



Orthodontic Emergencies + Repair Prevention

A beginner-friendly mini guide for front desk, clinical assistants, trainers, and new ortho team members.

Inside

Triage flow, repair scripts, chart notes, prevention habits, and training checklists.

Use case

Train a new hire, support a busy team, and standardize repair calls.

[VIEW](#) • [TRAIN](#) • [PRINT](#) • [REUSE](#)

Educational guide only. Offices should follow doctor direction, state rules, and local protocols.

How to Use This Mini Guide

Use this as a simple training companion for orthodontic repair calls, comfort concerns, appliance issues, and prevention conversations.

This mini guide is built for new orthodontic team members who need to understand what to do when a patient says, 'Something broke,' 'Something is poking,' or 'My appliance feels wrong.' The goal is not to turn every team member into the doctor. The goal is to help the team stay calm, ask better questions, route the concern correctly, protect the patient experience, and prevent repeat repair patterns.

CORE IDEA

The best repair conversation is calm, specific, and documented. A new hire does not need to know the clinical answer to every issue. They need to know how to gather the right details, notify the right person, and avoid overpromising.

What this guide helps the team do

- ☐ Recognize true emergency red flags that need urgent medical or doctor guidance.
- ☐ Separate comfort concerns from appliance problems and repair needs.
- ☐ Ask focused questions before scheduling or routing the patient.
- ☐ Use professional language with parents, teens, adult patients, and anxious callers.
- ☐ Document repair calls and prevention coaching clearly.
- ☐ Teach patients how to reduce broken brackets, poking wires, lost retainers, and repeat appliance issues.

Quick Table of Contents

This guide is designed like a training desk reference: short sections, practical language, and copy-ready scripts.

1. The repair prevention mindset
2. Emergency vs. urgent vs. routine
3. The CAPDS triage framework
4. True emergency red flags
5. Broken bracket calls
6. Poking or broken wire calls
7. Loose band, loose appliance, or expander concerns
8. Missing elastic ties, power chains, or separators
9. Soreness, soft tissue irritation, and wax guidance
10. Aligner and retainer concerns
11. Front desk triage scripts
12. Clinical handoff and charting examples
13. Repair prevention education
14. Trainer sign-off ladder
15. Logs, worksheets, and quick-reference tools

SCOPE REMINDER

Use this guide with office protocols. A strong system gives team members language, but the orthodontist and clinical leadership decide treatment instructions and repair timing.

The Repair Prevention Mindset

Repair prevention is not blaming the patient. It is teaching the patient how to protect treatment progress.

Orthodontic repairs happen. Brackets can loosen, wires can shift, retainers can crack, aligners can get lost, and appliances can irritate soft tissue. The difference between a chaotic repair system and a professional repair system is how the team responds.

Reactive team

- Acts surprised by every repair call.
- Schedules without details.
- Gives inconsistent advice.
- Forgets to document what happened.
- Does not coach prevention after the visit.

Preventive team

- Asks the same core triage questions.
- Knows urgent red flags.
- Uses doctor-approved language.
- Documents the issue and guidance.
- Teaches small habits that reduce future repairs.

TRAINER NOTE

Prevention starts before the problem happens. Every braces start, adjustment, retainer delivery, and repair visit is a chance to teach food choices, appliance care, wax use, hygiene, and when to call.

Emergency vs. Urgent vs. Routine

Not every orthodontic problem is a true emergency. The team needs a shared language for sorting calls.

1. Emergency now

Severe red flags may need emergency medical care or immediate doctor direction: breathing trouble, heavy bleeding, severe swelling, possible broken jaw, facial trauma, uncontrolled pain, or a swallowed/aspirated appliance concern.

2. Urgent orthodontic guidance

The patient is not in immediate danger, but the issue needs clinical review: poking wire not relieved by wax, loose band, loose expander, broken appliance, wire out of tube, repeated discomfort, or repair interfering with treatment.

3. Routine repair or comfort coaching

Examples include a loose bracket that is not hurting, missing colored tie, lost separator without pain, mild soreness after adjustment, soft tissue irritation helped by wax, or a retainer question that can be scheduled appropriately.

Important: Categories are training tools, not medical diagnosis. Follow office protocols and route uncertain concerns to the doctor or clinical lead.

