



The GOLDFARB Gold Standard
OMT Referral Screening Form

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OROFACIAL MYOFUNCTIONAL THERAPY REFERRAL SCREENING FORM

Does the patient do/have any of the following:

LIPS

- Lips rest open/parted during the day
- Mouth breathing habit
- Sleeps with the mouth open
- Mentalis strain / lip incompetence / short upper lip which does not cover 2/3rd of top teeth at rest / everted lower lip
- Drools

TONGUE

- Tongue rests between the teeth (front or on the sides)
- Tongue rests visibly between the lips
- Tongue rests against the back of the front teeth (top or bottom)
- Tongue rests low in the mouth
- Tongue scalloping evident
- Tongue thrusts forward or laterally against/between the teeth when swallowing

DENTAL

- Orthodontics that are not working
- Relapse after orthodontics
- Malocclusion: Class 2, retrognathia, Class 3
- Open Bite: Anterior, lateral, or bilateral (*Note: the resting position and thrusting of the tongue can be a causative factor*)
- Crossbite (*Note: if the tongue is not resting evenly on the palate and has dropped lower on one side, the palate can narrow on that side*)
- Excessive overjet (*Note: the tongue resting/thrusting forward can be a contributing factor*)
- Deep overbite (*Note: the tongue spreading bilaterally can be a contributing factor to supra-eruption of the anterior teeth and inhibited eruption of the lateral teeth*)
- Narrow palate and/or Crowding (*Note: if the tongue is not resting on the palate, the palate can narrow/collapse upwards. The tongue serves as a counterbalancing force to maintain the arch width against the buccal musculature pressure laterally on the teeth.*)
- Has jaw, mouth, face muscle pain or weakness, TMD
- Has a tongue tie or lip tie (oral/facial muscles must be prehabilitated **at least 1 month before** surgery and **rehabilitated post surgery**)

HABITS:

- Sucks thumb, fingers, bites nails (*we recommend no digit sucking habits beyond the age of 6 months old*)
- Uses a pacifier excessively (*we recommend no pacifiers beyond the age of 6 months old*)
- Uses a sippy cup (*and has a tongue thrust or other dental or myofunctional issues listed on this form*)
- Has any other non-nutritive / parafunctional oral habits in combination with a suspected tongue thrust or dental malocclusion such as: sucks on tongue, bites or chews cheeks/lips/pens/pencils/straws, lip licking habit, etc.
- Clenches or grinds the teeth during the day or at night (bruxism)

SPEECH:

- Lisp (tongue comes forward for speech sounds such as “bus = buth”)
- Other speech articulation issues
- Speech is difficult to understand, lazy, mumbling, unclear
- Vocal quality issues (hyponasality “Micky Mouse” speech, hypernasality, raspy/hoarse voice, etc.)

SLEEP

- Snores
- Gasps, stops breathing in sleep, respiratory pauses, snorts, noisy breathing
- Wakes up often throughout the night
- Sleeps with the mouth open and/or lips parted
- Drools when sleeping, wakes up with a dry mouth or throat
- Restless sleeper, tosses and turns, bed is a mess when waking
- Has nightmares/night terrors, sleep walks
- Excessive sweating during sleep
- Neck hyperextended when sleeping,
- Tired upon waking, wakes up moody/not refreshed
- Hyperactive and/or low attention/ focus during the day,
- Excessive daytime sleepiness, falls asleep easily throughout the day
- Morning headaches
- Bedwetting/enuresis or nocturesis
- Note:** there is a high correlation with SDB and: learning and neurocognitive issues, developmental delay, aggressiveness and oppositional behavior, impulsivity, poor concentration, executive function issues, social withdrawal, depression, anxiety, mood instability, high BP, diabetes, high cholesterol, memory issues, stroke/CVA, low testosterone, obesity, and other medical issues.
- Note:** *most people with snoring and sleep apnea have myofunctional issues which cause the tongue to fall back into the airway when sleeping. Myofunctional therapy can help in the treatment of sleep-disordered breathing including UARS, snoring, and sleep apnea.*

FEEDING/EATING/SWALLOWING:

- Chokes (or fear of), gags / hyperactive gag reflex
- Difficulty swallowing
- Spits food out while eating, does not fully chew food
- Picky eater, poor appetite, avoids new foods, snacker, carb lover
- Failure to thrive or issues with weight gain
- Obesity (which can be related to SDB)
- Decrease in growth percentiles
- Had/has difficulty nursing, reflux, colic as an infant
- Tongue thrusts when swallowing (forward or laterally against or between the teeth)
- Mentalis strain when swallowing
- Difficulty swallowing pills

MEDICAL:

- Chronic nasal congestion/rhinorrhea, allergies, nasal obstruction
- Frequent URI/sinus infections, chronic runny nose
- Venous pooling / dark bags under the eyes
- Recurrent ear infections
- Large tonsils or adenoids, “adenoidal faces”
- Reflux
- Noisy breathing, clavicular/accessory breathing, neck tension when breathing
- History of tongue or lip tie release (and any of the other listed myofunctional or dental issues)
- Postural issues: forward head posture
- Pectus deformity
- History of low muscle tone
- History of prematurity
- Craniofacial or neuromuscular disorders

If you checked any of the above boxes, a referral for an orofacial myofunctional evaluation may be warranted. Please contact us with any further questions: