MYOFUNCTIONAL ORTHODONTIC EVALUATION

EXAMINER TO COMPLETE

Date:	Name:	D.O.B:	AGE:
Referred by:	Evaluation performed by:		
Major concerns:			
Previous Orthodontic recommendations:			

Dental Alignment

- ☐ Good Dental Alignment
- ☐ Crowding
  - ☐ Upper ☐ Lower
- ☐ Spacing
  - ☐ Upper ☐ Lower
- ☐ Proclined Teeth
  - ☐ Upper ☐ Lower
- ☐ Retroclined Teeth
  - ☐ Upper ☐ Lower

Notes:

Arch Form

Upper	Lower
☐ Normal	☐ Normal
☐ Narrow	☐ Narrow
☐ Flattened	☐ Flattened
☐ Hourglass	☐ Tipped in Posteriors
☐ Other	☐ Other

Notes:

Occlusion

- ☐ Correct Bite Relationship
- ☐ Overbite:_____ mm
- ☐ Overjet:_____ mm
- ☐ Open bite
  - ☐ Anterior
  - ☐ Posterior
- ☐ Crossbite
  - ☐ Anterior
  - ☐ Posterior
- ☐ Midline Discrepancy

Notes:

Facial Development

- ☐ Good Facial Development
- ☐ Deficiency in:
  - ☐ Mid face
  - ☐ Lower face
- ☐ Excess vertical growth
- ☐ Class II Profile
- ☐ Class III Profile
- ☐ Class IV Profile

Other:

Notes:

Breathing & Posture

- ☐ Light Nasal Breathing
- ☐ Heavy Nasal Breathing
- ☐ Mouth Breathing
  - ☐ While awake
  - ☐ While sleeping
  - ☐ Audible breathing
- ☐ Good Posture
- ☐ Poor Posture
  - ☐ Forward head
  - ☐ Forward shoulders

Tongue

- ☐ Correct Tongue Rest Posture
- ☐ Incorrect Tongue Rest Posture
  - ☐ Low tongue posture
  - ☐ Resting on or in between teeth
- ☐ Lingual Frenum Attachment:
  - ☐ Sufficient range of movement
  - ☐ Extended attachment
    - ☐ Anterior
    - ☐ Posterior

Notes:

Swallow

- ☐ Correct Swallowing
- ☐ Incorrect Swallowing Pattern
  - ☐ Tongue thrust
  - ☐ Mentalis/ Labio-mentalis activity
  - ☐ Buccinator activity
- ☐ Video

Notes:

Lips & Cheeks

- ☐ Correct Lip Rest Posture
- ☐ Incorrect Lip Rest Posture
  - ☐ Apart at rest
  - ☐ Orofacial muscle strain when lips are together
  - ☐ Incompetent lips
  - ☐ Lip trap
- ☐ Enlarged Buccinators

Notes:

Myosa Screening

BHT ☐ NBTen ☐

Paces ☐ NB3 ☐ PASS / FAIL

Notes:

- ☐ Snoring
- ☐ Noisy breathing while sleeping
- ☐ Restless sleep
- ☐ Daytime sleepiness
- ☐ Concentration issues
- ☐ ADHD
- ☐ Bruxism
- ☐ Enlarged tonsils
- ☐ Allergies, asthma
- ☐ Frequent throat infections
- ☐ Sinus, hay fever issues

ENT Referal Required: ☐ Yes ☐ No

ENT Previous Surgery: ☐ Yes ☐ No

MyoSleep Questionaire: ☐ Yes ☐ No

☐ **Require video of child while sleeping**

Habits

- ☐ No History of Habits
- ☐ Thumb/Finger sucking
- ☐ Pacifier
- ☐ Bottle
- ☐ Other

Notes:

TMJ Consult Required: ☐ Yes ☐ No

TMD Screening

- ☐ Headache_____p/w
- ☐ Ear Pain_____p/w
- ☐ Neck Pain_____p/w
- ☐ Other_____p/w

Muscle and Joint Palpation

Temporalis	☐ L	☐ R
Lat Pterygoid	☐ L	☐ R
Masseter	☐ L	☐ R
SCM	☐ L	☐ R
Post Cervicals	☐ L	☐ R
TMJ Pain	☐ L	☐ R
TMJ Clicking	☐ L	☐ R

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STRAIGHT TEETH THE NATURAL WAY

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MRC CORRECTING BREATHING HABITS SINCE 1989

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