The CAPDS Triage Framework

A simple call flow for new hires: Calm, Assess, Protect, Document, Schedule.

- 1 Calm: Acknowledge the concern and reassure the patient that you are going to gather details.
- 2 Assess: Ask safety questions first, then appliance-specific questions.
- 3 Protect: Offer doctor-approved comfort language or route to clinical guidance.
- 4 Document: Record what happened, symptoms, instructions, and next step.
- 5 Schedule: Book the correct repair/comfort visit or route to doctor review based on office protocol.

COPY-READY OPENING

A repair call should never start with panic or blame. It should start with this: 'I'm sorry that happened. I'm going to ask a few questions so our team can guide you correctly.'

The one thing to remember

If the caller describes heavy bleeding, breathing difficulty, major trauma, severe swelling, or possible broken jaw, stop routine scheduling and follow emergency/doctor escalation protocol.

True Emergency Red Flags

These are the questions new hires should learn before appliance-specific questions.

Orthodontic teams often receive calls that sound urgent because the patient is uncomfortable or surprised. Start by checking for true medical red flags. The American Association of Orthodontists advises patients to seek emergency care for serious issues such as heavy bleeding, breathing difficulty, or possible broken jaw before focusing on braces or appliances.

Ask these safety questions first

- ☐ Is the patient having trouble breathing or swallowing?
- ☐ Is there heavy bleeding or bleeding that will not stop?
- ☐ Was there a fall, accident, sports injury, or facial trauma?
- ☐ Is there severe swelling, fever, or signs of infection?
- ☐ Is there a possible broken jaw or serious injury?
- ☐ Did the patient swallow or possibly inhale any appliance part?
- ☐ Is the pain severe or not manageable with normal comfort measures?

SAFE LANGUAGE

If you are unsure, do not guess. Tell the caller: 'I want to make sure we route this correctly. I am going to place you on a brief hold and check with our clinical lead/doctor.'

Broken Bracket Calls

A broken bracket is common, but the team still needs details before deciding the next step.

A bracket can become loose from hard foods, sticky foods, trauma, biting on objects, or normal wear. A loose bracket may slide on the wire, irritate the cheek, or delay progress if not addressed. The team should determine whether the bracket is causing pain, whether the wire is poking, and whether the bracket is still attached to the wire.

Questions to ask

- Which tooth or area is affected? Front, side, upper, lower?
- Is the bracket still on the wire or did it come off completely?
- Is anything poking or cutting the cheek, lip, or tongue?
- Can the patient eat and speak normally?
- Did an injury or hard food cause it?
- Does the patient have wax at home?

What to document

- Date and time of call.
- Who called: patient, parent, guardian.
- Reported issue and location.
- Pain, irritation, swelling, or trauma details.
- Comfort guidance given per protocol.
- Appointment scheduled or clinical review requested.

PATIENT EXPERIENCE NOTE

Do not shame the patient. Use prevention language after the issue is handled: 'This can happen. At the repair visit, we'll also review how to protect the brackets going forward.'

Broken Bracket Script

Use a calm, organized script so the caller feels guided instead of blamed.

Copy-ready script

I'm sorry that happened. I'm going to ask a few quick questions so we can guide you correctly. Is the bracket still attached to the wire, or did it come off completely? Is anything poking, cutting, or causing bleeding? Are you able to eat and speak normally? If there is no severe pain or injury, we can help schedule the appropriate repair visit. If anything is poking, orthodontic wax may help protect the area until our team gives the next step.

Prevention coaching after scheduling

At the repair visit, the team can remind the patient to avoid hard, sticky, crunchy foods; cut food into smaller pieces when needed; avoid chewing pens, ice, or fingernails; and call early if something feels loose instead of waiting until it becomes painful.

- Avoid saying: 'You broke it again.'
- Better: 'Let's get it taken care of, and then we can review what may help prevent it from happening again.'
- Avoid saying: 'It is not a big deal.'
- Better: 'It may not be a medical emergency, but we still want to document it and guide you correctly.'

Poking Wire Calls

Poking wires can feel urgent because they irritate soft tissue and make the patient uncomfortable.

A wire may poke because the wire shifted, a bracket or tube loosened, the archwire moved out of place, or teeth are moving and creating extra wire length. A poking wire may irritate the cheek, lip, or tongue. The team should focus on pain level, bleeding, location, and whether wax helps.

