

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:


	Yes	No	Don't know
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:


2 Nasal Buccal Mixed

Profile:


3



Normal. Class I




Convex. Class II




Concave. Class III

Nostrils configuration (with forced breathing)


4




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






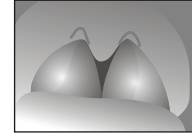
Inferior lingual frenum (Ask patient to lift his/her tongue with the completely open mouth, and to try to touch his/her palate)

5

					
<input type="checkbox"/> Level 0 Frenectomy	<input type="checkbox"/> Level 1 Tongue tip touches the palate	<input type="checkbox"/> Level 2 Almost touches the palate	<input type="checkbox"/> Level 3 The distance between the upper and lower incisors is the same	<input type="checkbox"/> Level 4 Reaches lower incisors	<input type="checkbox"/> Level 5 Doesn't reach lower incisors



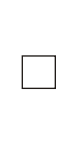
Tonsils

6

					
<input type="checkbox"/> Level 0 Previous tonsillectomy	<input type="checkbox"/> Level 1 No visible tonsils	<input type="checkbox"/> Level 2 Very small tonsils (< 25%)	<input type="checkbox"/> Level 3 Tonsils occupy 1/3 of pharyngeal space (25% - 50%)	<input type="checkbox"/> Level 4 Tonsils occupy 2/3 of pharyngeal space (50% - 75%)	<input type="checkbox"/> Level 5 Tonsils occupy 3/3 of pharyngeal space (>75%)

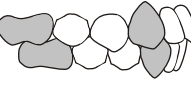
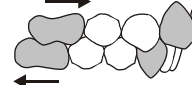


Lips

7

	<input type="checkbox"/> Lip contact in rest		<input type="checkbox"/> No lip contact in rest		<input type="checkbox"/> Dry or chapped lips
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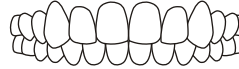


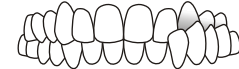
Malocclusion (Angle)

8

			
<input type="checkbox"/> Class I (Normal)	<input type="checkbox"/> Class II/1	<input type="checkbox"/> Class II/2	<input type="checkbox"/> Class III

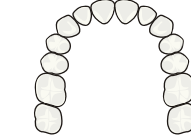
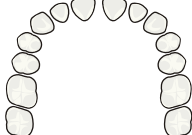
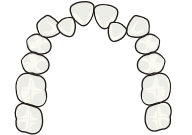
Bite Occlusion

9

			
<input type="checkbox"/> Normal bite	<input type="checkbox"/> Anterior deep bite	<input type="checkbox"/> Open bite	<input type="checkbox"/> Crossbite (uni./bilat.)

Alignment

10

	<input type="checkbox"/> Normal		<input type="checkbox"/> Spacing		<input type="checkbox"/> Crowding
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Swallowing

11

<input type="checkbox"/> Normal	<input type="checkbox"/> Makes faces while swallowing	<input type="checkbox"/> Tongue thrust or lip thrust while swallowing
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Posture alterations

12

	<input type="checkbox"/> Normal position		<input type="checkbox"/> Lordosis Lumbar curvature increased		<input type="checkbox"/> Cyphosis Curved back, reduced lumbar curvature, shoulders dropped, flat thorax and prominent abdomen
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Adenoids:

13

Phonetical test (morning)	<input type="checkbox"/> Positive (different)	<input type="checkbox"/> Endoscopy (only ENT)	<input type="checkbox"/> No obstruction
	<input type="checkbox"/> Negative (same)	<input type="checkbox"/> Profile X-ray (only orthodontists)	<input type="checkbox"/> Partial obstruction
			<input type="checkbox"/> Severe obstruction

Recommended assessment by:

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<input type="checkbox"/> ENT	<input type="checkbox"/> Orthodontist	<input type="checkbox"/> Speech therapist	<input type="checkbox"/> Odontopediatrician
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