

ORAL, DENTAL AND MAXILLOFACIAL NUTRITION AND DIETETICS SPECIALIZATION COURSE

6 Month Advanced Specialization Course

A structured specialization for nutrition and dietetics students, graduates and practicing dietitians who want focused competence where oral, dental and maxillofacial health affects food intake, nutritional status, healing, texture tolerance and nutrition support.

Who This Course Is For

Nutrition and dietetics students, graduates and practicing dietitians who want advanced training at the intersection of nutrition, dentistry, oral surgery, maxillofacial care, swallowing support and oral oncology.

Specialization Approach

The course begins with oral physiology and assessment, then progresses through dental caries, erosion, periodontal health, xerostomia, oral symptoms, nutritional deficiencies, surgery, maxillofacial care, oral oncology, dysphagia and nutrition support.

Clinical Focus

Participants learn to assess how oral pain, dentition, saliva, chewing, swallowing, surgery, cancer treatment, systemic disease and medications affect nutritional intake while maintaining clear boundaries between dietetics, dentistry and medical treatment.

Overall Aim

To develop dietitians who can protect nutritional adequacy when oral function is impaired, provide evidence informed preventive nutrition, support recovery and recognize when dental, medical, surgical or swallowing referral is required.

COURSE ROADMAP

Month

Primary Development Area

What the Participant Should Gain

Month 1

Oral Physiology, Nutrition and Specialized Assessment

Understand the oral cavity, saliva, mastication, taste, swallowing initiation and the relationship between oral function and nutritional status.

Month 2

Dental Caries, Erosion, Periodontal Health and Preventive Nutrition

Develop evidence informed nutrition care around dental disease risk while keeping dental diagnosis and treatment within dental scope.

Month 3

Xerostomia, Oral Mucosal Conditions, Nutrient Deficiencies and Systemic Disease

Understand how nutrition, medications and systemic disease influence oral symptoms, dietary tolerance and food intake.

Month 4

Dental Surgery, Maxillofacial Nutrition and Feeding Modification

Learn perioperative nutrition, texture progression, wound healing and nutritional support after dental, oral and facial procedures.

Month 5

Oral Cancer, Head and Neck Oncology, Dysphagia and Nutrition Support

Develop competence in treatment related oral symptoms, malnutrition risk, swallowing difficulties, texture modification and enteral nutrition.

Month 6

Advanced Oral Nutrition Practice and Complex Case Management

Integrate assessment, nutrition diagnosis, intervention, monitoring, documentation and multidisciplinary oral healthcare.

MONTH 1: ORAL PHYSIOLOGY, NUTRITION AND SPECIALIZED ASSESSMENT

Theme: Before changing the food, understand whether the mouth can comfortably and safely manage that food.

Purpose: To build the anatomical, physiological and assessment foundation required for oral nutrition practice.

Week

Focus

Learning Content

Practical Application

1

Oral Anatomy and Physiology for Dietitians

Lips, tongue, teeth, gums, palate and oral mucosa. Dentition. Mastication. Salivary function. Taste. Oral digestion. Oral preparation of food and swallowing initiation. Relationship between oral structure and food intake.

Trace different foods through oral processing and identify how structural or functional limitations may alter intake.

2

Saliva, Taste, Chewing and Food Intake

Salivary lubrication and buffering. Reduced salivation. Dry mouth. Taste alteration. Missing teeth. Dentures. Chewing efficiency. Meal duration. Food texture and dietary variety.

Compare dietary intake and nutritional risk in patients with normal oral function, significant tooth loss and severe dry mouth.

3

Comprehensive Oral Nutrition Assessment

Medical and dental history. Oral pain. Dentition. Dentures. Dry mouth. Taste changes. Oral ulcers. Chewing ability. Swallowing concerns. Food avoidance. Texture tolerance. Weight history. Dietary adequacy. Hydration. Medication and supplement use. Diabetes. Surgery and cancer treatment history.

Complete a structured oral nutrition assessment using a simulated patient case.

4

Oral Red Flags and Referral

Persistent lesions. Unexplained bleeding. Severe dental pain. Suspected infection. New swallowing difficulty. Unexplained oral mass. Significant weight loss. Inability to maintain hydration or nutrition. Appropriate dental, medical, surgical and swallowing referral pathways.

Review oral symptom cases and distinguish dietetic management from situations requiring dental or medical evaluation.

Development Outcome: Participants should finish able to identify what is limiting intake and whether the primary problem relates to nutrition, oral function, dental disease, swallowing or another medical condition.

