INTERDISCIPLINARY OROFACIAL EXAMINATION PROTOCOL FOR CHILDREN AND ADOLESCENTS
(For ENT, Pediatricians, Dentists and Speech Therapists)

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By: ......................................................................................................................... Specialty: .................................................................

Patient personal data:

| Name: ........................................................................................................... | Age: .................. | Date: .................................. |
| Sex:..............Weight:..............Height:.............Record:................................................................. |

Concept:

Extra and intra-oral interdisciplinary orofacial exploration, which includes the examination to detect possible morphological alterations and/or dysfunctions.

This suggestion is an approximation to the exploration protocol which entails 2 characteristics:
1. Speed (5-8 minutes)
2. Simplicity

Parents Anamnesis:

1- Does your child usually snore while sleeping?
2- Have you noticed that your child has difficulties in breathing or he/she breathes with lots of effort?
3- Have you noticed in your child while sleeping:
   - Break or pause in breathing?
   - Restless or agitated sleep?
   - Abnormal head postures (hyperextension, etc)?
   - Excessive sweating?
4- Does he/she wet the bed with saliva?
5- Does he get easily tired after running or doing exercises?
6- Does your child keep his/her mouth open while watching TV or using the computer?
7- Does he/she drool during the day?
8- Does he frequently catch a cold?
9- Is he/she allergic?
10- Habits: pacifier/ thumb sucking / nail-biting/ cheilophagia / other
11- Does he/she frequently get voiceless?
12- Does he/she have pronunciation problems?

Breathing:

- Nasal
- Buccal
- Mixed

Profile:

- Normal. Class I
- Convex. Class II
- Concave. Class III

Nostrils configuration (with forced breathing)

- Level 0: Both dilate
- Level 1: Doesn’t collapse nor dilate
- Level 2: Unilateral partial closure
- Level 3A: Bilateral partial closure
- Level 3B: Unilateral total closure
- Level 4: Total closure and partial closure
- Level 5: Bilateral total closure
Inferior lingual frenum (Ask patient to lift his/her tongue with the completely open mouth, and to try to touch his/her palate).

- Level 0: Frenectomy
- Level 1: Tongue tip touches the palate
- Level 2: Almost touches the palate
- Level 3: The distance between the upper and lower incisors is the same
- Level 4: Reaches lower incisors
- Level 5: Doesn't reach lower incisors

Tonsils

- Level 0: Previous tonsilectomy
- Level 1: No visible tonsils
- Level 2: Very small tonsils (< 25%)
- Level 3: Tonsils occupy 1/3 of pharyngeal space (25% - 50%)
- Level 4: Tonsils occupy 2/3 of pharyngeal space (50% - 75%)
- Level 5: Tonsils occupy 3/3 of pharyngeal space (>75%)

Lips

- Lip contact in rest
- No lip contact in rest
- Dry or chapped lips

Malocclusion (Angle)

- Class I (Normal)
- Class II/1
- Class II/2
- Class III

Bite Occlusion

- Normal bite
- Anterior deep bite
- Open bite
- Crossbite (uni./bilat.)

Alignment

- Normal
- Spacing
- Crowding

Swallowing

- Normal
- Makes faces while swallowing
- Tongue thrust or lip thrust while swallowing

Posture alterations

- Normal position
- Lordosis: Lumbar curvature increased
- Cyphosis: Curved back, reduced lumbar curvature, shoulders dropped, flat thorax and prominent abdomen

Adenoids:

- Phonetical test: Positive (different)
- Endoscopy (only ENT)
- No obstruction
- Partial obstruction
- Severe obstruction

Recommended assessment by:

- ENT
- Orthodontist
- Speech therapist
- Odontopediatrician