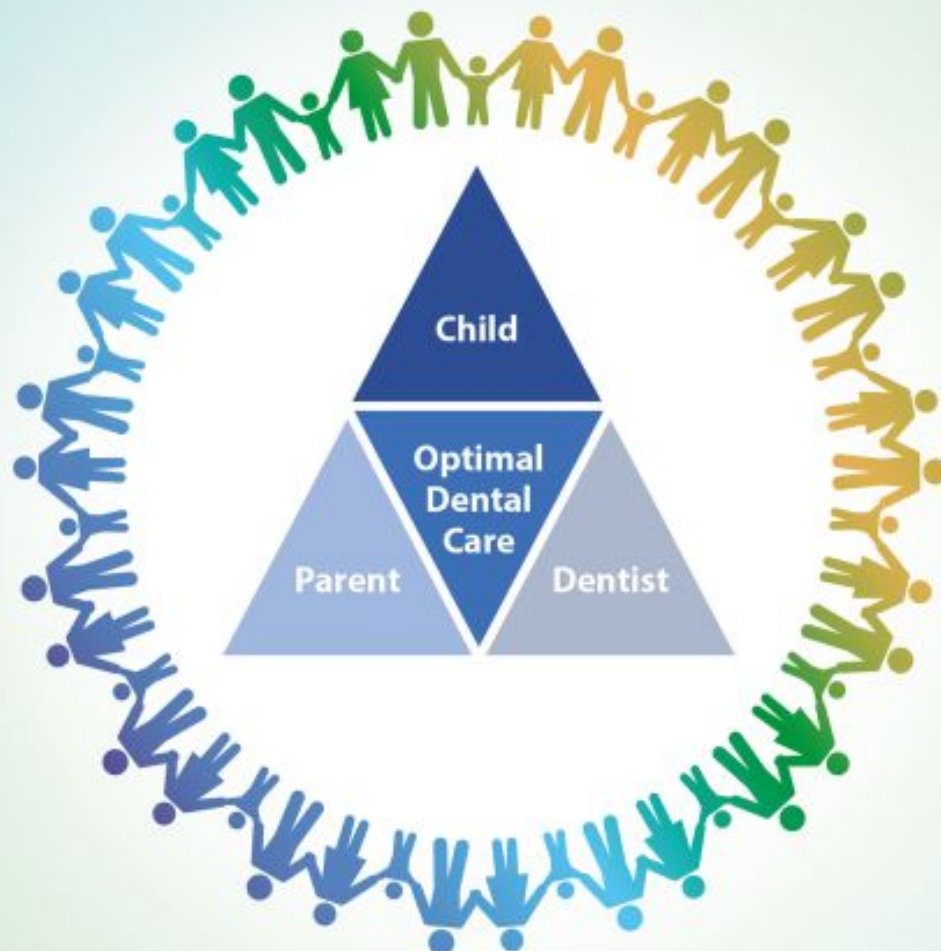


Third Edition

**Wright's**

# Behavior Management in Dentistry for Children

Edited by **Ari Kupietzky**



WILEY Blackwell

# Table of Contents

[Cover](#)

[Title Page](#)

[Copyright Page](#)

[Dedication Page](#)

[About the Editor](#)

[Acknowledgments](#)

[List of Contributors](#)

[Preface](#)

[Aims and Scope of the Third Edition](#)

[1 The Pediatric Dentistry Treatment Triangle](#)

[Introduction](#)

[The Pediatric Dentistry Treatment Triangle](#)

[What is Behavior Management?](#)

[Importance of Behavior Management](#)

[References](#)

[2 Child Development: Basic Concepts and Clinical Considerations](#)

[Introduction](#)

[Typical Development](#)

[Intelligence](#)

[Intellectual Disability](#)

[Social Communication](#)

[Emotion Regulation](#)

[Summary](#)

[References](#)

[3 Children's Behavior in the Dental Office](#)

[Introduction](#)

[Classifying Children's Behavior](#)

[Descriptions of Behavior](#)

[Factors Underlying Children's Cooperation](#)

[Summary](#)

[References](#)

#### [4 Influence of the Family](#)

[Introduction](#)

[Family Structure](#)

[Attachment](#)

[Genetic and Epigenetic Contribution to Child and Parent Interactions](#)

[Family Influences on Child Behavior](#)

[Coping Socialization](#)

