

**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 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 coding (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

**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**

7



Lip contact in rest

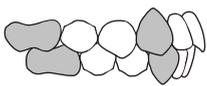


No lip contact in rest

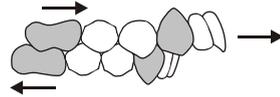
Dry or chapped lips

**Malocclusion (Angle)**

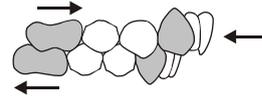
8



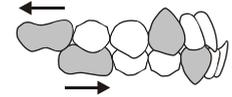
Class I (Normal)



Class II/1



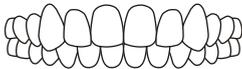
Class II/2



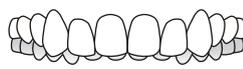
Class III

**Bite. Occlusion**

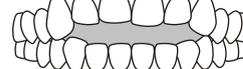
9



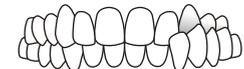
Normal bite



Anterior deep bite



Open bite



Crossbite (uni./bilat.)

**Alignment**

10



Normal



Spacing



Crowding

**Swallowing**

11

Normal

Makes faces while swallowing

Tongue thrust or lip thrust while swallowing

**Posture alterations**

12



Normal position



Lordosis  
Lumbar curvature increased



Cyphosis  
Curved back, reduced lumbar curvature, shoulders dropped, flat thorax and prominent abdomen

13

**Adenoids:**

Phonetical test  Negative (different) (morning)

Positive (same)

Endoscopy (only ENT)

Profile X-ray (only orthodontists)

No obstruction

Partial obstruction

Severe obstruction

**Recommended assessment by:**

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ENT

Orthodontist

Speech therapist

Odontopediatrician