

INTERDISCIPLINARY OROFACIAL EXAMINATION PROTOCOL FOR ADULTS

(For Speech Therapists, Dentists, ENT and General Practitioners)

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

Patient personal data:

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

Concept:

Extra and intra-oral interdisciplinary orofacial exploration, including 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)

Anamnesis:

	Yes	No	Don't know
1- Do you usually breathe through the mouth?			
2- Do you snore while sleeping?			
3- Do you have any nasal allergies?			
4- Do you stop or pause your breathing while sleeping?			
5- Do you easily get tired or fall asleep during the day?			
6- Do you have any facial pains?			
7- Do you clench or grind the teeth during the night?			
8- Do you clench or grind the teeth during the day?			
9- Do you usually drink alcohol before going to bed?			
10- Do you gums bleed?			
11- Do you have difficulties in opening or closing the mouth, or while chewing?			
12- Do you use chronic sleep medication?			
13- Do you suffer from hypertension?			
14- Do you regularly practice sports?			
15- Do you frequently get voiceless?			

Have you already been treated from? 16 -Apnea 17- Dental treat. 18- Orthodontic treat. 19- Speech Therapy

Do you use?: 20- Splint 21- Removable appliance


2 21- Do you smoke? No -10 +10

Breathing:


3 Nasal Buccal Mixed

Profile:


4



Normal. Class I










Convex. Class II




Concave. Class III

Nostrils coding (with forced breathing)

						
<input type="checkbox"/> Level 0 Dilate	<input type="checkbox"/> Level 1 Doesn't collapse nor dilate	<input type="checkbox"/> Level 2 Unilateral partial closure	<input type="checkbox"/> Level 3A Bilateral partial closure	<input type="checkbox"/> Level 3B Unilateral total closure	<input type="checkbox"/> Level 4 Total closure and partial closure	<input type="checkbox"/> Level 5 Bilateral total closure

Lower lingual frenum (Ask patient to lift his/her tongue with the completely open mouth, and to try to touch his/her palate)

5



Level 0
Frenectomy

Level 1
Tongue tip touches the palate

Level 2
Almost touches the palate

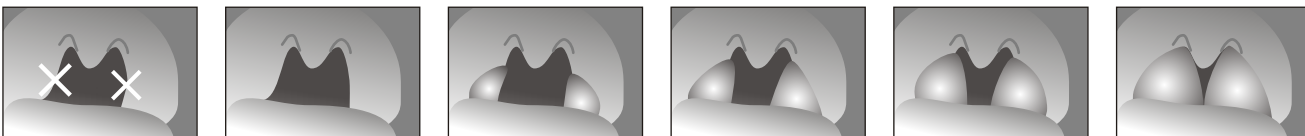
Level 3
The distance between the upper and lower incisors is the same

Level 4
Reaches lower incisors

Level 5
Doesn't reach lower incisors

Tonsils

6



Level 0
Previous tonsillectomy

Level 1
No visible tonsils

Level 2
Very small tonsils (< 25%)

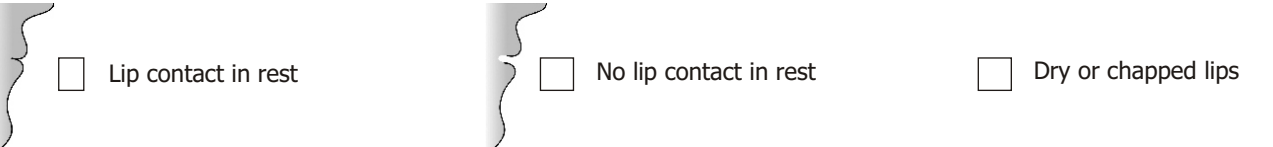
Level 3
Tonsils occupy 1/3 of pharyngeal space (25% - 50%)

Level 4
Tonsils occupy 2/3 of pharyngeal space (50% - 75%)

Level 5
Tonsils occupy 3/3 of pharyngeal space (>75%)

Lips

7




Lip contact in rest

No lip contact in rest

Dry or chapped lips

Malocclusion (Angle)

8



Class I (Normal)

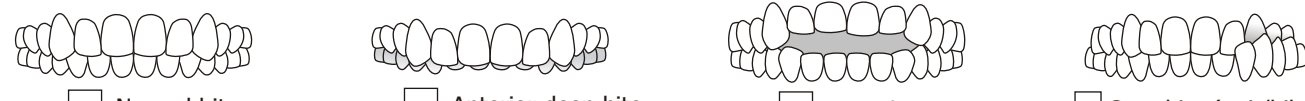
Class II/1

Class II/2

Class III

Bite. Occlusion

9



Normal bite

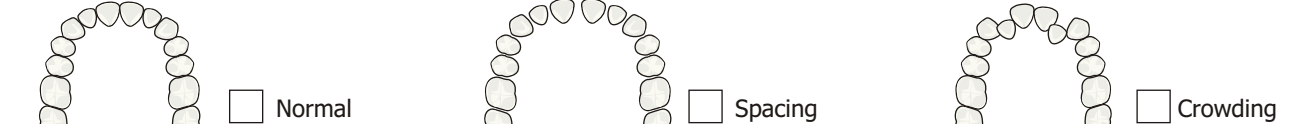
Anterior deep bite

Open bite

Crossbite (uni./bilat.)

Alignment

10



Normal

Spacing

Crowding

Dentition state

11

Normal

Fractured

Worn

Swallowing

12


Normal

Makes faces while swallowing

Tongue thrust or lip thrust while swallowing

Posture alterations

13



Normal position

Lordosis
Lumbar curvature increased

Cyphosis
Curved back, reduced lumbar curvature, shoulders dropped, flat thorax and prominent abdomen

Adenoids:

14

Phonetical test (morning) Positive (different) Negative (same)

Endoscopy (only ENT)

Profile X-ray (only orthodontists)

No obstruction

Partial obstruction

Severe obstruction

Recommended assessment by:

15

ENT

Orthodontist

Speech therapist

General practitioner