MONTH 2: DENTAL CARIES, EROSION, PERIODONTAL HEALTH AND PREVENTIVE NUTRITION

Theme: Oral preventive nutrition is not only about calcium.

Purpose: To develop evidence informed dietary assessment and education for common dental health risks without crossing into dental diagnosis or treatment.

Week

Focus

Learning Content

Practical Application

5

Dental Caries and Dietary Sugar Exposure

Basic caries mechanism relevant to nutrition. Free sugar sources. Frequency of exposure. Sweetened beverages. Snacks. Sticky foods. Meal structure. Pediatric feeding patterns. Nutritional adequacy while reducing excessive cariogenic exposure.

Use a detailed food record to identify amount, frequency and pattern of free sugar exposure and develop realistic dietary modifications.

6

Dental Erosion and Acidic Dietary Exposure

Dental erosion concepts. Acidic beverages. Frequent sipping. Prolonged oral exposure. Meal timing. Reflux as medical context. Eating disorder related acid exposure awareness. Avoiding over restriction of nutritious acidic foods without indication.

Conduct a dietary erosion risk review while maintaining appropriate dental and medical referral boundaries.

Periodontal Health and Supportive Nutrition

Periodontal disease as a dental diagnosis. Inflammation. Overall dietary quality. Protein and micronutrient adequacy. Diabetes and periodontal health. Smoking awareness. Deficiency correction rather than megadose supplementation.

Develop supportive nutrition care for a patient receiving periodontal treatment without presenting nutrients as a cure for periodontal disease.

Pediatric and Family Oral Nutrition

Childhood caries risk. Sugar sweetened drinks. Bottles and feeding patterns. Snacks. Family meal structure. Growth and nutritional adequacy. Parent and caregiver education. Sustainable household strategies.

Create a family centered nutrition education plan for a child with high dietary caries risk.

Development Outcome: Participants should understand how dietary exposure patterns influence oral health while preserving growth, nutritional adequacy and realistic eating patterns.

MONTH 3: XEROSTOMIA, ORAL MUCOSAL CONDITIONS, NUTRIENT DEFICIENCIES AND SYSTEMIC DISEASE

Theme: The mouth can reveal a nutrition problem, but one oral symptom does not diagnose a deficiency.

Purpose: To teach participants how dry mouth, painful oral conditions, systemic disease, medications and nutritional deficiencies interact with food intake and nutrition status.

Week

Focus

Learning Content

Practical Application

9

Xerostomia and Salivary Dysfunction

Dry mouth versus reduced salivary flow concepts. Medication related causes. Systemic disease. Radiation. Dehydration. Chewing and swallowing effects. Moist foods. Sauces. Appropriate fluids. Nutrient density. Dental risk and referral.

Build a nutrition plan for severe dry mouth that protects intake and avoids dependence on sugary comfort products.

10

Oral Ulcers, Mucositis and Painful Eating

Oral pain and intake reduction. Ulceration as a symptom requiring appropriate assessment. Soft, smooth and moist foods. Temperature tolerance. Acidic, spicy and coarse food modification when symptomatic. Energy and protein density.

Modify a full day of eating for a patient with painful oral lesions while maintaining adequate nutrition.

11

Oral Manifestations of Nutritional Deficiency

Iron. Vitamin B12. Folate. Vitamin C. Protein energy malnutrition. Other micronutrients. Glossitis. Soreness. Tissue integrity. Complete assessment before supplementation. Avoiding diagnosis from appearance alone.

Review oral findings and determine what additional dietary,

biochemical and medical information is required before establishing a nutrition diagnosis.

12

Systemic Disease, Medications and Oral Nutrition

Diabetes. Sjogren disease. Gastroesophageal reflux. Autoimmune conditions. Polypharmacy. Dry mouth. Taste alteration. Healing. Oral infection risk. Medication and supplement history.

Integrate oral symptoms into nutrition care for a patient with diabetes, multiple medications and poor oral intake.

Development Outcome: Participants should be able to manage the nutritional consequences of oral symptoms while identifying when the cause requires dental, medical or pharmacological assessment.

MONTH 4: DENTAL SURGERY, MAXILLOFACIAL NUTRITION AND FEEDING MODIFICATION

Theme: A liquid or soft diet after surgery still has to meet nutritional requirements.

Purpose: To develop competence in perioperative nutrition, texture adaptation, wound healing and progressive return to oral intake after oral and facial procedures.

