

Restricted for the use by Surveyors of  
**SMILING BHARAT-**  
NATIONAL ORTHODONTIC DIAGNOSTIC DRIVE



**National Orthodontic Diagnostic Drive**  
a non-profit initiative by  
INDIAN ORTHODONTIC SOCIETY

**HANDBOOK**  
FOR I.O.S SURVEYORS/  
I.O.S REPRESENTATIVES FOR  
**SMILING BHARAT**  
July 2024

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## CONTACT DETAILS FOR IOS EXECUTIVE COMMAND CENTRE DURING THE SURVEY

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## IMPORTANT LINKS

### A. Website:

[www.indianorthodonticsociety.org](http://www.indianorthodonticsociety.org)

### B. Surveyor Registration Form:

[https://docs.google.com/forms/d/e/1FAIpQLSfRhXJqR9SqIOjvRIzo32nXm-CiD00e7qsB0Ac4w5Q\\_uSazaQ/viewform?usp=sf link](https://docs.google.com/forms/d/e/1FAIpQLSfRhXJqR9SqIOjvRIzo32nXm-CiD00e7qsB0Ac4w5Q_uSazaQ/viewform?usp=sf_link)

### C. SMILING BHARAT Survey Application link:

<https://smilingbharat.com/>

### Handbook Compiled by:

**Dr Harneet Kaur**  
*Executive committee Member*

**Dr Sukhdeep Kahlon**  
*Executive committee Member*

**Dr Jayesh S. Rahalkar**  
*President IOS*

**Dr Sanjay Labh**  
*Honorary Secretary IOS*

**Dr Puneet Batra**  
*President Elect.*  
*& Chairman Smiling Bharat*

## ABOUT SMILING BHARAT

**SMILING BHARAT National Orthodontic Diagnostic Drive is a non-profit initiative by Indian Orthodontic Society.** This is a comprehensive orthodontic survey, not just a malocclusion study.

By definition, survey is a form an examination of opinions, behaviour, etc., made by asking people questions. The sole motto of this survey is to present Orthodontic Health Data to the Government of India to emphasize the importance of our speciality as not just an ELECTIVE SPECIALITY but as an ESSENTIAL SPECIALITY in terms of gravity of health problems associated with malocclusion.

The Indian Orthodontic Society is the sole statutory body of Orthodontists in India and is registered with registrar of societies act, Vellore wide no. 75 of 1992. To present the grievances that our speciality is facing at this hour, it needs data. This National Orthodontic Diagnostic Drive is an IOS MEGA-CAMP for this data collection. The collected data will be screened by the head office and competent reports will be generated to present to the Government of India, like earlier done for National Oral Health Survey 2002-03.

## INTRODUCTION

In India, malocclusion prevalence among school children ranges from 12.5% to 33.3%. Despite being the second most common dental disorder in India, more than half of the population is unaware of the benefits of orthodontic treatment, leading them to not seek assistance. The orthodontists across the world unanimously recognize the significance of early screening of malocclusion due to its correlation with the onset of periodontitis, dental caries, TMJ disorders, and trauma.

The currently available data on incidence and prevalence of malocclusion in India is inadequate. An estimation of prevalence of malocclusion, at the National level, should replace the siloed approach of region wise and state wise approach.

The vision of this National Orthodontic Diagnostic Drive survey is to formulate guidelines and national health policies for awareness of malocclusion and associated health problem in general public and inclusion of orthodontists in mainstream health care system. This project deals with the estimation of prevalence of malocclusion & its associated health issues at a National level, instead of a siloed approach of region wise and state wise approach.

## AIM & OBJECTIVES

National Orthodontic Diagnostic Drive aims to have regional, state-wise and national data and documentation of orthodontic health data in children, adolescents and young adult populations of India using appropriate orthodontic diagnostic measures.