Questions to ask

- ☐ Where is the wire poking? Upper/lower, left/right, front/back?
- ☐ Is it poking the cheek, tongue, lip, or gum?
- ☐ Is there bleeding or an open sore?
- ☐ Did the wire move after a bracket broke?
- ☐ Has the patient tried wax or soft food yet?
- ☐ Can they close their mouth comfortably?
- ☐ Is there trauma or swelling?

Safe comfort language

Use office-approved language. Many offices recommend orthodontic wax as a temporary comfort measure. If wax does not help, if there is bleeding, or if the wire is causing injury, route the call for clinical review or repair scheduling.

Poking Wire Script

This script keeps the call structured and helps the new hire avoid guessing.

Copy-ready script

I'm sorry the wire is bothering you. Is it poking the cheek, lip, tongue, or gum? Is there any bleeding or swelling? Do you have orthodontic wax available? If this is not a severe injury, wax may help protect the area while we route this to the clinical team and schedule the right next step. If there is heavy bleeding, trouble breathing, major trauma, or severe swelling, please seek emergency care and notify us as soon as you can.

Clinical handoff example

'Patient/parent reports upper right back wire poking cheek since last night. No heavy bleeding or trauma reported. Wax tried and helped briefly. Caller requests repair guidance. Routed to clinical lead and scheduled per protocol.'

BOUNDARY

Never tell a patient to perform a procedure at home unless it is part of your office's written, doctor-approved protocol. Comfort measures are not the same as clinical treatment.

Loose Band or Loose Appliance

Bands and appliances deserve careful routing because they can affect fit, comfort, and treatment progress.

A band, expander, space maintainer, habit appliance, or fixed appliance may feel loose, rock when touched, irritate tissue, or change the way the patient bites. These calls should be routed carefully because appliance fit and cement integrity are clinical issues.

Ask

- What appliance feels loose? Band, expander, retainer, fixed appliance?
- Is it still in the mouth?
- Is it moving when the patient eats or talks?
- Is it rubbing, cutting, or causing swelling?
- Did it come out completely?
- Is there a bad taste, food trapping, or pain?

Route

- If swallowing/breathing concern: emergency route.
- If appliance is loose but in mouth: clinical review.
- If appliance came out: save it if possible and call office.
- If irritation only: follow comfort protocol.
- If unsure: place caller on hold and ask the clinical lead.

TRAINER NOTE

Appliance calls are not just 'schedule a repair.' They can involve fit, hygiene, cement, bite, and treatment timing. Document clearly and route early.

Expander Concern Script

Expanders need calm language because parents may worry when something feels loose or unusual.

Copy-ready script

I understand why that is concerning. I want to ask a few questions so our clinical team can guide you correctly. Is the expander still in place? Is one side loose or moving? Is there pain, swelling, bleeding, or trouble swallowing? Has the key been turning normally, or did something change? I am going to document this and route it to our clinical team so we can decide the correct next step.

What not to do

Do not tell the parent to keep turning an appliance that feels loose unless the doctor/clinical lead directs it. Do not promise that the appliance is fine. Do not minimize pain, swelling, trauma, or swallowing concerns.

- Document the number of turns if the parent knows it.
- Ask when the change started.
- Ask if food is trapped or if hygiene is difficult.
- Ask if the patient can eat, speak, and close comfortably.

Missing Ties, Power Chains, or Separators

Small parts can still create confusion for patients and parents.

Not every missing piece is an emergency, but every call deserves clear instructions. Missing elastic ties, power chain sections, ligature wires, or separators may be routine depending on timing, location, and symptoms. The team should confirm what is missing, whether anything is poking, and whether the patient is uncomfortable.

Missing tie or power chain

- Ask where it came off.
- Ask whether the bracket feels loose.
- Ask if anything is poking.
- Ask about pain or swelling.
- Route per doctor/office protocol.

Lost separator

- Ask when the separator was placed.
- Ask when the next appointment is scheduled.
- Ask if the tooth area hurts or feels tight.
- Notify clinical team if next visit depends on separator placement.
- Document if the patient reports it came out.

TRAINING POINT

A small issue can still matter for timing. The right question is not 'Is this tiny?' The right question is 'Does this change the next appointment or create discomfort?'