Week

Focus

Learning Content

Practical Application

13

Nutrition Before and After Dental Surgery

Preoperative nutrition risk. Dental extraction. Oral pain. Temporary food modification. Hydration. Energy and protein adequacy. Wound healing. Micronutrient adequacy. Avoiding unsupported healing supplements.

Create a nutritionally adequate postoperative eating plan with a staged return toward usual texture.

14

Maxillofacial Surgery and Jaw Procedures

Jaw surgery. Restricted opening. Chewing limitation. Liquid nutrition. Pureed nutrition. High energy and high protein options. Oral nutrition supplements. Weight loss prevention. Progression according to surgical instructions.

Design a staged nutrition pathway from liquid intake through modified texture and return to usual foods.

15

Facial Trauma and Complex Oral Rehabilitation

Facial injury. Surgical recovery. Chewing limitation. Increased nutrition needs according to clinical status. Inadequate oral intake. Nutrition support escalation. Rehabilitation and progressive oral intake.

Develop an interdisciplinary nutrition pathway for a patient recovering from maxillofacial trauma.

16

Cleft Lip, Cleft Palate and Craniofacial Nutrition Concepts

Infant feeding challenges. Growth. Energy and nutrient adequacy. Surgical periods. Feeding devices as specialist team concepts. Speech and swallowing collaboration. Longitudinal multidisciplinary care.

Identify the dietitian role within a cleft and craniofacial care

pathway and build nutrition priorities around growth and feeding ability.

Development Outcome: Participants should be able to preserve nutritional adequacy during major texture limitations and coordinate diet progression with surgical and rehabilitation guidance.

MONTH 5: ORAL CANCER, HEAD AND NECK ONCOLOGY, DYSPHAGIA AND NUTRITION SUPPORT

Theme: In oral oncology, preserving the ability to eat can become a major clinical nutrition priority.

Purpose: To build specialist competence in malnutrition prevention, treatment related oral symptoms, swallowing related nutrition and escalation to enteral support when oral intake is inadequate.

Week

Focus

Learning Content

Practical Application

17

Oral and Oropharyngeal Cancer Nutrition

Oral cavity and oropharyngeal cancer as medical context. Surgery. Radiation. Systemic treatment. Baseline malnutrition screening. Weight trajectory. Oral function. Chewing and swallowing changes. Nutrition support planning.

Conduct a baseline nutrition assessment before head and neck cancer treatment and identify anticipated nutrition risks.

18

Mucositis, Xerostomia, Dysgeusia and Odynophagia

Treatment related mucositis. Dry mouth. Taste changes. Painful swallowing. Soft, moist and nutrient dense foods. Individualized taste strategies. Energy and protein density. Hydration. Symptom monitoring.

Develop a symptom specific nutrition intervention that maintains intake without unnecessary permanent restriction.

19

Dysphagia and Texture Modified Nutrition

Dysphagia recognition. Nutritional consequences. Swallowing assessment by appropriate specialist. Dietitian role in nutritional adequacy within prescribed textures and fluid consistency. Energy density. Protein density. Hydration.

Convert a usual eating pattern into a nutritionally adequate prescribed texture plan and define monitoring priorities.

20

Enteral Nutrition in Oral and Head and Neck Conditions

Indications when oral intake is insufficient. Nasogastric and gastrostomy concepts. Energy, protein and fluid requirements. Formula selection principles. Monitoring. Feeding tolerance. Weight trajectory. Transition toward oral intake where appropriate.

Develop an enteral nutrition and monitoring plan for a head and neck oncology case with inadequate oral intake.

Development Outcome: Participants should finish able to integrate oral symptoms, swallowing limitations, malnutrition risk and nutrition support within multidisciplinary head and neck care.

MONTH 6: ADVANCED ORAL NUTRITION PRACTICE AND

COMPLEX CASE MANAGEMENT

Theme: Oral nutrition care connects dentistry, medicine, surgery, swallowing care and dietetics.

Purpose: To integrate geriatric oral nutrition, nutrition diagnosis, intervention, documentation, referral and advanced multidisciplinary case management.

Week

Focus

Learning Content

Practical Application

21

Geriatric Oral Nutrition

Tooth loss. Dentures. Polypharmacy related dry mouth. Chewing limitations. Malnutrition risk. Reduced dietary variety. Texture adaptation. Protein and micronutrient adequacy. Practical meal preparation.

Redesign the eating pattern of an older adult whose poor oral function has reduced dietary variety and energy intake.

