

Patient Name: _____

Phone number: _____

Email: _____

Referring provider: _____

SPOTS Myofunctional Screening Tool



Speech

- Lispering Mouth breathing Slow/fast speech Speech errors



Posture

- Forward head Rounded shoulders Toe Walking Chin tilted up (slouching)



Oral Resting Posture

- Malocclusion Mouth open Low tongue Retracted chin Tongue forward



Tethered Oral Tissue

- | | | | | | | | |
|---|----|-----|----------------------|---------------------------------|----|-----|----------------------|
| <input type="checkbox"/> Anterior tongue tie | No | Yes | Released/Date? _____ | <input type="checkbox"/> Labial | No | Yes | Released/Date? _____ |
| <input type="checkbox"/> Posterior tongue tie | No | Yes | _____ | <input type="checkbox"/> Buccal | No | Yes | _____ |



Swallow

- Tongue thrust Cough/choke Tongue leading with bites/sips Large cheeks Lack of chew

Functional challenges linked with above:

- | | | |
|---|--|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Articulation concerns | <input type="checkbox"/> Poor endurance |
| <input type="checkbox"/> Feeding/picky eating | <input type="checkbox"/> Attention challenges | <input type="checkbox"/> Sleep challenges |
| <input type="checkbox"/> Mouth breathing | <input type="checkbox"/> Poor core strength | <input type="checkbox"/> Poor coordination |
| <input type="checkbox"/> Other: _____ | | |

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