as indicated by the child's risk status/susceptibility to disease.
- Many services, such as anticipatory guidance and counseling, may be provided by either the dentist or the HealthCheck screener.

Age	Infancy 6-12 Months	Late Infancy 12-24 Months	Preschool 2-6 Years	School-Agenda 6-12 Years	Adolescence 12-18 Years
Clinical oral exam[1, 2]	•	•	•	•	•
Assess oral growth and development[3]	•	•	•	•	•
Caries-risk assessment[4]	•	•	•	•	•
Radiographic evaluation[5]	•	•	•	•	•
Prophylaxis and topical fluoride treatment[4, 5]	•	•	•	•	•
Fluoride supplementation[6,7]	•	•	•	•	•
Anticipatory guidance[8]	•	•	•	•	•
Oral hygiene counseling[9]	Parents/Guardians/ Caregivers	Parents/Guardians/ Caregivers	Patient/Parents/ Guardian/Caregivers	Patient/Parents/ Guardian/Caregivers	Patient
Dietary counseling[10]	•	•	•	•	•
Injury prevention counseling[11]	•	•	•	•	•
Counseling for non-nutritive 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 3rd molars					•
Transition to adult dental care					•

1. First exam at the eruption of the first tooth and no later than 12 months.
2. Includes assessment of pathology and injuries.
3. By clinical examination.
4. 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 the parent; as child develops jointly with parents; then when indicated, only child.
10. At every appointment, discuss the role of refined carbohydrates, frequency of snacking, and childhood obesity.
11. Initially play objects, pacifiers, care seats; then when learning to walk, sports and routine playing, including the use of mouth guards.
12. Discuss the need for additional sucking; digits versus 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, clenching, or bruxism.
13. For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.

* Table is adopted from the American Academy of Pediatric Dentistry.

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