22

Oral Nutrition Diagnosis and Intervention

Nutrition diagnoses related to inadequate oral intake, energy or protein intake, excessive free sugar exposure, limited food acceptance, chewing difficulty, swallowing related nutritional compromise, unintended weight loss and malnutrition. PES statement development.

Develop complete PES statements and interventions without documenting dental or medical disease as the nutrition diagnosis.

23

ADIME, Documentation and Multidisciplinary Oral Care

Specialized ADIME documentation. Communication with dentists, oral and maxillofacial surgeons, ENT specialists, oncologists, swallowing specialists, dental hygienists, pharmacists and psychologists. Referral boundaries and care transitions.

Prepare a specialized oral nutrition ADIME note and concise multidisciplinary referral communication.

24

Advanced Oral and Maxillofacial Nutrition Case Defense

Integration of dental or medical diagnosis, oral symptoms, dentition, chewing, saliva, swallowing, texture tolerance, weight history, diet, hydration, deficiencies, medications, surgery, cancer treatment, nutrition diagnosis, intervention and monitoring.

Present and defend one dental or oral disease case, one oral or maxillofacial surgery case and one complex oral oncology or swallowing case.

Development Outcome: Participants should finish able to conduct, document and defend a complete multidisciplinary oral nutrition care process while maintaining clear professional boundaries.

ORAL AND DENTAL SPECIALIZATION CASE PORTFOLIO

Case Area

Practical Competency

High Caries Risk

Conduct dietary exposure assessment and appropriate nutrition counseling.

Pediatric Caries

Develop family centered nutrition education while protecting growth and dietary adequacy.

Dental Erosion

Identify dietary acid exposure patterns and appropriate referral needs.

Periodontal Disease

Provide supportive nutrition without presenting nutrition as dental treatment.

Tooth Loss

Maintain diet quality and nutrient intake despite chewing limitations.

Dentures

Adapt food texture while protecting dietary variety and nutritional adequacy.

Xerostomia

Manage food texture, hydration and nutrient intake around severe dry mouth.

Sjogren Related Dry Mouth

Develop individualized oral nutrition strategies within multidisciplinary care.

Oral Ulceration

Maintain energy, protein and fluid intake during painful eating.

Nutrient Deficiency Case

Use oral findings as assessment clues rather than automatic diagnosis.

Diabetes and Oral Health

Integrate metabolic and oral nutrition priorities.

Dental Surgery

Plan nutritionally adequate postoperative recovery and texture progression.

Jaw Surgery

Design staged liquid and texture modified nutrition.

Facial Trauma

Support recovery, healing and feeding adaptation.

Cleft and Craniofacial Case

Understand multidisciplinary feeding and growth care.

Oral Cancer

Complete oncology specific oral nutrition assessment.

Mucositis

Maintain nutrition despite treatment related oral symptoms.

Dysphagia

Maintain nutritional adequacy within prescribed swallowing recommendations.

Enteral Feeding

Develop nutrition support and monitoring for inadequate oral intake.

Geriatric Oral Health

Manage chewing limitations, dry mouth and malnutrition risk.

Final Case Defense

Defend a complete multidisciplinary oral nutrition care process.

PROFESSIONAL SCOPE INTEGRATION

Situation

Dietitian Role

Dental Caries

Assess sugar exposure and dietary patterns while diagnosis and dental treatment remain with dentistry.

Periodontal Disease

Support overall nutrition and metabolic health while periodontal diagnosis and treatment remain dental.

Oral Pain

Modify food temporarily while the underlying cause is assessed and treated appropriately.

Oral Ulcers

Support intake and identify nutrition concerns without independently diagnosing unexplained lesions.

Xerostomia

Modify nutrition and hydration while medical or dental evaluation addresses the cause.

Tooth Loss

Adapt food texture and maintain nutritional adequacy.

Dental Surgery

Support recovery and healing within the surgeon or dentist postoperative instructions.

Maxillofacial Surgery

Develop nutrition progression according to surgical restrictions and healing status.

Dysphagia

Maintain nutrition within swallowing recommendations rather than independently prescribing swallowing safety levels.

Oral Cancer

Provide oncology nutrition within multidisciplinary cancer treatment.

Enteral Feeding

Calculate, implement and monitor nutrition within appropriate clinical protocols and team care.

Nutrient Deficiency

Establish nutrition problems using complete assessment rather than oral appearance alone.

Oral Lesion

Refer persistent or suspicious lesions for dental or medical diagnosis.