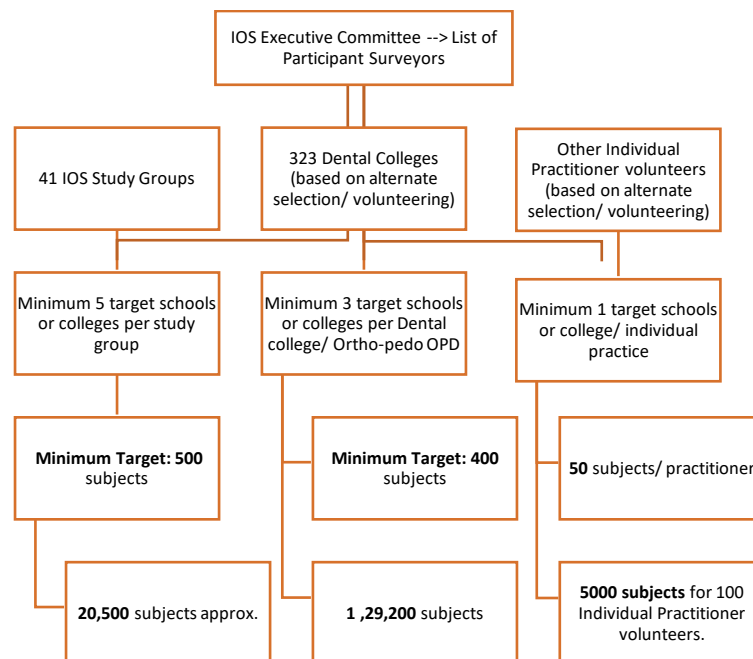
The specific objectives of this outreach activity are to

1. To collate data collected from the survey for the documentation of prevalence, distribution and severity of malocclusion across the nation.
2. To reach out maximum households through school children and young adults for diagnosis of malocclusion & associated health issues
3. To create awareness about Orthodontics as specialization of Dentistry, and associated benefits.

## METHODS

Study Design: The survey will be a Cross- Sectional Realtime Survey. No retrospective records will be included.

### SAMPLE SIZE & DISTRIBUTION:



SELECTION OF SAMPLE: The sample will be selected from neighbourhood target schools/ teaching institutions as well as undergraduate of any college/ university by the selected dental colleges/ study group.

Selection of participants from the target schools based on the underlying criteria.

#### **Inclusion criteria**

- a) Children, adolescents and young adults, **subject age up till 24 years.**
- b) Equal number of males and females in the sample.
- c) The field teams to prefer enrol students from co-education schools/ teaching institutions for the same.
- d) Students randomly selected by school teachers/ principal by chit system per school/ college/ university.

#### **Exclusion criteria .**

- a) History of Previous/ ongoing Orthodontic treatment
- b) Patient not willing give consent

All selected subjects will be given an information sheet and physical informed consent form for the survey. Subjects who give their written consent for participation will be enrolled for the survey. **(see Annexures)** For children and adolescents less than 18 years of ages, informed consent will be taken from the parents/ guardians.

## **SURVEY TOOL**

A digital dental app has been developed on the user platform <https>. The application can be used on mobile/ tablets to upload case history, orthodontic diagnosis & subject photographs, by the surveyors. All surveyors will be given this user manual and online training for the use of the mobile application.

The survey is based on STEPS approach by WHO for Oral Health Surveys. The steps include:

1. **Informed Consent:** To be taken in English/ Hindi/ Regional languages. One copy of physical consent to be maintained by the surveyor, one copy to the patient & IOS copy be uploaded as photograph in the last question of the survey.
2. **Questionnaire:** Includes demographics details, general history taking and questions based on knowledge, attitude and practices towards oral & orthodontic healthcare.
3. **Clinical Examination:** Includes general, extra-oral and inter-oral examination.

4. **Photographic Records:** Includes a set of 3 extra-oral and 5 intra-oral orthodontic photographs.

The survey form has been validated amongst the executive committee with prior test runs. All suggested amendments have been incorporated before the orientation and dry run other IOS members.