Soreness and Soft Tissue Irritation

New hires should know the difference between expected soreness and signs that need review.

Mild soreness after an adjustment, braces start, new aligner, or appliance delivery can be expected. Soft tissue irritation can also happen when the cheeks and lips are adapting to brackets, wires, or appliances. The team should ask how severe the discomfort is, when it started, whether there is swelling or bleeding, and whether the patient has tried comfort measures already.

Comfort support language

'Some soreness can happen after adjustments or new appliances, but we still want to understand what you are feeling. Is this general soreness, or is something sharp poking or cutting? Are there sores, swelling, bleeding, or trouble eating?'

Escalate if the caller reports

Severe swelling, fever, heavy bleeding, trauma, trouble breathing or swallowing, possible broken jaw, open wound, uncontrolled pain, or a sharp appliance part causing injury that comfort measures do not relieve.

LANGUAGE UPGRADE

Comfort coaching should sound supportive, not dismissive. Avoid: 'That is normal.' Better: 'Some soreness can happen, but let's ask a few questions to make sure we guide you correctly.'

Orthodontic Wax Teaching Script

Wax is a comfort tool, not a repair. Teach it clearly and document when it is recommended by office protocol.

Many orthodontic offices recommend wax to protect cheeks, lips, or gums from irritation caused by braces or a poking area. New hires should avoid presenting wax as a fix. It is a temporary comfort measure while the team determines whether the patient needs a repair visit.

Copy-ready wax script

If something is rubbing or poking and there is no emergency red flag, orthodontic wax may help protect the area temporarily. Dry the area as best as you can, place a small amount of wax over the irritating spot, and call us if it keeps poking, if there is bleeding, or if the discomfort does not improve. We will document this and schedule or route it based on our clinical protocol.

Wax call documentation

Document the location, issue, whether wax was discussed, whether the caller tried wax, whether it helped, and what follow-up was scheduled or routed to the clinical team.

- Do not use wax language to avoid scheduling a needed repair.
- Do not ignore reports of bleeding, swelling, severe pain, trauma, or swallowing concerns.
- Do not promise that the appliance is safe without clinical review.

Aligner and Retainer Concerns

Clear aligners and retainers create their own repair-style questions.

Patients may call about lost aligners, cracked aligners, sharp edges, poor fit, lost retainers, broken retainers, tight retainers, or fixed retainer concerns. These calls should be routed according to office protocol because treatment timing, fit, and compliance matter.

Aligner questions

- Which aligner number or week is the patient on?
- Is it lost, cracked, sharp, tight, or not fitting?
- Does the patient have the previous aligner?
- Does the patient have the next aligner?
- Is there pain, swelling, or bleeding?
- Route before telling them to advance or go backward.

Retainer questions

- Is the retainer clear, Hawley, fixed, or other?
- Is it lost, broken, cracked, loose, or tight?
- How long has the patient been without it?
- Does it fit fully, partially, or not at all?
- Is a fixed retainer wire loose or poking?
- Schedule or route quickly when fit is changing.

SCOPE REMINDER

Do not guess aligner movement instructions. Going forward, backward, or pausing can affect treatment. Route to the clinical team or doctor protocol.

Front Desk Repair Call Flow

The front desk is often the first place repair prevention begins.

- 1 Greet and validate: 'I'm sorry that happened. Let me ask a few questions.'
- 2 Screen for red flags: bleeding, breathing, trauma, swelling, swallowing, severe pain.
- 3 Identify the appliance: braces, wire, band, expander, aligner, retainer, fixed appliance.
- 4 Locate the issue: upper/lower, left/right, front/back, cheek/lip/tongue/gum.
- 5 Ask what changed: when it started, food/trauma, new adjustment, appliance delivery.
- 6 Ask about comfort: pain level, wax, eating/speaking, sores, bleeding.
- 7 Document clearly and route/schedule using office protocol.

FRONT DESK NOTE

The front desk does not have to solve the clinical problem. The front desk protects the workflow by asking the right questions and routing clean information.

Repair Scheduling Logic

Scheduling is more accurate when the team knows what kind of repair it is.

Schedule type 1: Comfort check

Used when the caller reports irritation, soreness, wax concerns, or discomfort that may need quick clinical review, based on office protocol.

