From:	monique
To:	dentalboardconsultation
Subject:	Revised Scope of Practice OHTs and the use of Botox and Dermal Fillers
Date:	Sunday, 13 May 2018 11:23:58 PM
Attachments:	Oral Health Therapists - The use of Botox and Dermal Fillers 2018.pdf

To whom it may concern,

As an OHT, we are dealing with more each day as well as being able to diagnose, therefore I have attached some points about OHTs and the use of Botox and Dermal Fillers. Our scope is always evolving and now we have an opportunity to instil some changes. As a oral health professional we always want to provide the best treatment for our patients and I believe as OHTs we should be able to provide a full range of services including the administration of Botox and Dermal Fillers. I have written some points on why we would be more than capable to include these skills in our scope and how we can use these to help our patients if needed.

I have also attached a petition with fellow OHTs support on the subject:

https://www.change.org/p/the-australian-dental-association-to-allow-oral-health-therapists-administer-botox-and-dermal-fillers

ORAL HEALTH THERAPISTS - THE USE OF BOTOX AND DERMAL FILLERS

Oral Health Therapists are increasingly growing their knowledge and skills, as well as working alongside dentists and other health professionals to help achieve both functionally and aesthetically healthy goals for their patients. As the dental field expands, so does the need for a revised scope of practice for OHTs. The goal for our patients is no longer simply functional ability but to look at the holistic view and provide them with a whole package that they are seeking. Aesthetics and cosmetics work together as an integral piece to achieving a patient's goal, and I believe, with the dental industry growing, it is hard for OHTs to achieve this for their patients without our scope growing alongside these changes.

As Oral Health Therapists, we have comprehensive knowledge and training about the head and neck, the oral tissues and its effect on the overall health of a patient. We have extensive training in head and neck anatomy, assessing balance, symmetry and aesthetics of the face. We also specialize in the relationship between oral health and wellbeing, knowledge on infection control practice, treating diseases such as decay and periodontal disease, as well as the use of Local anesthetics and injecting cranial nerves in sensitive areas. With the practice of our finely honed skills, dentistry and oral health is simply not just about drilling teeth or cleaning gums, it is also about incorporating the relationship between form and functionality into our practice. Therefore I believe there are no better practitioners to join Dentists, Doctors and Nurses in administering Botox and Dermal Fillers to achieve these goals for our patients.

The Australian Dental Association defines Oral Health Therapists as, "registered oral health practitioners who provide primary oral health care for children and adults. This includes examining and diagnosing dental decay and gum diseases and providing routine dental treatments. They also work to promote oral health and provide preventive dental services among individuals and the broader community," *(ADA 2018).* With our ability to provide primary care to individuals, we should be able to achieve all-inclusive goals for our patients through non-invasive techniques such as the administration of Botox and Dermal Fillers. As OHTs we work with a variety of different patients with different needs, so why are we so limited when we have had extensive training?

The Australian Dental Association states, that a key element of the practice of dentistry in Australia, scope of practice is defined as the "full range of activities and responsibilities which individuals within the profession are educated, trained and competent to perform,"*(ADA 2018)*. In December 2015, The Board released a factsheet, 'The Use of Botulinum Toxin and Dermal Fillers by Dentists' *(AHPRA 2015),* to explain regulatory expectations for practitioners who were to use both of these substances in their practice. However the guidelines made no reference to Oral Health Therapists other than stating, 'the use of these by Oral Health Therapists is not allowed, being deemed to fall outside of their scope of practice, irrespective of any training they might have received' *(AHPRA 2015)*. With further CPD training to learn about these substances in depth there is no reason for the administration of Botox and Dermal Fillers to fall outside of our scope of practice. Oral Health Therapists learn about administering local

anaesthetic, infection control, head and neck anatomy, emergency situations, pharmaceutics and treating patients - therefore with this training, we could be competent, educated and qualified to practice with Botox and Dermal Fillers. This area has been avoided for years and will continue to be ignored if we do not make a change. Our scope is ill defined and limits OHTs when we are trained extensively and have an in depth variety of skills. Oral Health Therapists have more knowledge on these areas than nurses, and yet they are deemed not allowed to administer these substances. Oral health Therapists in the United Kingdom are already practicing with Botox and Dermal Fillers, and it is time we also made a change. Through new programs to extend our scope to include facial skin health and facial rejuvenation therapies we can incorporate the use of these techniques to help patients. The Australian Academy of Dento-Facial Aesthetics, pioneered an approach focused on holistic, preventative and conservative treatment options for Dentists. With similar practical skills and anatomical knowledge of the facial region, we can work alongside Dentists, to establish a: "strong, healthy, supporting dentition, which then blends harmoniously with an enhancement of the external soft tissues"*(AADFA 2018).*

Botox and Dermal Fillers are minimally invasive procedures that can be used to treat a variety of dental and cosmetic areas. With our finely honed skill set and through extra CPD training, OHTs are more than capable to incorporate this within their practice. Some areas that can benefit from this include patients who present with, Tempro-mandibular Disorders, Bruxism, Dento-facial Aesthetic issues, Gummy Smiles, Massetric Hypertrophy, Mandibular Spasms, Pathological Clenching and Periodontal issues such as, 'black triangles'. With the combination of medical, therapeutic and aesthetic uses, OHTs would highly benefit from widening our scope to allow treatment of these conditions with Botox and Dermal Fillers.