[Emotional Expression Within the Family](#)

[Sibling Influences](#)

[Family Functioning Models](#)

[Parental Influence on Child Coping and Cooperation in Medical Settings](#)

[Parental Influence on Child Cooperation in Dental Settings](#)

[Parent Prediction of Child Cooperation](#)

[Dentist and Parent Communication](#)

[Summary](#)

[Acknowledgment](#)

[References](#)

[Additional Reading](#)

#### [5 Societal Influences on the Contemporary Family](#)

[Introduction](#)

[The Parents of Today](#)

[Practical Steps for Building a Patient-centered Practice](#)

[Parent Guidance Techniques](#)

[Conclusion](#)

[References](#)

## [6 Establishing a Dental Home](#)

[Introduction](#)

[Summary](#)

[References](#)

## [7 Non-Pharmacologic Approaches in Behavior Management](#)

[Introduction](#)

[Getting to Know Your Patient](#)

[Pre-appointment Behavior Modification](#)

[Effective Communication](#)

[Non-Pharmacologic Clinical Strategies](#)

[Retraining](#)

[Hypnosis in Dentistry for Children](#)

[The Use of Magic in Pediatric Dentistry](#)

[Summary](#)

[References](#)

## [8 Children with Disabilities](#)

[Introduction](#)

[The Special Child](#)

[The Family](#)

[The Dental Team](#)

[Physical Impairments](#)

[Intellectual Disability](#)

[Sensory Impairments](#)

[Neuropsychiatric Disorders](#)

[Homecare for Children with Disabilities](#)

[Concluding Remarks](#)

[References](#)

## [9 Local Anesthesia](#)

[Introduction](#)

[Administration of Local Anesthesia](#)

[Administration of the Anesthetic](#)

[Basic Injection Technique](#)

[Specific Injection Techniques](#)

[Supplemental Injection Techniques](#)

[Complications](#)

[References](#)

## [10 Introduction to Pharmacological Techniques: A Historical Perspective](#)

[References](#)

## [11 Sedation for the Pediatric Patient](#)

[Introduction](#)

[Sedation and Pediatric Dentistry](#)

[The Child](#)

[Patient Assessment](#)

[Sedation Protocol](#)

[Clinical Technique During Sedation](#)

[Monitoring and Monitors](#)

[Auscultation](#)

[Blood Pressure Cuffs](#)

[Pulse Oximetry](#)

[Capnography](#)

[Monitoring on Day of Procedure](#)

[Practitioner and Staff Training](#)

[Emergency Management](#)

[Summary](#)

[References](#)

## [12 Nitrous Oxide/Oxygen Inhalation Sedation in Children](#)

[Introduction](#)

[N<sub>2</sub>O Historic Milestones](#)

[Physiology and Pharmacology](#)

[Nitrous Oxide in Pediatric Dentistry: Rationale and Objectives](#)

[Stages of Anesthesia](#)

[Administration Technique](#)

[Determining the Tidal Volume and Gas Flow](#)

[Titration Gases for Sedation](#)

[Adverse Effects](#)

[Contraindications](#)

[Safety](#)

[Summary](#)

[References](#)

## [13 Minimal and Moderate Sedation Agents](#)

[Introduction](#)

[Drugs](#)

[Narcotics](#)

[Antihistamines](#)

[Other Sedative Agents](#)

[Summary](#)

References

14 Working with a Dentist Anesthesiologist

Introduction

Educational Requirements for a Dentist Anesthesiologist

Hospital-based Versus Office-based Treatment

The Dentist Anesthesiologist

Summary

References

15 The Use of General Anesthesia in Behavior Management

Introduction

Pre-operative Considerations

Perioperative Considerations

Intraoperative Considerations

Post-operative Considerations

Summary

References

16 Management of Emergencies Associated with Sedation for the Pediatric Dental Patient

Introduction

Medical History

Physical Examination

Body Mass Index Percentile (BMI)

Mallampati Airway Classification

Brodsky Scale

American Society of Anesthesiology (ASA) Physical Status

ADSA Ten Minutes Saves a Life!®

[Medical Emergencies](#)

[Management of Medical Emergencies](#)

[Summary](#)

[References](#)

## [17 Practical Considerations and the Dental Team](#)

[Introduction](#)

[Six Team Tips for Behavior Management](#)

[Keys to Effective Communication in a Pediatric Office](#)