Schedule type 2: Repair visit

Used when a bracket, band, wire, appliance, retainer, or aligner issue may require repair, replacement, adjustment, or doctor/assistant support.

Schedule type 3: Doctor review / escalation

Used when red flags, trauma, loose fixed appliance, failed appliance, severe discomfort, or uncertain clinical concerns require higher-level review.

- ☐ Block enough time for the type of repair.
- ☐ Tell the patient what to bring: loose bracket, appliance, retainer, aligner, or photos if requested.
- ☐ Document what was scheduled and why.
- ☐ Notify clinical team if the issue may affect the next appointment.

Clinical Handoff Template

A strong handoff prevents the clinical team from having to re-ask every question.

Handoff note formula

- ☐ Patient name + guardian/caller name
- ☐ Date/time of call
- ☐ Reported appliance issue and location
- ☐ Symptoms: pain, irritation, bleeding, swelling, trauma, trouble breathing/swallowing
- ☐ What the patient tried: wax, soft food, avoided chewing, etc.
- ☐ Clinical concern: bracket, wire, band, expander, aligner, retainer, appliance
- ☐ Action: routed to clinical lead, doctor review, repair scheduled, emergency protocol, or call-back requested

Example

'Parent called 4/21 at 9:10 AM. Reports lower left bracket loose and sliding on wire. No trauma, heavy bleeding, swelling, or breathing concern. Mild cheek irritation. Wax available. Routed to clinical lead and scheduled repair per protocol.'

Charting Examples

Documentation should be clear, neutral, and useful. Avoid blame language.

Broken bracket

Parent reports upper right bracket loose after eating hard food. No emergency red flags reported. Mild irritation. Wax discussed per protocol. Repair visit scheduled.

Poking wire

Patient reports lower left wire poking cheek since last night. No trauma or heavy bleeding. Wax helped briefly. Routed to clinical team for repair timing.

Loose expander

Parent reports expander feels loose on one side and patient notices movement when eating. No swallowing/breathing concern. Clinical lead notified. Appointment scheduled per protocol.

Lost retainer

Patient reports clear retainer lost two days ago. No pain. Patient advised office will review replacement process and schedule according to protocol.

Soft tissue irritation

Patient reports cheek irritation after adjustment. No swelling, trauma, or bleeding. Comfort guidance provided per protocol and caller advised to call back if worsening.

Repair Prevention Education

Repair prevention works best when it is repeated, simple, and connected to the patient's goal.

Patients do not always remember instructions given on the first braces day. Repetition matters. Every repair is a coaching opportunity, but the tone should be supportive. The goal is to protect treatment progress, comfort, appointment flow, and the patient's confidence.

Prevention topics

- Avoid hard, sticky, and crunchy foods.
- Cut tougher foods into smaller pieces.
- Do not chew ice, pens, pencils, or fingernails.
- Use a retainer/aligner case every time.
- Wear elastics only as directed by the doctor.
- Call early when something feels loose.

How to say it

- 'We want to protect your progress.'
- 'This can save you extra repair visits.'
- 'Your braces work best when the brackets stay secure.'
- 'The case protects your retainer from being lost or crushed.'
- 'If something feels off, call us before it becomes painful.'

LANGUAGE UPGRADE

The best prevention coaching is specific. 'Be careful' is weak. 'Avoid biting into hard foods with front brackets' is stronger.

Food and Habit Coaching

Food conversations should be clear, kind, and practical.

Simple patient-friendly food script

'While you are in braces, the goal is to protect the brackets and wires. Try to avoid hard, sticky, crunchy foods and chewing on objects like pens or fingernails. If a food is tough, cut it smaller and chew carefully. This helps prevent extra repair visits and keeps treatment moving.'

Repair visit coaching script

'We got the bracket repaired today. Before you leave, let's quickly review how to protect that area. If anything starts to feel loose again, call us early so we can guide you before it becomes uncomfortable.'

- Coach without embarrassment.
- Connect prevention to comfort, progress, and fewer visits.
- Use the same language across the team.
- Document prevention coaching when relevant.

Phone Scripts for Common Repair Calls

These are simple enough for new hires and polished enough for client-facing use.

Parent with broken bracket

I am sorry that happened. I will ask a few questions so we can schedule or route this correctly. Is anything poking or causing bleeding? Is the bracket still on the wire?

