SPOTS Myofunctional Screening

MYOADVANTAGE

PATIENT NAME: _____ DATE: _____

S — Speech

LISPING LOW TONGUE POSTURE SLOW/FAST SPEECH ERRORS

P — Posture

FORWARD HEAD ROUNDED SHOULDERS LEANING FORWARD CHIN TILTED UP

O — Occlusion

ANGLE'S CLASS: _____ CROSS BITE OPEN BITE DEEP BITE

T — Tethered Oral Tissue

TONGUE TIE: ___ANTERIOR ___POSTERIOR BONEY ATTACHMENT LABIAL/BUCCAL TIES

S — Swallow

TONGUE THRUST: ___ANTERIOR ___POSTERIOR INTERDENTAL SPLINTING GRIMACE

Issues associated with these findings: *CIRCLE*

BRUXISM/CLENCHING	SUCKING/BITING HABITS	DECAY
SNORING/APNEA	ORTHODONTIC RELAPSE	GINGIVITIS
MOUTH BREATHING	TMJD	PERIODONTAL POCKETING

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REFERRED BY: _____

Please email referrals to infomyoadvantage@gmail.com