An ideal pediatric dental chair should satisfy not only the criteria of the pediatric dentist, but also that of the dental staff, parents, and patients. From the perspective of the parent and patient, the pediatric dental chair should be comfortable, stable, clean, and pleasant in appearance. To this, the pediatric dentist must include favorable economics with regard to the purchase price, anticipated maintenance, and repair costs of the chair. Furthermore, the form and function of the chair should hasten all steps of patient care, during, and after treatment, optimize the health of the dental team, internal marketing and risk management. An alternative inexpensive pediatric dental chair (The Showcase House, Inc., PO Box 18, Memphis, TN, 38101) as shown in Fig 1. seems to meet and exceed many of these criteria when compared to the traditional electric dental chair.

There are only a few manufacturers that construct dental chairs specifically for children. Unfortunately, when compared to an adult dental chair the only difference is that the pediatric chair is smaller in size. Currently, this pediatric dental chair is the only chair exclusively designed for children. When the author was introduced to this chair nearly 16 years ago, his initial impression was that the design was too static, unable to accommodate the practitioner, staff, and variable size and type of children. In particular, he had doubts of its use for special need patients.

This construction of this chair is simple. It consists of a boxed cabinet with a padded, mildly inclined slate made principally of wood covered with foam and synthetic upholstery. The entire unit weighs an average 25 kgs (55 lbs). The cabinet supports the patient and provides ample space for storage, and two hinged doors provide easy access. According to the manufacturer, the most popular cover for the cabinet is a laminate wood pattern. However, almost any material can be applied to the cabinet that is typically used for a kitchen or bathroom cabinet.

The slate is inclined approximately 10 degrees at the knee joints and base of the spine. It is 66 inches long, 21 inches wide, and padded with two layers of 1-inch high-density foam. To eliminate head roll, pediatric dentists commonly request only a single layer of foam in this region. The double layer of foam on the rest of the slate is optimal for the patient's comfort and stability. Another modification is to make the headrest both longer and narrower than the standard 20 inches from the base, allowing closer proximity between operator and patient, as well as increasing the leg room for tall operators. There is also an option to place a hinge on the base and an adjustment for the head when operators of different heights share the chair. The most common cover is Nag Hyde because of its durability, ease of disinfection, low cost, and abundance of available colors. Once delivered, an option exercised by a minority of pediatric dentists, is to attach an air, water, and suction apparatus or a light to the dental chair. However, a rear delivery cart and ceiling mounted lights are ideal and most common choice by pediatric dentists.

This pediatric dental chair resembles common household furniture, such as a couch or bench. Its simple, seamless appearance puts most children and parents at ease. This, in turn, contributes to improved behavior and attitude of the patient and parent with an overall positive effect on internal marketing.

Patient and operator positioning are standardized with this chair. Adjustments in head tilt are accomplished by natural movement of the patient. Another option for altering head tilt and also to improve patient stability is to use a bean bag pillow or shoulder roll. The standard positioning of the operator and close proximity to the patient promotes proper posture and favorable muscular skeletal mechanics. Back pain and neck strain, the most common medical problems and disabilities affecting dentists and staff, are thus eliminated if due to improper chair-side posture or movements.
The chair closely adapts to wraps and boards used for patient immobilization. Risk management is optimized because of the cabinet’s structural stability, close proximity between operator and patient, stability of the patient, and elimination of electrical manipulation. The relatively flat and broad slate will accommodate patients and parents to sit, as well as serve as a platform for treatment plan presentation. Another positive feature is that there is no loss in clinical time for electrical adjustments to acquire a desired chair position or for play therapy. Priced at less than seven hundred dollars, excluding shipment, with no costs for installation, this chair is a truly economical alternative to more traditional dental chairs costing approximately eight times this amount. This proven, functional dental chair has benefited all dental team members that have had the rare opportunity and willingness to experience it.

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