**TRAINING & CALIBERATION:** Orientation programmes have been conducted by the IOS executive committee regarding awareness and utilization of the app for the survey. Those willing to participate as surveyors will have to fill the surveyor registration form (also available on the website). IOS members enrolling themselves as surveyors before 29<sup>th</sup> June have been given links for dry run for training purposes prior to the initiation of the Mega-camp on 1<sup>st</sup> July. Those registering from 1<sup>st</sup> July onwards will be guided by the technical support team to do the survey.

**DATA ANALYSIS:** All real-time data will be collected using the mobile application and will be uploaded directly to the AWS server space of the Indian Orthodontic Society. Considering the DPDP act, 2023, data privacy of the patient will be maintained at IOS server space with data encryption & no intermediate storage channels/ uploading from reservoir photographs permitted. Data sharing will be done only to researchers for the projects approved by IOS after a thorough screening of the data required for that project and the signing of the MOU between the competent authorities and IOS.

# SURVEY TEMPLATE

## STEP 1: CONSENT & Demographics

1. Examination date\*
2. Informed Consent\*
3. College or Study Group Code or IOS Membership Number of Surveyor\*
4. State Union Territory\*
5. Name of subject\* (initials only)
6. Parents mobile number\*
7. Parent initials\*
8. Area of residence\*
9. Area pin code\*
10. District\*
11. Name of School or Dental College or Hospital for Checkup\*
12. Date of birth\*
13. Age\*
14. Gender\*
15. Informer\*

## STEP 2: Questionnaire (Clinical History & Knowledge, attitude and perception towards oral/orthodontic health care)

1. Childhood disease\*
2. Diet\*
3. Frequency consumption of junk food\*
4. History of visit to dentist\*
5. History of dental treatment\*
6. History of visit to orthodontist\*
7. Awareness about orthodontic treatment\*
8. History of orthodontic treatment\*
9. What does orthodontic treatment does?\*
10. Social Media Interactions\*
11. Daily brushing habits\*
12. Dental accessories\*
13. Braces correct both teeth and jaw irregularities\*
14. Orthodontic treatment takes a long time more than 2 years\*
15. Orthodontic treatment can be done at any age\*
16. Leaving treatment incomplete will worsen the problem\*
17. When you wear braces you need to adjust dietary habits\*
18. scared of having braces\*
19. People wearing braces do not look good\*
20. Braces always need removal of a few teeth\*
21. Braces are painful\*
22. Orthodontic treatment is expensive\*
23. Awareness of Different Modalities of Orthodontic Treatment\*
24. What do you think is the right age for Braces\*
25. Smile satisfaction\*

## STEP 3: Clinical Examination

### A: General Examination

1. Signs of pubertal growth spurt\*
2. Craniofacial deformity\*
3. Habits\*
4. Sleeping Habits\* (Snoring/ Daytime Sleepiness/ difficulty in falling asleep (or staying awake/ tiredness)
5. Speech\* (Normal/ Difficulty in speaking sibilants/ Linguo-alveolar stops/ Labiodental fricatives/ lingual dental fricatives)
6. Jaw opening\*

7. Path of closure of TMJ\*

**B: Extra-oral Examination**

1. Inter jaw alignment\*
2. Facial profile\*
3. Facial symmetry\*
4. Facial form\*
5. Nasolabial angle\*
6. Lip competence\*
7. Mentolabial sulcus\*

**C: Intra-oral Examination**

1. Dentition\*
2. Carious teeth\*
3. Missing teeth or impacted teeth\*
4. Intra arch alignment maxilla\*
5. Intra arch alignment mandible\*
6. Inter arch molar relation Right & Left Side\*
7. Canine relation Right & Left Side\*
8. Overbite\*
9. Overjet\*
10. Crossbite\*
11. Scissor bite\*
12. Dental Midline\*

**STEP 4: Clinical Orthodontic Photographs**

1. Extra-oral Front view\*
2. Extra-oral Front with smile\*
3. Extra-oral Profile\*
4. Intra-Oral Front view\*
5. Intra-Oral Right Buccal view\*
6. Intra-Oral Left Buccal view\*
7. Intra-Oral Maxillary Occlusal View\*
8. Intra-Oral Mandibular Occlusal View\*

\* All mandatory fields

PS:

- Consent form photograph is mandatory to upload just prior to final submission of the form.
- Upon submission of the form, a **form submission number** will be displayed on the screen. Please note this number on the physical copy of the consent form with the surveyor/ institution for future reference if required.

