

BROOMS

MYOFUNCTIONAL AIRWAY SCREENING

B

BRUXISM/OCCLUSAL WEAR YES NO

R

RESPIRATION

AUDIBLE WNL

O

ORALLY DEFENSIVE

YES NO

O

OPEN MOUTH POSTURE

YES NO

MMAXILLARY
TRANSVERSE
WIDTH

NARROW WNL

S

STRAINED MENTALIS

YES NO

A sweeping generalization of patients that is not definitive but easy to incorporate in a clinical hygiene appointment to identify patients who may need a myofunctional referral.

Two or more marked on the left column requires referral for OMT assessment & evaluation.



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REFERRED BY:

Please email referrals to infomyoadvantage@gmail.com