

## DIAGNOSIS AND



## TREATMENT PLAN CHART

Date of First Consultation:

Name:

Age:

Sex: M / F

Date of Birth:

Parents/ Guardians Name:

Op no:

Phone Numbers:

Res:

Office

Mobile

Address:

Past Dental/Medical History:

Under any Rx or Medication now:

TMJ Problems:

Past Dental/Medical History:

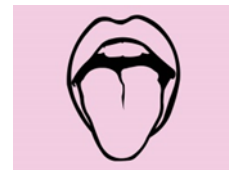
Congenital Abnormalities:

Oral Hygiene

Excellent \_\_\_\_ Fair \_\_\_\_ Poor

Chief Complaint:

# Tongue thrust screening form



## History taking

- *History of Finger/thumb sucking habit:*
- *History of frequent cold/nasal congestion:*
- *History of oral defensiveness:*
- *Difficulty in swallowing pills:*
- *Family history of tongue thrusting:*
- *Feeding difficulties as a kid:*

## Oral examinations: extra oral Examination

## Swallowing test:

*Materials needed*

*Cup*

*Thin fluid: water*

*Thick fluid: thick milkshake*

*Solid food: nuts/cracker*

*Soft food: apple*

*Tongue depressor*

*Mirror*

*Gloves*

## **Observe the following**

### **Swallowing liquids**

*Thin and thick liquids*

### **Swallowing foods**

*Soft and hard foods*

### **Note for**

*An observable forward posture of the tongue while swallowing: yes/no*

*Lateral protrusion of tongue during swallowing: yes/no*

*Contraction of mentalis during swallow: yes/no*

*Vigorous contraction of orbicularis oris muscle during swallowing to get a good lip seal: yes/no*

*Weiss protocol: Little or no contraction of masseter during swallowing: +/-*

*Extraneous movements of the face or head during swallow: yes/no*

*Any loss of fluid or food during swallowing: yes/no*

*Hard food is chewed in front of the mouth only: yes/no*

*Lips are parted at rest: yes/no*

*Observe the swallowing pattern: perioral muscle activity : yes/no*

*Short lip(upper lip is shortened) : yes/no*

*Retruded chin:*

*Deep mento-labial sulcus: deep/shallow*

## **Oral examinations: Intra oral**

*Part the lips and see the position of tongue during swallowing*

*Tongue resting posture: low/normal/forward/between teeth and lips*

*Frenum: normal/Ankyloglossia: yes/no*

*If yes, grade/type: N0/N1/N2/N3/N4.*

*Palate: high arched and narrow or v shaped/normal wide and U shaped*

*Pharynx: enlarged tonsils: yes or no*

*If yes: Mallampati score:*

### **The Mallampati Score**



**CLASS I**  
Complete  
visualization of  
the soft palate



**CLASS II**  
Complete  
visualization  
of the uvula



**CLASS III**  
Visualization  
of only the  
base of the uvula



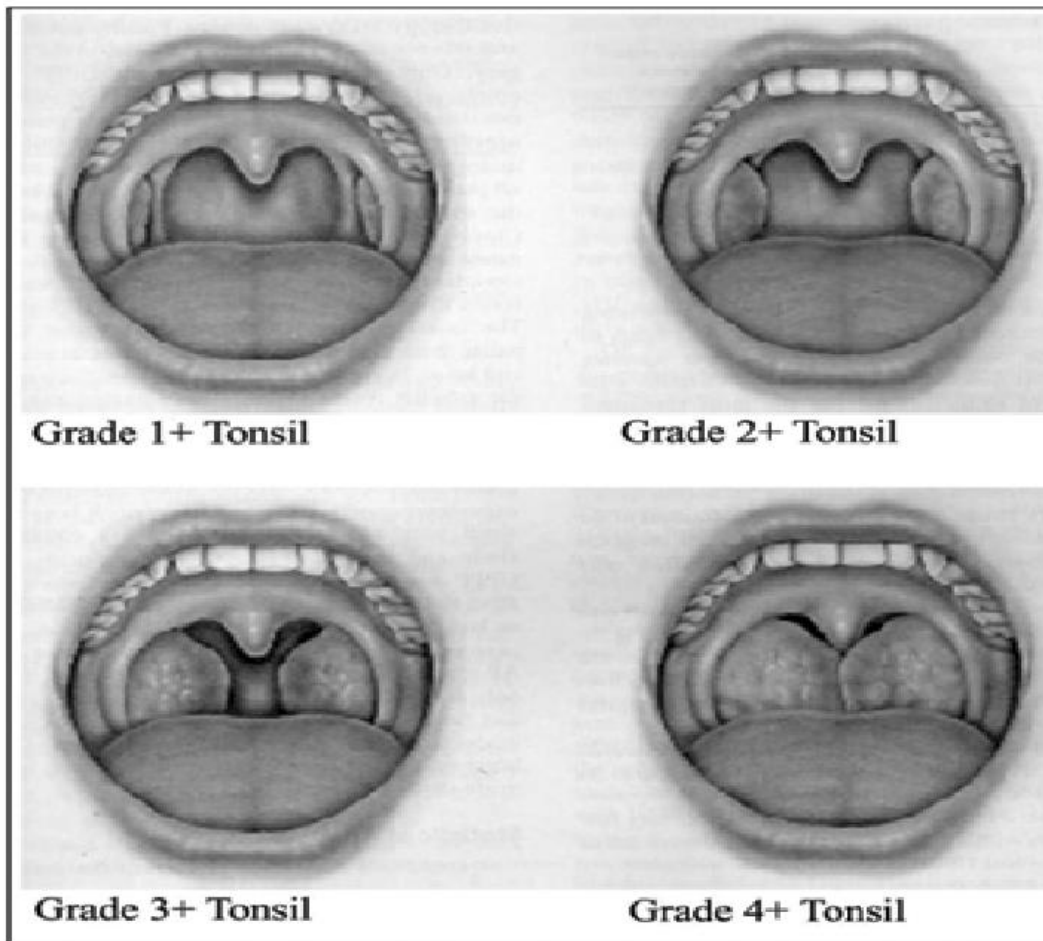
**CLASS IV**  
Soft palate  
is not  
visible at all

*Macroglossia: yes/no*

*Position of the tongue: adult/infantile retained*

*Uvula: normal/elongated/bifid*

*Tonsils grades*



*Dental arch shape:*

*Dental arch size(related to tongue size):*

*Tongue movements at rest:*

## Speech/articulation problem:

*Speech /articulation: dentalized lisping*

- *S sound: ask the patient to recite*
  - SIXTY TO SIXTY NINE
  - MISSISSIPI
  - RACE
  - LOOSE
  - MYSORE
  - FACE
  - DICE
  - SARASWATHI
  - PLACE
  - LOSS

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*Z sound*

*Raise These Things*

*Lose Dyes Plays*

*Use Prize Rise*

*Pays Rice phase*

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*Doctors note on speech articulation: good/fair/poor*

*Speech therapy advised: yes/no*

## AIRWAY ANALYSIS:

*Adenoid enlarged: yes/no*

Adenoids: normal/medium/large

McNamara's Upper airway analysis:

Cephalometric analysis:

Mandibular retrusion:

## Final diagnosis:

# Treatment plan

dentistry.in

Home exercise chart				
Name of the exercise :				
Name:		Age		Sex
Starting date:	Morning Time in sec	Noon Time in sec	Evening Time in sec	Remarks
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
Day 8				
Day 9				
Day 10				