## SMILING BHARAT SURVEYOR ASSISTANCE ANNEXURES



# Indian Orthodontic Society

**PRESIDENT**  
Dr. JAYESH S RAHALKAR

**HON SECRETARY**  
Dr. SANJAY LABH

18.06.2024

## SMILING BHARAT- National Orthodontic Diagnostic Drive

Dear IOS Members

Indian Orthodontic Society (IOS) has planned a nation-wide survey **SMILING BHARAT National Orthodontic Diagnostic Drive**.

We all are in consensus with the facts that:

- Early screening of malocclusion is important due to its role in development of periodontitis, dental caries, TMJ disorders & trauma.
- In India, the prevalence of malocclusion among school-going children has been reported in the range of 12.5% to 33.3%.
- Though, malocclusion is the second most common dental disorder found in school children, there is inadequate preventive oral healthcare programs in place.
- Adverse implications of malocclusion emphasize its early diagnosis & prompt treatment.
- More than half of the population is unaware of the scope of orthodontic treatment, and thus, they do not seek any assistance.

With its theme “SMILING BHARAT”, the aim of this outreach activity is

1. To reach out maximum households through school children and young adults for diagnosis of malocclusion & associated health issues
2. To know their knowledge, awareness and perception about oral health particularly orthodontic health and its consequences
3. To create awareness about Orthodontics as specialization of Dentistry, and associated benefits.

Correspondance to  
**Dr.Sanjay Labh**  
Hon. Secretary IOS,  
Centre for Advanced Dental Care,  
Shipra Krishna Vista Plaza,  
Indirapuram, Ghaziabad 201014.  
Delhi NCR

**CONTACT**  
Ph: 9313483570

Registered Office:  
**Indian Orthodontic Society**  
97, Periya Kazhanikattu Street,  
Velapadi, Vellore-632001.

Registered with registrar of societies act, Vellore vide no. 75 of 1992

E-mail : [secretary@iosweb.net](mailto:secretary@iosweb.net) | Web : [www.iosweb.net](http://www.iosweb.net)



# Indian Orthodontic Society

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Dr. JAYESH S RAHALKAR

**HON SECRETARY**  
Dr. SANJAY LABH

How this programme will benefit us as orthodontists:

- The currently available data on incidence and prevalence of malocclusion in India is inadequate.
- Estimation of prevalence of malocclusion, at the National level, should replace the siloed approach of region wise and state wise approach.
- Awareness amongst masses help us to increase the patient inflow for specialized orthodontic treatment services
- The data would help in formulating guidelines and national health policies for awareness of Orthodontics in general public and inclusion of orthodontists in mainstream health care system for children.
- Dire necessity to align Oral healthcare with Govt. Health Policies such as Ayushman Bharat, ASHA Healthcare Programme, Government Child Healthcare Programmes, Central Government Health Scheme

The programme will be a Pan-India movement for collection of Orthodontic Health data and will include several phases starting with National Orthodontic Diagnostic Drive for School Children & Young adults on 1<sup>st</sup> July 2024.

## Organisational Structure of the IOS Mega Camp



Correspondance to  
**Dr.Sanjay Labh**  
Hon. Secretary IOS,  
Centre for Advanced Dental Care,  
Shipra Krishna Vista Plaza,  
Indirapuram, Ghaziabad 201014.  
Delhi NCR

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# Indian Orthodontic Society

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Dr. JAYESH S RAHALKAR

**HON SECRETARY**  
Dr. SANJAY LABH

**THE LINK FOR THE SURVEYORS REGISTRATION IS GIVEN BELOW:**

[https://docs.google.com/forms/d/e/1FAIpQLSfRhxJgR9SglOjyRlzo32nmx-CiD00e7qsB0Ac4w5Q\\_uSazaQ/viewform?usp=sf link](https://docs.google.com/forms/d/e/1FAIpQLSfRhxJgR9SglOjyRlzo32nmx-CiD00e7qsB0Ac4w5Q_uSazaQ/viewform?usp=sf_link)

We are also attaching herewith the **BILINGUAL CONSENT FORM** for your kind perusal. We request you to kindly translate it in your local languages as well.