Teen with poking wire

Thanks for telling us. Is the wire poking your cheek, lip, or tongue? Do you have wax available? I will document this and check the best next step.

Adult aligner patient

Let me get a few details before we advise you. Which aligner number are you on, and is the aligner lost, cracked, sharp, or not fitting?

Upset caller

I hear how frustrating this is. I am going to help by gathering the details, notifying the clinical team, and getting the next step started.

Unclear issue

I want to route this correctly instead of guessing. I am going to document what you shared and check with our clinical team.

What Not to Say

The wrong phrase can make a small repair feel like a bad experience.

Avoid

- 'You broke it again.'
- 'That's not an emergency.'
- 'You should have known better.'
- 'Just wait until your next appointment.'
- 'It is definitely fine.'
- 'Do this at home' if it is not office-approved.

Say instead

- 'Let's get the details and guide you.'
- 'It may not require emergency care, but we still want to help.'
- 'This can happen. Let's review prevention.'
- 'I want the clinical team to confirm timing.'
- 'Based on what you told me, the next step is...'
- 'I will route this to the right team member.'

SERVICE NOTE

Professional language protects the patient relationship and the office. Repair calls are emotional because patients worry treatment progress may be affected.

Room Setup for Repair Visits

A repair visit still needs safety, preparation, and chart awareness.

Repair visits can move quickly, but they should not feel rushed or disorganized. Before seating the patient, review the note, know the reported issue, prepare the correct supplies based on office protocol, and maintain infection-control standards.

Repair visit setup checklist

- ☐ Review the repair note before seating.
- ☐ Confirm patient identity and appointment reason.
- ☐ Prepare PPE and treatment area according to infection-control protocol.
- ☐ Gather doctor/clinical lead-approved supplies for the likely repair type.
- ☐ Confirm whether patient brought loose bracket, retainer, aligner, or appliance.
- ☐ Ask comfort questions before starting.
- ☐ Document completed repair, education, and follow-up instructions.

TRAINER NOTE

Repair visits are often where patients judge the office. A calm, prepared repair appointment can turn frustration into trust.

Infection Control During Repair Visits

A quick visit is still a dental visit. Safety does not get skipped.

Repair appointments may involve brackets, wires, appliances, retainers, aligners, and soft tissue irritation. The team should follow Standard Precautions, use appropriate PPE, manage sharps and contaminated items properly, and clean/disinfect or sterilize according to office protocol and manufacturer instructions.

Safety habits to reinforce

- ☐ Use hand hygiene before and after patient care.
- ☐ Wear appropriate PPE for the task.
- ☐ Treat used instruments and appliances as contaminated until processed correctly.
- ☐ Keep clean and dirty zones separate.
- ☐ Follow disinfectant contact time.
- ☐ Use sterilized instruments when required.
- ☐ Document and report exposures according to office protocol.

SAFETY NOTE

Standard Precautions are not only for big procedures. They protect patients and team members every day, including small repair visits.

Repair Tracking Worksheet

Tracking patterns helps the office prevent repeat issues instead of just reacting to them.

Date	Patient	Issue	Area	Cause	Action	Prevented?

Use this tracker for internal training. Look for patterns: same food issue, same appliance type, same appointment type, unclear instructions, or missed prevention coaching.

- Review repeat repairs during team huddles.
- Update patient instruction scripts when patterns appear.
- Teach without blaming patients or team members.
- Use data to improve onboarding and communication.

Trainer Sign-Off Ladder

Use this to train a new hire without expecting them to know everything on day one.

Level 1: Observe

Listens to repair calls, watches clinical handoffs, reviews common appliances, and studies red flags.

Level 2: Ask guided questions

Uses the triage question list with trainer support and documents notes for review.

Level 3: Route routine calls

Handles routine repair calls using scripts and routes uncertain issues to clinical lead.

Level 4: Support scheduling

Books appropriate repair visits based on office protocol and time blocks.

Level 5: Prevention coach

Uses approved prevention language after repair visits and documents education.

Scenario Drills

Practice turns scripts into muscle memory.

