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

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 process entails 2 characteristics:
1.Speed (5-8 minutes)
2.Simplicity

1

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 notices 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 droll during the day?			
8- Does he frequently catch a cold?			
9- Is he/she alergic?			
10- Habits: pacifier/ thumb sucking / nail-biting/ cheilophagia / other			
11- Does he/she frequently get voiceless?			
12- Does he/she have pronunciation problems?			

2

Breathing:

☐ Nasal ☐ Buccal ☐ Mixed

3

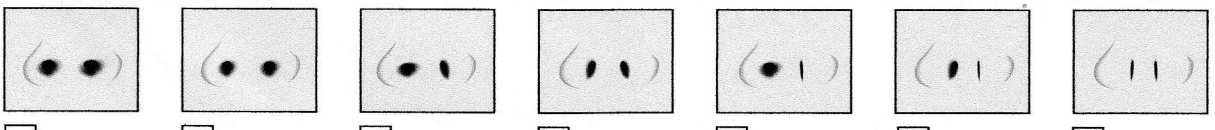
Profile:



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

4

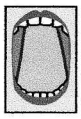
Nostrils configuration (with forced breathing)

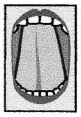


☐ Level 0 — Both dilate
☐ Level 1 — Doesn't collapse nor dilate
☐ Level 2 — Unilateral partial closure
☐ Level 3A — Bilateral partial closure
☐ Level 3B — Unilateral total closure
☐ Level 4 — Total closure and partial closure
☐ Level 5 — Bilateral total closure

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

5

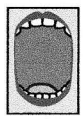

☐ Level 0
Frenectomy


☐ Level 1
Tongue tip touches the palate


☐ Level 2
Almost touches the palate

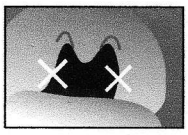

☐ Level 3
The distance between the upper and lower incisors is the same

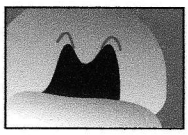

☐ Level 4
Reaches lower incisors

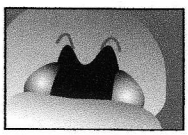

☐ Level 5
Doesn't reach lower incisors

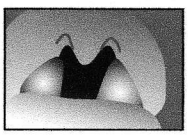
Tonsils

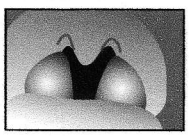
6

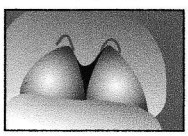

☐ Level 0
Previous tonsillectomy


☐ 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

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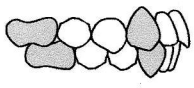
☐ Lip contact in rest

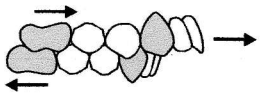

☐ No lip contact in rest

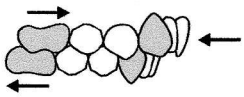
☐ Dry or chapped lips

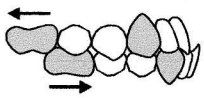
Malocclusion (Angle)

8


☐ Class I (Normal)


☐ Class II/1


☐ Class II/2


☐ Class III

Bite. Occlusion

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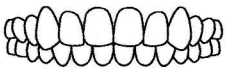
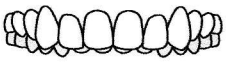
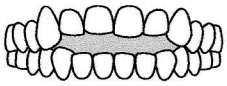
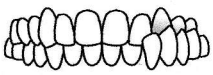

☐ Normal bite

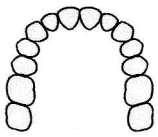

☐ Anterior deep bite

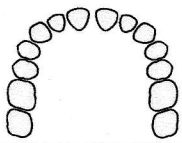

☐ Open bite

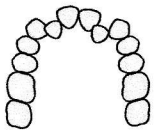

☐ Crossbite (uni./bilat.)

Alignment

10


☐ Normal


☐ Spacing


☐ Crowding

Swallowing

11

☐ Normal ☐ Makes faces while swollowing ☐ Tongue thrust or lip thrust while swallowing

Alteraciones posturales

12


☐ Normal position


☐ Lordosis
Lumbar curvature increased


☐ Cyphosis
Flat back, lumbar curvature decreased, shoulders dropped, flat thorax and prominent abdomen

13 **Adenoids:**

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

☐ Endoscopy (only ORL)
☐ Profile X-ray (only orthodontists)

☐ No obstruction
☐ Partial obstruction
☐ Severe obstruction

Recommended assessment by:

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☐ ORL ☐ Orthodontist ☐ Speech therapist ☐ Odontopediatrician

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