Family Tree Therapies

identify. understand. empower.

Patient Name:_____

Phone number: _____

Email: _____

Referring provider: _____

SPOTS Myofunctional Screening Tool

S — Speech

☐ Lisping ☐ Mouth breathing ☐ Slow/fast speech ☐ Speech errors

P — Posture

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

O — Oral Resting Posture

☐ Malocclusion ☐ Mouth open Low tongue ☐ Retracted chin ☐ Tongue forward

T — Tethered Oral Tissue

			Released/Date?				Released/Date?
☐ Anterior tongue tie	No	Yes	_____	☐ Labial	No	Yes	_____
☐ Posterior tongue tie	No	Yes	_____	☐ Buccal	No	Yes	_____

S — Swallow

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

Functional challenges linked with above:

☐ Anxiety
☐ Feeding/picky eating
☐ Mouth breathing
☐ Articulation concerns
☐ Attention challenges
☐ Poor core strength
☐ Poor endurance
☐ Sleep challenges
☐ Poor coordination

☐ Other: _____

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*Adapted from J. Brinkman-Falter, Nebraska Myofunctional Specialists.