Barbara J. Greene
Myofunctional Therapy

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Myofunctional Therapy Reevaluation Report

_____ _____

Patient's Name **Date**

Copies sent to:

_____
_____
_____

_____Thumb _____Finger _____Object sucking corrected
_____Tongue sucking corrected
_____Resting tongue posture contained in palate _____% of the time
_____Nasal airway established _____% of the time
_____Lip closure accomplished _____% of the time
_____Swallowing with back-of-the-tongue control established
_____No facial movement during the swallow
_____Lip strength improved to _____lbs.
_____Lip tone improved
_____Chewing food bilaterally with mouth closed _____% of the time
_____Drinking correctly _____% of the time
_____Sleeping on back _____% of the time
_____Sleeping mouth closed and tongue in palate _____% of the time
_____Stopped night habits of:

_____Improved facial symmetry
_____Improved body posture _____head posture
_____Less allergic reactions _____% of the time
_____Can now take pills without effort
_____No further pain in these areas:

_____No air swallowing symptoms
_____Masseter/Posterior Temporalis muscles working bilaterally balanced
_____Improved TMJ function
_____Improved speech function
_____Improved tongue/cheek quality-less scalloping and ridges
_____Stopped the following habits:

_____Patient moving into maintenance therapy. Being seen _____a month.
_____Exercising as follows:
_____Parent confirms all of the above
_____Patient is aware of all of the above

_____

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Patient's Name _____ Date _____

Your relationship to the patient _____

If you could tell someone in one sentence the most important benefit received from this therapy, what would you say?

_____

_____

_____

Please rate the therapy as follows: (10 being the highest score)

Are you pleased with the results of therapy at this time?	1 2 3 4 5 6 7 8 9 10
Of what value is the therapy to you?	1 2 3 4 5 6 7 8 9 10
Please rate the therapist's knowledge of oral-facial muscle therapy.	1 2 3 4 5 6 7 8 9 10
How is the therapist's manner of presentation?	1 2 3 4 5 6 7 8 9 10
Please rate the effectiveness of therapy instructions.	1 2 3 4 5 6 7 8 9 10
Please rate the office facility.	1 2 3 4 5 6 7 8 9 10
Please rate the office location.	1 2 3 4 5 6 7 8 9 10

In your estimation, are you aware of significant changes in:

☒ Self-esteem	☒ Posture	☒ Sucking habits	☒ Sleeping habits
☒ Self-confidence	☒ The bite	☒ Pain areas	☒ Other habits
☒ Facial cosmetics	☒ Eating habits	☒ Allergic reactions	
☒ Scholastic ability	☒ Drinking habits	☒ Congestion	

If you could place a dollar value on the results of therapy, what would it be? _____
Do you feel your investment was well spent? ☒ Yes ☒ No
Please give an honest appraisal of the requirements of the "home therapy" process.

_____

_____

Your suggestions for improvement:

_____

_____

Has the discontinuance of any habits led to any emotional concerns? ☒ Yes ☒ No
My practice grows through the referrals of others. If the opportunity presented itself, would you recommend this program to someone else: ☒ Yes ☒ No
Would you be willing to write a testimonial letter, giving a summary of what therapy has meant to the patient, the family, the parents and/or friends? If so, I would appreciate your including it with the return of this form.
May I utilize the information on this questionnaire to educate other clients or professionals? ☒ Yes ☒ No
Additional comments you wish to make:

_____

_____

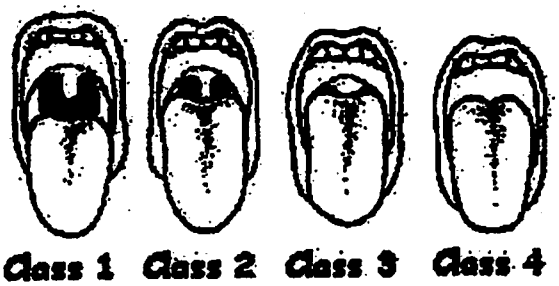
_____

_____
Signature

Mallampati Classification

Actually, the amount of the posterior pharynx you can visualize is important and correlates with the difficulty of intubation.

Visualization of the pharynx is obscured by a large tongue (relative to the size of the mouth), which also interferes with visualization of the larynx on laryngoscopy. The Mallampati Classification is based on the structures visualized with maximal mouth opening and tongue protrusion in the sitting position (originally described without phonation, but others have suggested minimum Mallampati Classification with or without phonation best correlates with intubation difficulty).



Class I: soft palate, fauces, uvula, pillars
Class II: soft palate, fauces, portion of uvula
Class III: soft palate, base of uvula
Class IV: hard palate only

ASA Classification MEDSTUDENTS ANESTHESIOLOGY

ASA Classification

Class 1	Healthy patient, no medical problems
Class 2	Mild systemic disease
Class 3	Severe systemic disease, but not incapaitating
Class 4	Severe systemic disease that is a constant threat to life
Class 5	Moribund, not expected to live 24 hours irrespective of operation
An e is added to the status number to designate an emergency operation. An organ donnor is usually designate as Class 6	