



MYOFUNCTIONAL THERAPY UK

Supporting Orofacial and Airway Health

OROFACIAL MYOFUNCTIONAL ASSESSMENT REPORT

BY: YULLI TAMAYO-MYERSON RDHT OMT BBM

PATIENT INFORMATION

Patient Name	[REDACTED]	DOB	[REDACTED]
Gender	Male	Age	23
Assessment date	06/05/19	Referred by	Self

Contact Details

Address [REDACTED] Phone number [REDACTED] email.com

Would like to do Myofunctional Therapy to improve facial aesthetic. Also interested in preventing airway issues

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 chronical 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			
21- Do you smoke?	✓ No	☐ -10	☐ +10



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3 Profile:

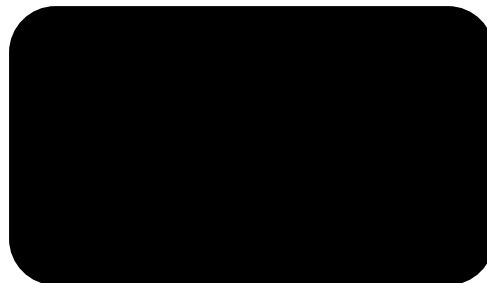
☐ Normal. Class I ☒ Convex. Class II ☐ Concave. Class III

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



Forward Head Posture, nostril configuration level 0, both dilate





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

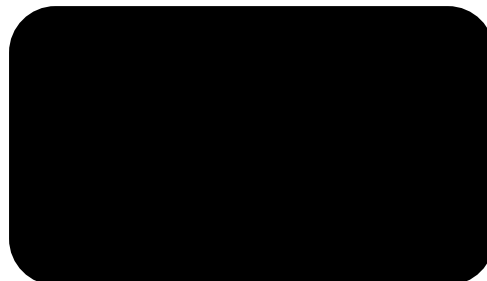
			☒ Level 3 The distance between the upper and lower incisors is the same	☒ Level 4 Reaches lower incisors	
☐ Level 0 Frenectomy	☐ Level 1 Tongue tip touches the palate	☐ Level 2 Almost touches the palate			☐ Level 5 Doesn't reach lower incisors

6 Tonsils

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



Lingual frenulum level 4 compensating to level 3, elevation of the floor of the mouth and the Wharton ducts
Tonsils level 5, with >75 of the pharyngeal wall being occupied. Elongated soft palate



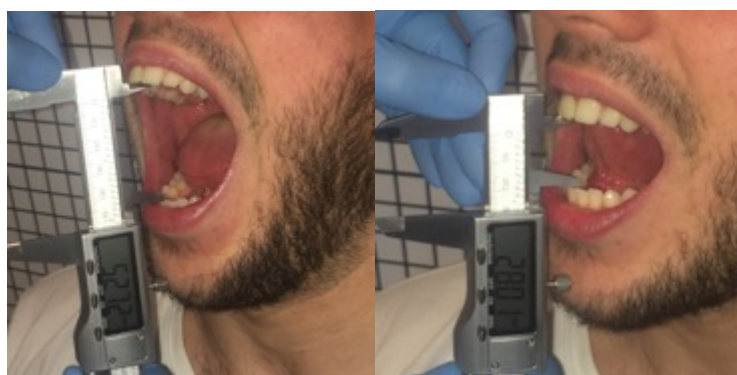


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Measurements using a caliper. Larger or equal 50.1% (0) – Less or equal 50% (1) FINAL RESULT =

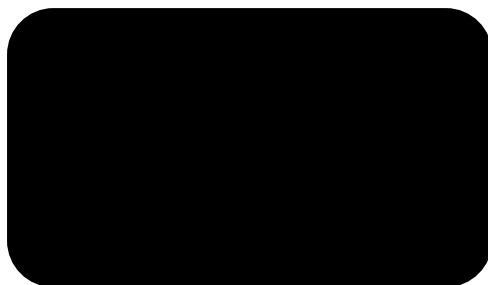
Take measurements from superior right or left incisor to the inferior right or left incisor. Consider the same tooth for all the measurements.	Value in millimeters
A. Open mouth wide	
B. Open mouth wide with the tongue tip touching the incise papilla	
Difference between the two measurements, in percentage	%



ROM on elevation 53%, compensating by elevating the floor of the mouth and the Wharton ducts



Small upper and lower arch, Upper arch M-M width 28.94 mm, upper arch high and narrow





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7 **Lips**

☒ Lip contact in rest ☐ No lip contact in rest ☒ Dry or chapped lips

8 **Malocclusion (Angle)**

☒ Class I (Normal) ☐ Class II/1 ☐ Class II/2 ☐ Class III

9 **Bite, Occlusion**

☒ Normal bite ☐ Anterior deep bite ☐ Open bite ☐ Crossbite (uni./biat.)

10 **Alignment**

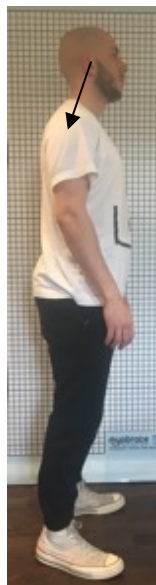
☒ Normal ☐ Spacing ☐ Crowding

11 **Swallowing**

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

12 **Alteraciones posturales**

☐ Normal position ☐ Lordosis
Lumbar curvature increased ☒ Cyphosis
Flat back, lumbar curvature decreased, shoulders dropped, flat thorax and prominent abdomen



Forward Head Posture



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Observations: Clinically Jason presents with a tongue restriction (ankyloglossia) affecting function and range of movement of the tongue. He has a high and narrow palate and low tongue posture. He occasionally snores at night and reports waking up with dry mouth. His Mallampati score level 4. Postural observation, Cyphosis, forward head posture. On IO examination he presents tenderness around the TMJ, slight deviation of the jaw on opening, no clicking of the TMJ, no headaches or migraine reported.

Recommendations:

- 1) Myofunctional Therapy including breathing re-education (Buteyko), to address low tongue posture, swallowing patterns, breathing patterns and to achieve nasal breathing day and night; also for preparation pre and post tongue tie release. This will also help to improve general facial muscle tone and definition.
- 2) Ear Nose and Throat (ENT) evaluation to assess airway, check for septum deviations, exclude polyps and any other airway obstructions.
- 3) Tethered Oral Tissues (tongue tie) release to eliminate tongue restrictions and help alleviate compensations.
- 4) Body work (Chiropractic, Osteopathic, Physiotherapy) to address postural issues.

Assessments used:

Marchesan 2014, CEFAC, Lingual Frenulum Protocol Adults

Interdisciplinary Orofacial examination protocol

Mallampati Score

Friedman Score

Edward Sleep assessment

OMT signature:

Date:

13 May 2019

Registered Dental Hygienist & Dental Therapist

Orofacial Myofunctional Therapist

Buteyko Breathing Practitioner