

## Patient Guided Assessment:

### Early Childhood: (6 points possible)

- 2 pts: bottle-fed more than 50% of time during infancy
- 2 pts: feeding troubles as an infant, colic, fevers, latching, difficult birth
- 2 pts: multiple ear infections and/or tubes placed

### Past/Present Sucking Habit: (10 points possible)

- 2 pts: sucked thumb in past, stopped prior to age 3
- 2 pts: other type of oral habit
- 3 pts: Thumb, finger, or pacifier sucking past age 3
- 2 pts: Nail biting, hair chewing, clothes biting, fidgeting in general
- 1 pts: diagnosed with ADD/ADHD as a child or considered hyperactive/lack of focus at school or work

### Speech History: (8 points possible)

- 2 pts: history of speech therapy, but no present concerns
- 3 pts: present speech concerns including lisping or S sounds, R sounds or L sounds
- 3 pts: mumbling, lack of clarity, stuttering, fatigue after talking, "tongue feels lazy", trips over words

### Airway Evaluation: (33 points possible)

- 4 pts: No - Can you hold a popsicle stick or folded sticky note between your lips and breathe through the nose for 3 minutes?
- 4 pts: tonsils and/or adenoids removed in past
- 4 pts: Patient Breathes through their mouth during the day more than 50%
- 4 pts: Patient Breathes through their mouth or snores at night
- 3 pts: asthma, allergies, chronic congestion, sinus problems/infections
- 2 pts: deviated septum/nasal/airway surgery
- 3 pts: tonsils/adenoids enlarged and visible
- Can you see the back of your throat when you open?
- 2 pts: No
- 1 pt: A small amount
- 2 pts: Does your tongue have scalloping on it?

### Dental Evaluation: (17 points possible)

- 3 pts: anterior or lateral open bite and/or crossbite
- 1 pts: large spaces and/or tipping of teeth
- 3 pts: relapse of previous orthodontic treatment
- 2 pts: expansion required during orthodontic treatment and/or high, narrow palate
- 3 pts: tongue crib or tongue guard required during orthodontic treatment

3 pts: history of orthodontic or orthognathic surgery (or recommended)  
2 pts: premolars extracted

Facial Structure: (10 points possible)

2 pts: low facial muscle tone, changes to soft tissue facial features  
2 pts: small lower jaw/ more vertical jaw angle  
2 pts: underbite/class III malocclusion  
2 pts: cosmetic surgery on eyes, lips, chin, etc  
2 pts: dark circles under the eyes

Mouth Resting Posture: (11 points possible)

2 pts: mouth is open often, but not greater than 50%  
4 pts: mouth is open greater than 50%  
1 pts: Unsure of where my lips rest most of the time  
4 pts: mouth breathing any time during the day or night

Tongue Position: (9 points possible)

3 pts: tongue is positioned low, in bottom of mouth, not against palate  
1 pts: tongue tip is against upper or lower teeth  
2 pts: tongue tip is between upper and lower teeth  
2 pts: Back of the tongue is floating or between the teeth  
1 pts: Unsure of where tongue rests in the mouth

Digestive Concerns: (11 points possible)

2 pts: digestive issues more than once per week  
2 pts: acid reflux symptoms  
2 pts: bloating, burping, hiccupping or gas  
2 pts: history or current issues with constipation or diarrhea  
2 pts: SIBO, IBS, other digestive issues  
1 pts: alterations to diet - eliminating dairy, gluten

Swallowing: (17 points possible)

3 pts: tongue thrust swallowing pattern (tongue touches teeth when you swallow)  
3 pts: trouble with drooling/saliva pooling  
3 pts: difficulty breathing while eating, open mouth chewing, or use of liquids to swallow food  
2 pts: Picky Eater or Messy Eater  
2 pts: Water goes down the wrong pipe sometimes or choking on food  
2 pts: difficulty swallowing pills  
2 pts: hyperactive gag reflex

Head and Neck Concerns and Posture: (13 points possible)

1 pts: headache more than once per week  
3 pts: jaw/facial pain more than once per week

1 pts: neck/shoulder pain tension  
2 pts: grinding/clenching at night, night guard worn or recommended  
2 pts: forward head/neck posture  
2 pts: Rolled shoulders  
2 pts: Have worked with massage, chiropractor, craniosacral therapist, other body work professionals

Facial Muscle Movement: (12 points possible)

Can you whistle? No : 2 pt

Can you wink? No: 2 pt, 1 side only: 1 pt

Can you click your tongue? - No - 2 pt

Make taco tongue? No - 1 pt

Big, Cheesy Smile with pain or tension? No - 1 pt

Lift Eyebrows? Yes, but pain: 2 pt

Does Your Neck Flex when you Smile or feel tension in the neck? Yes: 2 pt

Sleep: (25 possible)

3 pts: Less than 6 hours of sleep

2 pts: Less than 8 hours of sleep

2 pts: occasional or frequent snoring

2 pts: sleep test taken or recommended

3 pts: diagnosed with sleep apnea or UARS (upper airway resistance syndrome)

2 pts: fatigue and daytime sleepiness, poor sleep, and/or brain fog

2 pts: Do you wake feeling still tired?

2 Pts: History or bedwetting or nightmares

2 pts: Sleep Walking or Sleep Talking

2 pts: Restless or light sleeper

3 pts: uses CPAP appliance or dental sleep appliance

Restricted Lingual Frenum (Tongue-Tie): (30 possible)

2 pts: lingual frenum was released as a baby

4 pts: No - Can you suction your tongue to the roof of your mouth and hold it for 1 minute?

4 pts: No - Can you suction your tongue to the roof of your mouth and open more than 30%?

2 pts: Yes - Can you suction your tongue to the roof of your mouth and open more than 30%?

4 pts: Do you have a heart shape on the end of your tongue?

4 pts: Does the frenum or string on your tongue attach to your lower front teeth? (looks like the Eiffel Tower)

3 pts: Does your jaw move side to side or drag on your teeth when you move your tongue from side to side?

3 pts: Do you have pain when you reach the tip of your tongue upwards behind your top front teeth?

4 pts: No - Does your tongue lift more than 50% to reach your top front teeth with mouth wide open?

Score Yourself:

0-39 Mild

40-79 Moderate

80+ Severe

We recommend Myofunctional Therapy treatment to anyone who scores a 25 or greater during this self assessment. If you are ready to take the next steps in your airway journey we have options for you!

For an in-depth evaluation to discuss your symptoms further, we will meet with you for 75 minutes to complete a treatment plan that addresses your needs. [Click here to schedule](#): Cost \$149

For a summary evaluation to create a treatment plan that addresses your needs to get started we will meet with you for 30 minutes. [Click here to schedule](#): Cost \$75