



SPOTS Myofunctional screening

Patient Name: _____

Date: _____



Speech

LISPING

LOW TONGUE POSTURE

SLOW/FAST SPEECH

ERRORS



Posture

FORWARD HEAD

ROUNDED SHOULDERS

LEANING FORWARD

CHIN TILTED UP



Occlusion

ANGLE'S CLASS _____ CROSS BITE

OPEN BITE

DEEP BITE



Tethered Oral Tissue

TONGUE TIE: _____ ANTERIOR _____ POSTERIOR

BONEY ATTACHMENT

LABIAL/BUCCAL TIES



Swallow

TONGUE THRUST: _____ ANTERIOR _____ POSTERIOR

INTERDENTAL SPLINTING

GRIMACE

PROBLEMS ASSOCIATED WITH THESE FINDINGS: CIRCLE

BRUXISM/CLENCHING

SUCKING/BITING HABITS

DECAY

SNORING/APNEA

ORTHODONTIC RELPASE

GINGIVITIS

MOUTH BREATHING

TMJD

PERIODONTAL POCKETING

Referral Source _____