[Training the Dental Team](#)

[The First Non-Emergent Parent Encounter](#)

[Scheduling Appointments](#)

[Further Considerations for the Dental Team](#)

[Summary](#)

[References](#)

## [18 The Dental Office](#)

[Introduction](#)

[Reception, Waiting, and Play Areas](#)

[The Curbside Check-in Alternative](#)

[Office Themes](#)

[Hallway Designs](#)

[The Bridging Room](#)

[Treatment Areas](#)

[The Office Décor](#)

[References](#)

[Index](#)

[End User License Agreement](#)



# List of Tables

## Chapter 2

[Table 2-1 Developmental milestones by age.](#)

[Table 2-2 Classification of intelligence level.](#)

[Table 2-3 Language development by age.](#)

[Table 2-4 Social communication development by age.](#)

[Table 2-5 Communication with children in view of development.](#)

## Chapter 3

[Table 3-1 The Frankl Behavior Rating Scale: A four-point scale with two degree...](#)

## Chapter 4

[Table 4-1 Parenting style questions.](#)

## Chapter 5

[Table 5-1 Generational characteristics and shared tendencies among birth coho...](#)

[Table 5-2 Four C's of Culture.](#)

[Table 5-3 Ask-Tell-Ask Technique.](#)

## Chapter 6

[Table 6-1 A child's developmental milestones—12-18 months.\\*](#)

## Chapter 7

[Table 7-1 These are clinically relevant questions that can be copied into the...](#)

[Table 7-2 Situations in which uncooperative children may display problems.](#)

[Table 7-3 Responses to these questions can be helpful when updating the health...](#)

[Table 7-4 Behavior management techniques ranked by parental acceptance in four...](#)

[Table 7-5 Stages of Children's Humor as described by McGhee \(2002\).](#)

## Chapter 9

[Table 9-1 Quick dosage chart.](#)

## Chapter 11

[Table 11-1 Major factors and their considerations in performing sedations.](#)

[Table 11-2 Domains of temperament according to Thomas and Chess.](#)

[Table 11-3 American Society of Anesthesiology \(ASA\) physical risk categories....](#)

[Table 11-4 An example of a sedation protocol.](#)

[Table 11-5 Patient behavior intra-operatively and recommended monitors.§](#)

## Chapter 12

[Table 12-1 Objectives of nitrous oxide/oxygen inhalation sedation.](#)

[Table 12-2 Effects of N<sub>2</sub>O in relation to its concentration.](#)

[Table 12-3 Clinical tips to evaluate level of N<sub>2</sub>O inhalation sedation.](#)

[Table 12-4 Respiratory data for children.](#)

[Table 12-5 Phases of inhalation sedation with dosages.](#)

## Chapter 13

[Table 13-1 Chloral Hydrate.](#)

[Table 13-2 Meperidine.](#)

[Table 13-3 Morphine.](#)

[Table 13-4 Midazolam.](#)

[Table 13-5 Diazepam.](#)

[Table 13-6 Triazolam.](#)

[Table 13-7 Hydroxyzine.](#)

[Table 13-8 Promethazine.](#)

[Table 13-9 Ketamine.](#)

## Chapter 15

[Table 15-1 Indications and contraindications for general anesthesia.](#)

[Table 15-2 Pre-operative fasting recommendations for healthy patients undergo...](#)

[Table 15-3 Most commonly prescribed analgesics for children.](#)

# List of Illustrations

## Chapter 1

[Figure 1-1 The pediatric dentistry treatment triangle. The illustration show...](#)

[Figure 1-2 For better or for worse.](#)

[Figure 1-3 The receptionist should greet the child with a smile first, the p...](#)

[Figure 1-4 Technique continuum.](#)

[Figure 1-5 Dental attitudes are passed from one generation to another. The i...](#)

## Chapter 2

[Figure 2-1 The normal distribution of development.](#)

## Chapter 3

[Figure 3-1 A visual analogue scale using happy and sad faces as its endpoint...](#)

[Figure 3-2 A section of a patient's chart showing a child's behavior recorded...](#)

[Figure 3-3 Items on The Child Fear Survey Schedule-Dental Subscale \(CFSS-DS\)...](#)

## Chapter 5

[Figure 5-1 Pressures on the contemporary parent.](#)

[Figure 5-2 Example of Shared Decision Aid.](#)

