#Team Myo

Dental Sleep Toolbox

# Fast Airway Screening

5 or more "YES" signs or an indication of high health history risk needs referral.

Health History Risk? ☐LOW ☐MODERATE ☐HIGH

***Extraoral Signs***

| | | |
|---|---|---|
| Long face | ☐ YES | ☐NO |
| Sunken eyes | ☐ YES | ☐NO |
| Narrow nostrils | ☐ YES | ☐NO |
| Gummy smile | ☐ YES | ☐NO |
| Cupid's bow lip | ☐ YES | ☐NO |
| Retruded mandible | ☐ YES | ☐NO |
| Forward head posture | ☐ YES | ☐NO |
| Open mouth posture | ☐ YES | ☐NO |
| Bunched mentalis | ☐ YES | ☐NO |
| Audible breathing* | ☐ YES | ☐NO |
| Lip hooking | ☐ YES | ☐NO |
| Flaccid cheeks | ☐ YES | ☐NO |

***Intraoral Signs***

| | | |
|---|---|---|
| Tongue thrust | ☐ YES | ☐NO |
| Scalloped tongue | ☐ YES | ☐NO |
| Narrow vaulted palate | ☐ YES | ☐NO |
| Open bite (posterior or anterior) | ☐ YES | ☐NO |
| Cross bite | ☐ YES | ☐NO |
| Dental crowding | ☐ YES | ☐NO |
| Enlarged tonsils (grade 3+)* | ☐ YES | ☐NO |
| Mallampati score (class III+)* | ☐ YES | ☐NO |
| Asymmetric malocclusion | ☐ YES | ☐NO |
| Tethered oral tissues* | ☐ YES | ☐NO |

*Refer for any yes to an ENT or myofunctional therapist.