

Airway and Myofunctional Screening in the Dental Office

Child's Name: _____ DOB: _____ Today's Date: _____

Which specialist is screening in the dental office? Name: _____ Title: _____

What is the purpose of the visit: (select all that apply) ☐ Prophyl/Exam ☐ Caries/dental pain ☐ Evaluate oral frenum ☐ Trauma ☐ Other _____

Please describe observed oral resting postures:

- ☐ No difficulties with oral resting postures; lips lightly closed, jaw is in an approximated freeway space of 2 mm, tongue is lightly suctioned to the palate
☐ Low tongue posture ☐ Forward tongue posture ☐ Lips parted ☐ Open mouth posture ☐ Drooling (over age of 2 years) ☐ Lip strain when closed, bunched chin

Please describe observed airway patency concerns:

- ☐ No difficulties with airway patency, patient uses nasal breathing with ease
☐ Enlarged tonsils ☐ Sinus congestion ☐ Asthma ☐ Restless sleeping/wakes frequently (>1x nightly)
☐ Suspected enlarged adenoids ☐ Eye shiners ☐ Dry, chapped lips (chellius) ☐ Bedwetting
☐ Deviated septum ☐ Food or seasonal allergies ☐ Snoring or heavy breathing

Please describe observed oral structures:

- ☐ No difficulties with oral structures; child is in neutroclusion without rotations, diastemas, or crowding
☐ Oral frenum restrictions present (maxillary labial, mandibular labial, lingual, buccal) ☐ Atypical palate (narrows anteriorly, narrows posteriorly, asymmetrical)
☐ Abnormal mandibular growth (micrognathia, macrognathia, asymmetry) ☐ Limited jaw opening (less than 15 mm)
☐ Malocclusions (rotations, diastemas, crossbite, anterior open bite, overjet, overbite) ☐ TM Dysfunction (popping, crepitus, clicking, pain/discomfort)

Please describe observed/reported parafunctional habits:

- ☐ No prolonged noxious habit usage (pacifier/finger/thumb/etc. sucking ceased before 12 months)
☐ Sucking (tongue, finger, thumb, cheek, shirt, blanket or other item past the age of 12 months) ☐ Chewing on inedible objects (straws, pens, pencils, fingernails, other)
☐ Pacifier beyond 12 months of age ☐ Prolonged sippy cup usage (past 18 months of age)
☐ Bruxing/grinding/clenching

Please describe any difficulties with feeding and/or swallowing?

- ☐ No difficulties with sucking habits; transition to solid foods without difficulties; by age 2 the child should be eating "adult-like" foods cut in smaller sizes with at least 10 fruits/vegetables, proteins, dairy, and carbohydrates (unless under dietary restrictions)
☐ Reflux or similar issues ☐ Food aversions to certain foods or food classes ☐ Child stuck in immature feeding pattern (nutrition received primarily from milk, purees, and soft foods versus wide variety of regular food of appropriate consistency)
☐ Hyperactive oral sensory responses ("gaggy", retching, vomiting) when feeding ☐ Difficulties transitioning between food stages ☐ Growth concerns (consistently low weight and height percentiles)
☐ Restrictive feeder (less than 30 foods) ☐ Pocketing of food in cheeks, under tongue, or on palate after swallowing ☐ Limited progression in chewing skills; child may swallow foods whole versus chewing
☐ Difficulties transitioning from breast/bottle to cup drinking ☐ Food residue on tongue after swallowing
☐ Sensitivity to different tastes or textures of foods

Please describe oral/swallowing movements past the age of 2 years:

- ☐ No difficulties noted. The tongue is lightly suctioned to the palate at rest. When liquid is presented, the child will greet the utensil with his lips, creates intra-oral pressures with the cheeks and tongue movement, the tongue tip will anchor to the incisive papilla and use a peristaltic motion posteriorly to trigger the swallow. No residue should be remaining on the lips. In solids, the child will use the same process with the addition of chewing. During the chewing process, the child will pierce with his central incisors, lateralize the foods with his tongue to the molar area for mastication. By the age of two, the child will transfer the foods from one side to the next with rhythmic, fluid movements in a figure "8" pattern prior to gathering on the center of the tongue for bolus transfer and triggering of the swallow.
☐ Tongue tip is rounded ☐ The tongue movement is asymmetrical ☐ Child's foods are limited to specific brands/types/consistencies of foods
☐ The tongue does not clean the buccal sides of the dentition ☐ Forward movement of the saliva is noted or salivary buildup is evident on the corners of the mouth ☐ Child snacks consistently throughout the day without eating 3 consistent meals
☐ The tongue is low, flat and/or forward in the mouth ☐ Child is reported as a messy eater ☐ Uses a bottle beyond 12 months in age

Other observations:

- ☐ Gagging while taking bitewings? ☐ Use of suction? ☐ Instrumentation during routine treatment? ☐ Aberrant facial movements during communication?

Referral Needed

- ☐ COM™/Myofunctional ☐ SLP/Feeding ☐ ENT ☐ Orthodontist ☐ Body Worker ☐ Oral Surgeon ☐ Other _____

