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:

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

Breathing:

Nasal  Buccal  Mixed

Profile:

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

Nostrils coding (with forced breathing)

Level 0  Level 1  Level 2  Level 3A  Level 3B  Level 4  Level 5
Dilate  Doesn’t collapse nor dilate  Unilateral partial closure  Bilateral partial closure  Unilateral total closure  Total closure and partial closure  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)

- 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 the lower incisors
- Level 5: Doesn't reach the lower incisors

**Tonsils**

- 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**

- 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

**Dentition state**

- Normal
- Fractured
- Worn

**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 (morning)
  - Positive (different)
  - Negative (same)
- Endoscopy (only ENT)
- Profile X-ray (only orthodontists)
- No obstruction
- Partial obstruction
- Severe obstruction

**Recommended assessment by:**

- ENT
- Orthodontist
- Speech therapist
- General practitioner

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