Complex Oral Disease

Collaborate with dental, medical, surgical, oncology and swallowing teams.

FINAL SPECIALIZATION PORTFOLIO

Portfolio Component

Final Output

Oral Nutrition Assessment

Complete specialized assessment form covering oral function, dietary intake and nutrition risk.

Dietary Caries Assessment

Sugar exposure and meal pattern assessment tool.

Pediatric Oral Health Tool

Family centered nutrition education framework.

Dental Erosion Case

Dietary acid exposure and eating pattern assessment.

Xerostomia Case

Complete symptom adapted nutrition plan.

Nutrient Deficiency Exercise

Oral finding to complete nutrition assessment pathway.

Dental Surgery Plan

Postprocedure diet and texture progression.

Maxillofacial Surgery Case

Liquid and texture modified nutrition pathway.

Oral Cancer Case

Complete cancer specific oral nutrition assessment.

Mucositis Toolkit

Symptom specific strategies to preserve oral intake.

Dysphagia Case

Nutritionally adequate intervention within prescribed texture requirements.

Enteral Nutrition Case

Feeding and monitoring strategy.

Geriatric Oral Nutrition Case

Chewing, texture and nutritional adequacy framework.

Oral Nutrition ADIME Portfolio

Complete professional documentation.

Referral Framework

Dental, oral surgery, ENT, oncology, swallowing and medical referral pathways.

Final Case Defense

Advanced oral and maxillofacial nutrition presentation and defense.

EXPECTED SPECIALIZATION TRANSFORMATION

At Entry

At Completion

Dental health is mostly about brushing.

I understand the interaction between oral hygiene, dental treatment, dietary exposure and nutritional status.

Sugar causes cavities, so remove sugar.

I assess free sugar amount, frequency, beverages, meal pattern and overall nutritional adequacy.

Bleeding gums need vitamin C.

I recognize that oral findings require proper assessment and do not diagnose deficiency from one symptom.

Dry mouth means drink more water.

I assess medications, disease, salivary function, texture tolerance, hydration and nutritional consequences.

After dental surgery, just eat soup.

I can design a nutritionally adequate staged postoperative eating plan.

Jaw surgery patients only need liquids.

I can provide adequate energy, protein and micronutrients despite major texture limitations.

Dysphagia means give soft foods.

I understand swallowing safety requires appropriate assessment and my responsibility is nutritional adequacy within prescribed texture.

Oral cancer nutrition means soft food.

I integrate malnutrition, mucositis, xerostomia, taste change, swallowing difficulty and nutrition support.

Mouth problems are outside dietetics.

I understand exactly where oral health and clinical nutrition intersect and where referral is required.

I make meal plans for patients who cannot chew.

I can conduct, document and defend a structured multidisciplinary oral nutrition care process.

FINAL LEARNING PATHWAY

Stage

Learning Progression

Stage 1

Understand oral anatomy, salivary function, taste, chewing and swallowing initiation.

Stage 2

Conduct specialized oral nutrition assessment.

Stage 3

Recognize oral red flags and appropriate referral needs.

Stage 4

Assess dietary caries and erosion risk.

Stage 5

Provide supportive nutrition around periodontal health.

Stage 6

Manage xerostomia, oral pain and texture related intake problems.

Stage 7

Recognize possible nutritional deficiency clues through complete assessment.

Stage 8

Support nutrition before and after dental surgery.

Stage 9

Manage nutrition through maxillofacial recovery and texture progression.

Stage 10

Understand cleft and craniofacial nutrition within specialist teams.

Stage 11

Provide oral oncology nutrition support.

Stage 12

Maintain nutrition during mucositis, dry mouth and taste changes.

Stage 13

Support dysphagia care within prescribed swallowing recommendations.

Stage 14

Provide enteral nutrition when oral intake becomes inadequate.

Stage 15

Address geriatric oral nutrition and malnutrition risk.

Stage 16

Develop nutrition diagnosis, intervention and monitoring.

Stage 17

Document care, collaborate across disciplines and defend advanced cases.

COURSE PHILOSOPHY

This specialization is designed to develop oral nutrition reasoning rather than provide a collection of soft diet lists. Participants learn to connect oral function, dental treatment, symptoms, swallowing, surgery, cancer care, dietary intake and nutritional status so that nutrition intervention is individualized, practical and professionally defensible. The dietitian supports nutrition while dental diagnosis, surgical treatment and swallowing safety assessment remain with the appropriately trained professionals.