Thanking you in anticipation.

Sincerely yours

**Dr. Jayesh S. Rahalkar**, President IOS

**Dr. Sanjay Labh**, Hon Secretary IOS

**Dr. Puneet Batra**, President Elect IOS, Chairman, Working Committee, Smiling Bharat

Correspondance to  
**Dr.Sanjay Labh**  
Hon. Secretary IOS,  
Centre for Advanced Dental Care,  
Shipra Krishna Vista Plaza,  
Indirapuram, Ghaziabad 201014.  
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Dr. SANJAY LABH

## PARTICIPANT INFORMED CONSENT FORM (PICF)

Protocol / Study number: \_\_\_\_\_

Participant identification number for this trial: \_\_\_\_\_

Title of project: **Data collection for the Smiling Bharat: National Orthodontic Diagnostic Drive- A Survey by Indian Orthodontic Society.**

Name of Principal Investigator: \_\_\_\_\_ Tel.No(s) \_\_\_\_\_

The contents of the information sheet dated that was provided have been read carefully by me / explained in detail to me, in a language that I comprehend, and I have fully understood the contents. I confirm that I have had the opportunity to ask questions.

The nature and purpose of the study and its potential risks / benefits and expected duration of the study, and other relevant details of the study have been explained to me in detail. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal right being affected.

I understand that the information collected about me from my participation in this research and sections of any of my medical notes may be looked at by responsible individuals from **Indian Orthodontic Society**. I give permission for these individuals to have access to my records (questionnaire & photographs) solely for research purposes and will not be used for any publicity/ advertisement.

I agree to take part in the above study.

\_\_\_\_\_ Date: (Signatures / Left Thumb Impression)

Place: \_\_\_\_\_

Name of the Participant/ Parent (if age <18 years): \_\_\_\_\_

Son / Daughter / Spouse of: \_\_\_\_\_

Complete postal address: \_\_\_\_\_

This is to certify that the above consent has been obtained in my presence.

Signatures of the Principal Investigator

Date:

1) Witness – 1

Place:

2) Witness – 2

Signatures

Signatures

Name:

Name:

Address:

Address

**NB Three copies should be made, for (1) patient, (2) researcher, (2) Institution**  
**(Investigators are advised to prepare the translation in simple understandable Hindi on their own.)**

Correspondance to  
**Dr.Sanjay Labh**  
Hon. Secretary IOS,  
Centre for Advanced Dental Care,  
Shipra Krishna Vista Plaza,  
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**HON SECRETARY**  
Dr. SANJAY LABH

सहभागीसिचतु सहमितप्रपत्र

इसजाचंकेलिएसहभागीपहचाननमबर \_\_\_\_\_ अनसधानु

शीषकर् स्माइलिंगभारत- नेशनलऑर्थोडॉन्टिकडायग्नोस्टिकड्राइवकेलिएडेटासंग्रह

मख्यु अ वेषककानाम.....फोननंबर: #.....