## Chapter 6

[Figure 6-1 The pediatric dentistry triangle founded under ideal circumstance...](#)

[Figure 6-2 The pediatric dentistry triangle established under less-than-idea...](#)

[Figure 6-3 Infant exam: Initial counseling and anticipatory guidance. Even i...](#)

[Figure 6-4 Infant exam: In the knee-to-knee position, the child is able to s...](#)

[Figure 6-5 Infant exam: Begin with a digital examination and without instrum...](#)

[Figure 6-6 Infant exam: Most children will regain composure immediately, as ...](#)

[Figure 6-7 A lap cushion device flexes with the baby, allowing the tilt-back...](#)

[Figure 6-8 Mouth prop. Source: Courtesy of Specialized Care Co, Inc. Hampton...](#)

[Figure 6-9 The dental fear cycle may be broken or avoided by establishing a ...](#)

## Chapter 7

[Figure 7-1 The graph shows mean behavioral differences. The higher behavior ...](#)

[Figure 7-2 The older sibling models for the younger one. Both children learn...](#)

[Figure 7-3 For better or for worse.](#)

[Figure 7-4 Allowing children to “teach” their favorite stuffed toy or a pupp...](#)

[Figure 7-5 The dentist explains the procedure to the child patient. Note tha...](#)

[Figure 7-6 This behavioral management plan or flow chart illustrates that th...](#)

[Figure 7-7 The child patient holds a mirror during treatment. If the patient...](#)

[Figure 7-8 For better or for worse.](#)

[Figure 7-9 The papoose board with head immobilizer restraint apparatus \(Olym...](#)

[Figure 7-10 The Protective Stabilization Model and Board Wrap is an adjunct ...](#)

[Figure 7-11 Hand-over-mouth technique is shown with the dentist in close pro...](#)

[Figure 7-12 The D’lite trick. Packaging from D’lite magic trick \(a\). The mag...](#)

[Figure 7-13 Fun magic coloring book trick. The dentist kneels down to patien...](#)

[Figure 7-14 The pencil behind the ear trick. While patient is standing to th...](#)

## Chapter 8

[Figure 8-1 Special cushions to support the body for patients with low muscle...](#)

[Figure 8-2 Manual toothbrushes designed with bristles arranged to enable sim...](#)

[Figure 8-3 A prop is often useful to facilitate toothbrushing.](#)

## Chapter 9

[Figure 9-1 Most pediatric dentists prefer to deliver local anesthetics with ...](#)

[Figure 9-2 With the proper technique, the child need not ever see the syringe...](#)

[Figure 9-3 The assistant should not actively restrain or even touch the chil...](#)

[Figure 9-4 A behind-the-patient position is assumed for injecting the contra...](#)

[Figure 9-5 The anesthetic injection begins by stretching \(a\) the tissue taut...](#)

[Figure 9-6 The needle's bevel should always be oriented toward the bone. Som...](#)

[Figure 9-7 A major consideration for inferior alveolar nerve block in the pe...](#)

[Figure 9-8 On the left side of the arch, the right-handed operator's arm may...](#)

[Figure 9-9 The best way to visualize the lateral positioning of the needle p...](#)

[Figure 9-10 The dentist injects up to 1 ml of local anesthetic solution in t...](#)

[Figure 9-11 For palatal injections, the use of an ultrashort needle will res...](#)

[Figure 9-12 In the primary dentition, the apex of the teeth \(a\) will be very...](#)

[Figure 9-13 The most common areas of trauma are the lower lip \(a\) and, to a ...](#)

[Figure 9-14 Nomogram for calculating maximum recommended dose \(MRD\) of loca...](#)

## Chapter 11

[Figure 11-1 Tonsil size is very important in appreciating the amount of airw...](#)

[Figure 11-3 Photograph showing administration to sedative solution using a n...](#)

[Figure 11-2 The child's head is embraced by the dentist during administratio...](#)

[Figure 11-4 Dentist stabilizing the nitrous oxide hood slightly off the face...](#)

[Figure 11-5 Multifunctional monitor showing multiple physiological parameter...](#)

[Figure 11-6 Imaginary triangle on patient's chest. Ideally, to hear maximum ...](#)

[Figure 11-7 Oxygen hemoglobin desaturation curve. The curve reveals the nonl...](#)

[Figure 11-8 Typical capnograph waveform showing excursions associated with e...](#)

