



# END OF THE LINE The Journey of a Portable Dental Hygienist

By Sarah Summers, RDH, BS



**M**y grandmother sat in front of me unable to speak due to her progressing dementia. In the final years of her disease, she was non-ambulatory and had to be assisted 3-4 times a day using a mechanical device. The dysphagia had taken its toll on her oral status and she was complaining of dry mouth. When asked if she wanted her teeth cleaned, it was all she could do to look at me and blink. I wasn't prepared to provide a service like this while visiting my grandmother, but if anyone was going to brush and floss her teeth for her it was going to be me! After all, I was a dental hygienist by trade.

Throughout her life, my grandmother always took care of her teeth. She went to the dentist regularly, used an electric toothbrush and practiced interproximal care. However, that day when she opened her mouth, I was stunned. The materia alba was dry and thick and impacted food debris was found between all her teeth. It was no wonder she could not use her lips to talk or her tongue to eat, she was dry as a bone. My heart was broken, the tears were hard to hold back as I provided the simple act of brushing and flossing for her. I realized at that moment that I was providing end of the line preventative dental care for her and I was able to make a difference. She worked hard to push through a smile and show her pearly whites and I could see the sparkle in her pretty blue eyes again. In that moment I realized, if I could help my grandmother with her preventative dental hygiene needs, imagine all of the people I could help in Colorado in a similar situation!

After working in several dental offices over the last 10 years, I found that few could accommodate a wheelchair in the operatory, much less a lifting system. The idea of practicing independently was foreign and scary, not knowing where the money would come from or how I would get paid. Nonetheless, I decided I could risk some of my own money to outfit my operation while continuing to work full-time in a dental practice. Based on my training and experience, I knew there were many things I would need to get set-up: an evacuation system, instruments and disposables, to begin with. The biggest question was, "What chair am I going to see the patient in?" I also had to take my ergonomics into consideration. I wanted to keep the patients' comfort in mind because dentistry is still a service industry.

I decided on the reputable portable dental chair and purchased it used, despite knowing it weighed 60 pounds. I thought name brand dentistry was best. However, the chair was firm, heavy, narrow, awkward to set-up and the shoulders had no support. I knew that my 90-year old patients would never be satisfied with this chair. My first mistake in this venture was not listening to a colleague who recommended a simple oversized camping recliner. It was money well spent. I get quite a few sleepers with zero complaints and my original top of the line chair sits collecting cobwebs.

After my grandmother passed, I inherited her car. Miraculously, all of my equipment including the chair, evacuation system, digital x-ray system and a 3-tier toolkit, patient comforts and pre-made instrument kits all fit in the trunk. Visiting patients in this vehicle reassures that my grandmother's spirit is with me. I serve skilled nursing and assisted living facilities, group homes and day centers for individuals with mental and physical disabilities as well as private residences. I call on different facilities every day and I schedule them one to four days a month, depending on the need. There is no age limit or boundary to the patients I serve. On an average day, I am able to treat four to five patients and start my day around 8:30am.

When I first started out, I went from room to room in each facility. This was more work than I anticipated since furniture needed to be moved to fit equipment and it was intrusive to any roommates not receiving treatment. Over time, I requested facilities provide one private and secure room where I could set up my equipment to the residents. I do provide bedside calls or work within the secure unit when necessary. Some days, I find myself setting up in a family room, hair salon, bathroom, chapel or even storage closet. Regardless of where I am, I can control the environment and the resident is safe. My schedule is centered around meals and activities in all facilities. I have a working time of three hours in the morning because the patients are eager to get a jumpstart on lunch and the same goes for dinner.

Some days nothing goes as planned - the facility is under quarantine or a patient has passed on. There is no set schedule in portable dentistry. You see a patient when staff can get through a long line of beeping call buttons, sponge baths and medication distribution. You are finished with the patient when treatment is complete or when the patient is finished with you - there

is no rush or panic.

While I have had a few people attempt to hit, bite, refuse to open and curse my name, I also receive many hugs and thank you's. Most days everything goes as planned and I make a difference in the lives of each patient, whether they realize it or not. I leave with a sweet feeling that I have accomplished something fantastic, I have done the best I can do and have given the gift of clean teeth. While not all patients are appreciative, their caregivers have a greater understanding and are always delighted to get a call with my report and recommendations for further care. Many are oblivious to the dental history of their mother or father and it is reassuring for them to know I am a dental advocate for their loved one. I spend late-night hours writing formal referral letters to dentists, oral surgeons and physicians. And, work several hours communicating with directors, social services, medical records and transportation coordinators to facilitate the arduous trips to referring dentists to have a denture made or a tooth extracted. I serve as secretary, claims department, assistant and dental hygienist.

The hardest part of this labor of love has been practicing without the presence of a dentist within the facility. I realize that dental hygiene can only go so far and there is a great need for support from a dentist - even one day a month. Many of my patients are non- ambulatory, psychotic and confused, bed-bound, bariatric or fail to thrive - I am the end of the line. There is no permanent filling available, so my Interim Therapeutic

Restoration (ITR) must be exceptional. I work tirelessly because their options are limited. I have trouble finding dentists to assist me due to Medicaid issues, difficulty of work, time constraints, etc. While I earn a good income it may not seem like much compared to a dental practice. However, I only see 4-5 patients per day, my overhead costs are relatively low, and I average about four treatment days per week.

I will never forget the day I cared for my grandmother's teeth and I use her case as a marker. Can this patient remember to brush? Are they able to brush their own teeth? Is staff trained on providing adequate oral care? In my grandmother's case, it was none of the above. Having a background in private practice, I had a good idea of materials and methods I would need to get this outreach started. The thought of helping someone in a difficult situation achieve their best oral hygiene, no matter the stage of their life, continues to drive me. If dentistry comes easily to you and you enjoy it, I hope you will consider reaching out to a population deserving of your attention. ■

*About the Author*  
Sarah Summers, RDH, BS owns and operates Front Door Dental, a mobile dental hygiene service in Grand Junction, Colorado. Sarah frequents dental mission trips around the world and is an active member of ADHA. For more information about dental hygiene outreach please visit [www.frontdoordental.com](http://www.frontdoordental.com)

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