मनेिदनांक \_\_\_\_\_ केसचना पत्र म दिदयेगएसभी त योकोपडिलया ह।

मझेसमझआनेवालीभाषा म विवतारपवकर् बा दिदयाहैऔरमनै त योकोभलीभांितसमझिलयाहै।

मैपिकरताहैकिमझेप्रशनपछनेकाअवसरदिदयागयाहै।

मझे अ ययनकी प्रकृति, उ े य औरइसके स भावितलाभ/जोखिमऔर अ ययनकी स

भावितअविध अ य प्रासिगकजानकारीकेबारे म विवतारपवकर्समझादिदयागयाहै ।

मैसमझताहैकिइस अ ययन म मेरीभांगिधारीवेिछकहैऔरइस अ

ययनसेिकसीभीसमयिबनाकोईकारणबताए,

िबनामेरीचिकसादेखभालयाकाननी अधिकारकेप्रभावितहएअपनानामवापिसलेसकता/सकतीह।

मैसमझताहैकिइसअनसधानु मैमेरीसहभांगितासेमेरेबारे म एकत्रजानकारीऔरिचिकसीयनोटको

ए स अ पतालकेजिमेदारलोगोद्वारादेखाजायेगा।

मैइनव्यक्तियोंकोकेवलअनुसंधानउद्देश्योंकेलिएमेरेरिकॉर्ड (प्रश्नावलीऔरतस्वीरें)

तकपहुंचकीअनुमतिदेताहूंऔरइसकाउपयोगकिसीभीप्रचार/विज्ञापनकेलिएनहींकियाजाएगा।

मैउपयक्तरु अ यन म भागलेनेकेलिएअपनीसहमितप्रदानकरता /करतीहूँ ।

सहभागीके ह ताक्षर / बाएंअंगटू े कािनशान

दिदनांकथानसहभागीकानामिपता/पितकानामपरापता

यहप्रमाणितकियाजाताहैकिउपयक्तरुसहमितमेरीउपथित म लीगई ह ।

मख्यु अ वेषकके ह ताक्षरिदनाक: थान:

१) गवाहके ह ताक्षर

२) गवाहके ह ताक्षर

नामनामपतापता

Correspondance to  
**Dr.Sanjay Labh**  
Hon. Secretary IOS,  
Centre for Advanced Dental Care,  
Shipra Krishna Vista Plaza,  
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# Indian Orthodontic Society

**PRESIDENT**  
Dr. JAYESH S RAHALKAR

**HON SECRETARY**  
Dr. SANJAY LABH

18.06.2024

To,

The Principal

Subject: Request for Permission to Conduct Smiling Bharat - "National Orthodontic Diagnostic Drive" at [School's Name]

Dear Sir/Ma'am,

I hope this letter finds you in good health and high spirits. I am writing to you on behalf of the Indian Orthodontic Society (IOS) to request your kind permission to conduct the Nationwide Survey –"Smiling Bharat - National Orthodontic Diagnostic Drive" at your esteemed institution.

This project deals with the estimation of prevalence of malocclusion & its associated health issues at a national level. As there is a dire necessity to align Oral healthcare with Govt. Health Policies such as Ayushman Bharat, ASHA Healthcare Programme, Government Child Healthcare Programmes, Central Government Health Scheme, the data would help in formulating guidelines and national health policies for awareness of Orthodontics in general public and inclusion of orthodontics in mainstream health care system for children. The primary objective of this drive is to promote oral health awareness and identify orthodontic issues early, ensuring timely intervention and treatment.

The diagnostic drive will be conducted by a team of experienced orthodontists, Life Members, Study Group Members and volunteers from the Indian Orthodontic Society, ensuring the highest standards of care and professionalism. We will require minimal resources from the school, such as a designated area for screenings and basic facilities. All necessary equipment and materials will be provided by our team.

Correspondance to  
**Dr.Sanjay Labh**  
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# Indian Orthodontic Society

**PRESIDENT**

Dr. JAYESH S RAHALKAR

**HON SECRETARY**

Dr. SANJAY LABH

We propose to schedule the drive from **1<sup>st</sup> July to 15<sup>th</sup> July, 2024**. We believe this initiative will be highly beneficial to your students and contribute to their overall well-being.

Thank you for considering our request. We look forward to the possibility of working together to promote better oral health among your students.

Warm regards,

Indian Orthodontic Society Head Office

President – Dr. Jayesh S Rahalkar

Hon. Secretary- Dr. Sanjay Labh

Chairman, Working Committee - Dr. Puneet Batra (President Elect IOS)



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