## Chapter 12

[Figure 12-1 A patient's appearance in Plane Two. Facial features are relaxed...](#)

[Figure 12-2 "See? I look like an airplane pilot!" or "I look funny with my f...](#)

[Figure 12-3 The next move is to have the apprehensive child place a nasal ma...](#)

[Figure 12-4 The child is given a mirror and the nasal mask is gently placed ...](#)

[Figure 12-5 Some dentists prefer to have the child begin by breathing throug...](#)

[Figure 12-6 A firm fitting mask \(a\) may leave transient signs on the child's...](#)

## Chapter 13

[Figure 13-1 Continuum of consciousness.](#)

## Chapter 14

[Figure 14-1 A dentist anesthesiologist's typical "mobile" setup.](#)

[Figure 14-2 The dentist anesthesiologist's drugs, supplies, and equipment in...](#)

[Figure 14-3 For a dental procedure in which some degree of airway protection...](#)

## Chapter 16

[Figure 16-1 Mallampati classification, as modified by Samsoon and Young. Cla...](#)

[Figure 16-2 Grading of palatine tonsils hypertrophy proposed by L. Brodsky....](#)

[Figure 16-3 Dentists should initially manage all medical emergencies in the ...](#)



Figure 16-4 The head-tilt chin-lift maneuver.

Figure 16-5 The patient is placed supine in the dental chair with legs eleva...

Figure 16-6 The mask is sealed with the thumbs of each hand and the mandible...

Figure 16-7 To locate the carotid pulse, the dentist or team member palpates...

Figure 16-8 Pharmacologic management of anaphylaxis.

## Chapter 17

Figure 17-1 A telephone information slip for recording information.

Figure 17-2 An emergency patient telephone information slip.

Figure 17-3 It is always special when a member of the dental team accompanie...

Figure 17-4 The anterior occlusal radiograph is the easiest and should be us...

Figure 17-5 The PSP plate (middle) is almost identical in size and dimension...

Figure 17-6 For bitewings, a simple bitewing tab may be used with PSP plates...

Figure 17-7 Tell-show-do: The dental assistant is showing the patient the pr...

Figure 17-8 Patient positioning with the dental assistant using the tell-sho...

Figure 17-9 Patient positioning. It is helpful for small children to stand o...

## Chapter 18

Figure 18-1 This waiting room area design has many elements mentioned in the...

Figure 18-2 A waiting area that accommodates both children and their parents...

Figure 18-3 Inside view of “cave” area depicted in Figure 18.2. Toys, games,...

Figure 18-4 Offices shared by multi-disciplinary dentists may have mobile pl...

Figure 18-5 To encourage child-parent interaction, a reading corner may be c...

Figure 18-6 Using shelves similar to bookstore displays makes the books more...

Figure 18-7 Typical of the open office design is the “Z”-shaped hallway conn...

Figure 18-8 “Z”-shaped hallway: treatment rooms may be color-coded with a pr...

Figure 18-9 Examples of bridging rooms: Note calming décor, educational aids...

Figure 18-10 Oral hygiene area: note the age-appropriate counter levels.

Figure 18-11 Oral hygiene area for a large “jungle”-themed office.

Figure 18-12 An alternative to the bridging room, especially for offices wit...

Figure 18-13 Many pediatric dental offices feature open operatories, as oppo...

Figure 18-14 This open bay has no separations at all between patients.

Figure 18-15 Open bay area with X-ray: As long as patients and staff are sep...

Figure 18-16 The cart system is most suitable for children. This cart is sid...

Figure 18-17 The custom bench can be made adjustable to seat a patient uprig...

Figure 18-18 Pediatric dental benches are also available professionally manu...

Figure 18-19 Proper placement of video screens is important. With the child ...

Figure 18-20 Many children have their own hand-held devices and prefer to en...

Figure 18-21 Sedation is conducted in this room. Glass doors offer a sound b...

# Wright's Behavior Management in Dentistry for Children

Third Edition

*Edited by*

***Ari Kupietzky, DMD, MSc***

*Diplomate of the American Board of Pediatric Dentistry*

*Private Practice*

*Senior Clinical Instructor, Department of Pediatric  
Dentistry*

*The Hebrew University, Hadassah School of Dental  
Medicine*

*Jerusalem, Israel*

***Visiting Professor, Department of Pediatric Dentistry***

*Rutgers School of Dental Medicine*

*The State University of New Jersey*

*Newark, New Jersey, USA*

**WILEY** Blackwell

This edition first published 2022  
© 2022 John Wiley & Sons, Inc.

