

AIRWAY & MYOFUNCTIONAL SCREENING FORM

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 neutroclclusion 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, bunched 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, macrogognathia, 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
- Tongue is low/flat/forward

REFERRAL SOURCE _____

(Licensed Healthcare Provider's Name)

REFERRING TO: COM® (Certified Orofacial Myologist™)