

Self-Assessment for Airway Dysfunction



Root Cause Resolutions

Dental + Medical Integration

If you answer yes to any of the listed symptoms, you could have an airway resistance disorder, such as obstructive sleep apnea, or ankyloglossia (i.e. tongue-tie). Further evaluation by a trained myofunctional therapist is recommended for individualized care.

Referral to additional support providers is often necessary, such as an orthodontist, ENT, chiropractor, craniosacral therapist, nutritionist, and more.

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|---|--|
| <input type="checkbox"/> Mouth breathing | <input type="checkbox"/> Acid reflux |
| <input type="checkbox"/> Snoring | <input type="checkbox"/> IBS or chronic GI issues |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Chronically enlarged tonsils | <input type="checkbox"/> Crowded teeth |
| <input type="checkbox"/> Frequent nighttime urination | <input type="checkbox"/> Speech issues |
| <input type="checkbox"/> Restless sleep | <input type="checkbox"/> High cavity rate |
| <input type="checkbox"/> Dry mouth | <input type="checkbox"/> Orthodontic relapse (i.e. braces needed more than once) |
| <input type="checkbox"/> Clenching and/or grinding | <input type="checkbox"/> Front or back teeth do not touch - tongue thrust |
| <input type="checkbox"/> Scalloped tongue borders | <input type="checkbox"/> Sensitive gag reflex |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Picky eating |
| <input type="checkbox"/> Thumb sucking | <input type="checkbox"/> Jaw pain (TMJD) |
| <input type="checkbox"/> Frequent ear infections and/or ear tubes | <input type="checkbox"/> Ear fullness or pain |
| <input type="checkbox"/> Frequent illness | <input type="checkbox"/> Difficulty swallowing (ex. pills or food) |
| <input type="checkbox"/> Chronic cough | <input type="checkbox"/> Unable to touch tip of tongue to top front teeth with mouth wide open |

For more information, visit www.rootcauseresolutionsllc.com/

