What are the positive outcomes that we hope to see in our patients?

1. **BODY POSTURE**
   Symmetrical, balanced body posture, with no forward or side leaning head posture, slumped shoulders or slouching.

2. **ORAL RESTING POSTURE**
   Lips lightly closed, jaw is in an approximated freeway space of 2mm, and tongue is lightly suctioned to the palate in all activities of daily living.

3. **BREATHING AND SLEEP**
   Patient uses silent nasal breathing with ease and sleeps well, mouth closed and with an absence of snoring.

4. **OBSERVED ORAL STRUCTURES**
   Patient is in neutroclusion without rotations, diastemas, or crowding.

5. **ORAL HABITS**
   No prolonged noxious or parafunctional habits.

6. **ORAL FUNCTION**
   No observable or reported difficulties with form or function of the oral cavity.
AIRWAY & MYOFUNCTIONAL SCREENING FORM

PATIENT NAME ____________________________________________

DATE ________________________________

1 BODY POSTURE
○ Symmetrical, balanced body posture ○ Forward or side leaning head posture
○ Slumped shoulders or slouching

2 ORAL RESTING POSTURE
○ No difficulties ○ Low tongue posture ○ Forward tongue posture ○ Drooling
○ Lips parted ○ Open mouth posture ○ Lip strain when closed, bunchy chin

3 BREATHING AND SLEEP
○ No difficulties ○ Enlarged tonsils ○ Enlarged Adenoids ○ Asthma ○ Growth Concerns
○ Dry, chapped lips ○ Sinus congestion ○ Eye shiners ○ Bedwetting ○ Deviated septum
○ Allergies ○ Snoring or heavy breathing ○ Restless sleeping, wakes frequently (>1x nightly)

4 OBSERVED ORAL STRUCTURES
○ No difficulties ○ Oral frena restrictions (maxillary/mandibular labial, lingual, buccal)
○ TM dysfunction ○ Atypical palate (narrows anteriorly/posteriorly, asymmetrical)
○ Abnormal mandibular growth (micrognathia, macrognathia, asymmetry)
○ Malocclusions (rotations, diastemas, crossbite, open bite, overjet, overbite)
○ Limited jaw opening (less than 15mm)

5 ORAL HABITS
○ No habits ○ Prolonged pacifier/bottle/sippy cup usage ○ Bruxing/grinding/clenching
○ Chewing on inedible objects ○ Sucking (tongue, finger, thumb, cheek, shirt, blanket)

6 ORAL FUNCTION
○ No difficulties ○ Reflux or similar issues ○ Hyperactive oral sensory responses
○ Texture/taste sensitivity ○ Difficulties transitioning between food stages
○ Pocketing of food in mouth ○ Residue on tongue ○ Growth concerns ○ Gagging
○ Aversions to certain foods or food classes ○ Open mouth during chewing
○ Immature swallowing patterns ○ Tongue tip is rounded ○ Reported messy eater
○ Tongue movement is asymmetrical ○ Tongue does not clean buccal sides of dentition
○ Forward movement of the saliva is noted or buildup is evident on corners of the mouth

REFERRAL SOURCE ____________________________________________

(Licensed Healthcare Provider’s Name)

REFERRING TO: ○ COM® (Certified Orofacial Myologist™)