- 1 A parent calls and says: 'My child has a bracket hanging on the wire.' Ask the first five questions.
- 2 A teen says: 'The back wire is stabbing me.' Screen for red flags, then write the handoff note.
- 3 An adult aligner patient lost tray #18 and does not know whether to wear #17 or #19. Practice safe routing language.
- 4 A parent says the expander feels loose and they are supposed to turn it tonight. Practice what to say and what not to say.
- 5 A patient is angry because this is their third broken bracket. Practice service recovery and prevention coaching.
- 6 A caller reports facial trauma during sports and heavy bleeding. Practice emergency escalation language.

TRAINER NOTE

Role-play before a real call. New hires gain confidence when they have already practiced the uncomfortable moments.

7-Day Practice Plan

A simple study plan for new hires learning repair calls and prevention.

Day 1

Read emergency red flags and memorize the CAPDS framework.

Day 2

Practice broken bracket and poking wire scripts out loud.

Day 3

Study aligner, retainer, separator, and expander concern questions.

Day 4

Shadow repair calls and write mock handoff notes.

Day 5

Practice repair scheduling logic with the trainer.

Day 6

Review prevention language for food, wax, retainer cases, and early calls.

Day 7

Complete three scenario drills and ask for feedback.

Quick-Reference Cheat Sheet

Print this page or use it as a training desk reference.

Red flags

Breathing difficulty, trouble swallowing, heavy bleeding, severe swelling, facial trauma, possible broken jaw, swallowed/aspirated appliance concern, uncontrolled pain, fever/infection concern.

Core repair questions

What happened? Where is it? When did it start? Is anything poking? Any bleeding, swelling, trauma, breathing/swallowing concern? What have you tried? Can the patient eat/speak/close comfortably?

Handoff formula

Patient + caller, date/time, issue, location, symptoms/red flags, comfort measures, photos/appliance brought if applicable, clinical routing, scheduled appointment, instructions provided.

SAY THIS

Best sentence: 'I want to route this correctly instead of guessing.'

Final Readiness Checklist

Use this before letting a new hire handle repair calls independently.

New hire can...

- ☐ Explain the difference between true emergency, urgent orthodontic guidance, and routine repair.
- ☐ Use the CAPDS framework without reading every word.
- ☐ Ask red-flag questions first.
- ☐ Ask appliance-specific questions for brackets, wires, bands, expanders, aligners, and retainers.
- ☐ Use calm scripts without blaming the patient.
- ☐ Avoid clinical promises outside their role.
- ☐ Route uncertain concerns to clinical lead/doctor.
- ☐ Write a clear handoff note.
- ☐ Schedule repair visits according to office protocol.
- ☐ Explain repair prevention in patient-friendly language.
- ☐ Respect privacy and minimum-necessary communication.
- ☐ Follow infection-control standards during repair visits.

FINAL STANDARD

A new hire is ready when they can stay calm, gather the facts, protect the patient experience, and route the concern safely.

Source Notes + Educational Disclaimer

This guide is original training content supported by public professional and government references.

This mini guide is educational and does not replace an orthodontist's clinical judgment, office policies, state dental-board rules, HIPAA/privacy requirements, or emergency medical care. Practices should customize scripts and workflows to match their doctors, state laws, training level, supervision rules, and written protocols.

References used for industry grounding

American Association of Orthodontists - What is an Orthodontic Emergency?

<https://aaoinfo.org/whats-trending/what-is-an-orthodontic-emergency/>

American Association of Orthodontists - Broken bracket guidance and orthodontic patient resources. <https://aaoinfo.org/>

CDC - Standard Precautions for Dental Infection Prevention.

<https://www.cdc.gov/dental-infection-control/hcp/summary/standard-precautions.html>

CDC - Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care.

<https://www.cdc.gov/dental-infection-control/hcp/summary/index.html>

DANB - State Dental Assisting Requirements. <https://www.danb.org/state-requirements>

BLS - Dental Assistants, Occupational Outlook Handbook. <https://www.bls.gov/ooh/healthcare/dental-assistants.htm>

HHS - HIPAA minimum necessary standard and privacy guidance. <https://www.hhs.gov/hipaa/>

AHRQ - Teach-back communication tools. <https://www.ahrq.gov/health-literacy/improve/precautions/tool5.html>

White-label use note

This document is designed to be client-ready and brand-neutral. Add office-specific policies, doctor-approved scripts, scheduling rules, emergency escalation steps, and local compliance details before using it as an official staff manual.