*Edition History*

W B Saunders Co. (1e, 1975); John Wiley and Sons, Inc. (2e, 2014)

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, except as permitted by law. Advice on how to obtain permission to reuse material from this title is available at <http://www.wiley.com/go/permissions>.

The right of Ari Kupietzky to be identified as the author of the editorial material in this work has been asserted in accordance with law.

*Registered Offices*

John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030, USA  
John Wiley & Sons Ltd, The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK

*Editorial Office*

111 River Street, Hoboken, NJ 07030, USA

For details of our global editorial offices, customer services, and more information about Wiley products, visit us at [www.wiley.com](http://www.wiley.com).

Wiley also publishes its books in a variety of electronic formats and by print-on-demand. Some content that appears in standard print versions of this book may not be available in other formats.

*Limit of Liability/Disclaimer of Warranty*

The contents of this work are intended to further general scientific research, understanding, and discussion only and are not intended and should not be relied upon as recommending or promoting scientific method, diagnosis, or treatment by physicians for any particular patient. In view of ongoing research, equipment modifications, changes in governmental regulations, and the constant flow of information relating to the use of medicines, equipment, and devices, the reader is urged to review and evaluate the information provided in the package insert or instructions for each medicine, equipment, or device for, among other things, any changes in the instructions or indication of usage and for added warnings and precautions. While the publisher and authors have used their best efforts in preparing this work, they make no representations or warranties with respect to the accuracy or completeness of the contents of this work and specifically disclaim all warranties, including without limitation any implied warranties of merchantability or fitness for a particular purpose. No warranty may be created or extended by sales representatives, written sales materials or promotional statements for this work. The fact that an organization, website, or product is referred to in this work as a citation and/or potential source of further information does not mean that the publisher and authors endorse the information or services the organization, website, or product may provide or recommendations it may make. This work is sold with the understanding that the publisher is not engaged in rendering professional

services. The advice and strategies contained herein may not be suitable for your situation. You should consult with a specialist where appropriate. Further, readers should be aware that websites listed in this work may have changed or disappeared between when this work was written and when it is read. Neither the publisher nor authors shall be liable for any loss of profit or any other commercial damages, including but not limited to special, incidental, consequential, or other damages.

*Library of Congress Cataloging-in-Publication Data*

Names: Kupietzky, Ari, editor.

Title: Wright's behavior management in dentistry for children / edited by Ari Kupietzky.

Other titles: Behavior management in dentistry for children

Description: Third edition. | Hoboken : Wiley-Blackwell, 2022. | Preceded by Behavior management in dentistry for children / [edited by] Gerald Z. Wright, Ari Kupietzky. Second edition. 2014. | Includes bibliographical references and index.

Identifiers: LCCN 2021028037 (print) | LCCN 2021028038 (ebook) | ISBN 9781119680840 (cloth) | ISBN 9781119680932 (adobe pdf) | ISBN 9781119680949 (epub)

Subjects: MESH: Dental Care for Children | Behavior Control | Child Behavior | Dentist-Patient Relations | Anesthesia, Dental-methods | Child | Adolescent

Classification: LCC RK55.C5 (print) | LCC RK55.C5 (ebook) | NLM WU 480 | DDC 617.6/45-dc23

LC record available at <https://lcn.loc.gov/2021028037>

LC ebook record available at <https://lcn.loc.gov/2021028038>

Cover Design: Wiley

Cover Image: Wiley



*This book is dedicated to the memory of two great leaders of pediatric dentistry who have been both my mentors and colleagues.*

*Professor Gerald Z. Wright (left) at Belarusian State Medical University in 2003. He received an honorary*



*degree for bringing modern dentistry to the children of Belarus, social and medical activities, and mastering of educational process.*



*The editor, Dr. Ari Kupietzky (left) and Professor Milton Houghton (right) presenting "A simplified method of teaching dental health to children in the classroom". American Academy of Pediatric Dentistry, Annual Session, Kansas City, Missouri, 1993.*

## About the Editor

**Dr. Ari Kupietzky**, DMD, MSC, is a Diplomate of the American Board of Pediatric Dentistry and served as a member on the Advisory Council of the American Board of Pediatric Dentistry, Sedation and Hospital Section. He teaches part time at the Department of Pediatric Dentistry of the Hebrew University Hadassah School of Dental Medicine in Jerusalem, Israel, and is Visiting Professor at Rutgers School of Dental Medicine in Newark, New Jersey, USA.

