



Orofacial Myofunctional Disorder (OMD): *Dx, Rx, Tx, & Px*

Patient OMD Checklist

Patient: _____

Phone: _____ Email: _____

Referring Allied Health Specialist: _____

Phone: _____ Email: _____

Referred To: _____ *(Specialist in Orofacial Myofunctional Therapy)*

Phone: _____ Email: _____

- 1. MOUTH BREATHING VS. NASAL BREATHING
- 2. OPEN MOUTH POSTURE
- 3. TONGUE THRUST – ANTERIOR
- 4. BI-LATERAL TONGUE THRUST
- 5. TONGUE TIE
- 6. LIP TIE
- 7. ATYPICAL SWALLOWING
- 8. HABITS
- 9. CHEWING DISORDERS
- 10. FACIAL MUSCLE DYSFUNCTION
- 11. HYPOTONIC MASSETERS
- 12. SPEECH MISARTICULATIONS (LISPS)
- 13. TONSILS / ADENOIDS
- 14. TMJD
- 15. SLEEP DISORDERS / SLEEP APNEA
- 16. BRUXISM/CLENCHING

- 17. LOW TONGUE REST POSTURE
- 18. SNORING
- 19. MALOCCLUSIONS
- 20. CAVITIES AND GUM DISEASE
- 21. CHANGES IN SALIVA QUANTITY & QUALITY
- 22. RESTRICTED MAXILLA / HIGH PALATE
- 23. TONGUE SCALLOPING
- 24. CRANIOFACIAL DYSFUNCTIONS
- 25. ALLERGIC SHINERS / VENOUS POOLING
- 26. EUSTACHIAN TUBES DYSFUNCTIONS
- 27. ESTHETIC CHANGES
- 28. MACROGLOSSIA
- 29. ABNORMAL BREATHING
- 30. TINNITUS
- 31. INFANT FEEDING PROBLEMS
- 32. FORWARD HEAD POSTURE / POSTURE

Notes: _____