The act of injecting minute quantities of Botulinum toxin Type A into overactive muscles results in decreased muscle activity. It inhibits the exocytosis of acetylcholine on cholinergic nerve endings of motor nerves, by preventing the vesicle storing the acetylcholine from binding to the membrane, where the neurotransmitter can be released. The use of this toxin weakens the muscle for a period of three to four months. With our ability to inject Local Anaesthetic into minute cranial nerves and the capability to practice activities such as whitening teeth, which both can potentially have much worse and more permanent adverse effects than Botox; I believe this should fall within our scope.

With my experience as an Oral Health Therapist working in an Orthodontic Clinic, Tempro-mandibular Joint Disorders are seen on a day-to-day basis. It is a disorder affecting the masticatory function for a patient. This can include pathology of the TMJ as well as masticatory dysfunction. It presents with symptoms such as facial pain, joint sounds, headaches, peri-auricular pain, neck pain and may include decreased jaw excursion. Many techniques used to treat this, are either invasive, irreversible or expensive, therefore Botox is a viable alternative. When a muscle is then relaxed with Botox, clenching and bruxing is usually reduced. With small dosed injections into the temporalis and masseter muscles this can hand in hand relieve patients suffering from bruxism. With

such a simple technique to relieve a common problem, Oral Health Therapists could treat patients on a daily basis with a simple and non-invasive technique to relieve aspects of their TMJ disorders.

Dento-facial aesthetics are also an integral part of the dental field today, with patients concerned about the overall appearance and effect of dental work and the aesthetics of the head and neck. Botox and Dermal Fillers can provide immediate differences to areas around the mouth, such as naso-labial folds, marionette lines and lips to create symmetrical and aesthetically pleasing results for our patients. Botox can also correct lip deformities and asymmetry of the face. This can also include patients presenting with 'gummy smiles', where there is a display of excessive gingival tissue in the maxilla when smiling. This is not only a cosmetic issue but also an oral hygiene issue. Botox can be injected in small doses to limit the over contraction of the upper lip by relaxing the muscle in order to reduce the exposure of the maxillary gums when smiling.

Another common issue seen by Oral Health Therapists, are patients presenting with 'black triangles', which are most commonly related to periodontal disease. After health of the periodontium is stable, the appearance of black triangles can be a very challenging aesthetic problem with limited treatment options. Food particles can also accumulate in the spaces creating aesthetic and periodontal issues. An easy and simple treatment option is to inject the interdental papilla with Dermal Filler to close the interdental space, easily performed by a OHT with the proper training.

Chronic jaw clenching is another common issue patients present with resulting in masseter hypertrophy. This often presents with increased size of these muscles, altering the patient's facial appearance, with the jaw appearing swollen. Again, with small doses of Botox into the masseter muscles, reduction of masseter hyperactivity is evident. Pathological clenching can also limit the healing and reattachment of gum and bone after trauma, as well as contributing to periodontal trauma. The use of Botox as a pharmaceutical splint can limit clenching and improve healing. With orthodontic patients often suffering from excessive clenching or deep bites, Botox can reduce orthodontic time and can help patients feel more comfortable eating, speaking and swallowing.

Mandibular spasms can also be treated with the use of Botox which can release a semi contracted muscle or spasm, allowing the mouth to open and close. The restricted movement resulting from a spasm limits the patient's ability to complete basic oral hygiene necessary to prevent oral diseases. This can also limit their ability to receive dental treatment and difficulty eating, thus, Botox would diminish the effects of hyper-functional muscles.

Studies have shown a relationship between stress, depression and periodontal disease, which can reduce the immune system and facilitate chronic inflammation, *(Lewis and Bowler 2009).* The practice of Botox reinforces our emotions, which are driven by our facial expressions, with the reduction of frowning studies showed that patients were in a better mood. Through this influence, Botox may decrease the chance of periodontal disease in many

patients by limiting risk factors that may contribute to inflammation of the periodontium.

As we expand with new and innovative ways to treat our patients, it is necessary that our scope as Oral Health Therapists follow the cognisant of these changes. With our acquired training and skills and through extended educational programs, we should be able to work more independently as a health practitioner. With the ability to perform many procedures on patients independently I believe the administration of Botox and Dermal Fillers should be no different. With Oral Health Therapists already performing these procedures in the UK *(DM 2018)*, we (Australia) should also be moving forward.

This may mean a few changes for Oral Health Therapists to make, such as upgrading insurance to cover these changes. Dental Protection Limited (DPL) believes that: 'dental healthcare professionals are better placed, in many respects, to carry out non-surgical cosmetic treatments and safely and successfully, not least because of their particular range of background knowledge and training, the standards of infection control and their ability to manage a medical emergency. The safety and welfare of patients should be the overriding consideration, and the patients right to choose what treatment they wish to receive, when, and from whom, is fundamental to patient anatomy' *(DPL 2018)*. There is no reason for us to be different when we are trained in these fields also. With the dental board making changes, Insurance companies can then adjust insurance policies to cover Oral Health Therapists in this field.

Through a revised scope and allowing Oral Health Therapists to work more independently in this area, we can then work closer with Dentists to achieve aesthetic and functional outcomes for patients. Botox and Dermal Fillers and the combination of restorative work, hygiene, whitening, disorders such as TMJ issues and overall aesthetics will result in a well rounded treatment outcome for all patients. Therefore, through extra CPD training I believe OHT's are skilled and professional health members, who are more than suited to administer both Botox and Dermal fillers under the dental scope of practice.

Please see supporting petition:

https://www.change.org/p/the-australian-dental-association-to-allow-oral-health-therapists-administer-botox-and-dermal-fillers

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