# Acknowledgments

## **From Gerald Z. Wright (second edition)**

Few books are solo efforts, and this one is no exception. If it were not for three people, it would not have been written and published at all. The first to be acknowledged is Professor Anna Fuks. For years, my good friend Anna had been urging me to write another edition to my first book, *Behavior Management in Dentistry for Children*. Urging is probably putting it mildly, but her requests went unheeded for many reasons. Finally, she put me in communication with Dr. Ari Kupietzky.

My co-editor Dr. Kupietzky is a very persuasive and persistent individual. We had several discussions about the need for this type of book, the differing approaches to treating children in dentistry in the world today, and the fact that it would be timely to once more consolidate some of the thinking and writing in behavior management. When he offered to co-edit this book with me, I assented, and we moved forward with this project. Essentially, the second edition is a new work and includes new chapters and contributors. Once the planning and writing was underway, I realized that he is a well-organized person, has an excellent knowledge of the most current literature, and possesses a passion to meet deadlines. He has been a pleasure to work with.

The third person who was influential in this project was my wife, Nancy Wright. She knew that I was unsure about involving myself in this commitment; it was 12 years since my retirement from dental teaching and practice. She urged me to go ahead with this book. Not only did she provide encouragement, but Nancy read and commented

upon most of the chapters to which I contributed. Her professional background in psychology was instrumental in creating numerous “book discussions” in our home.

Ari and I enlisted 14 contributors from five different countries to lend their expertise to this book. Each of them provided worthy chapter drafts, met deadlines, and accepted our editing with grace and understanding. Consequently, the book was completed ahead of schedule.

## List of Contributors

***Debra A. Cohen, DDS***

Diplomate, American Board of Pediatric Dentistry  
Private Practice  
Elmwood Park, New Jersey, USA

***Marcio A. da Fonseca, DDS, MS***

Chicago Dental Society Foundation Professor and Head  
Department of Pediatric Dentistry  
College of Dentistry  
University of Illinois at Chicago  
Chicago, Illinois, USA

***Larry Dormois, DDS, MS***

Associate Professor  
University of Tennessee Health Science Center  
Memphis, Tennessee

***Dimitris Emmanouil, DDS, MS, PhD***

Assistant Professor of Pediatric Dentistry  
Athens, Greece

***Anna B. Fuks, DDS***

Professor Emeritus, Department of Pediatric Dentistry  
The Hebrew University, Hadassah School of Dental  
Medicine  
Jerusalem, Israel

***Gunilla Klingberg, DDS, PhD***

Professor, Department of Pediatric Dentistry  
Faculty of Odontology, Malmö University  
Malmö, Sweden

***Ari Kupietzky, DMD, MSc***

Diplomate of the American Board of Pediatric Dentistry  
Private Practice

Senior Clinical Instructor  
Department of Pediatric Dentistry  
The Hebrew University, Hadassah School of Dental  
Medicine

Jerusalem, Israel;

Visiting Professor, Department of Pediatric Dentistry  
Rutgers School of Dental Medicine  
Rutgers, The State University of New Jersey  
Newark, New Jersey, USA

***Brian D. Lee, DDS, MSD, FACD, FAAPD***

Diplomate of the American Board of Pediatric Dentistry  
Private Practice  
Foster City, California, USA

***Jonathon E. Lee, DDS, FACD, FAAPD***

Diplomate of the American Board of Pediatric Dentistry  
Diplomate of the American Board of Orthodontics  
Private Practice  
Foster City, California, USA

***Travis Nelson, DDS, MSD, MPH***

Department of Pediatric Dentistry  
University of Washington  
Seattle, Washington, USA

***Amanda Jo Okundaye, DDS***

Dentist Anesthesiologist  
Private Practice Mobile Dental Anesthesiology  
Instructor, School of Dental Medicine  
University of Nevada Las Vegas, Nevada, USA

***Tammy Pilowsky Peleg, PhD***

Department of Psychology  
The Hebrew University of Jerusalem  
Mt. Scopus, Jerusalem, Israel  
The Neuropsychological Unit