

THE 2-MINUTE OROFACIAL & REFERRAL SCREEN

For Dentists & Orthodontists



A 2-minute screen for the exam you're already running. **Check what applies — 3 or more checked, or 1 severe finding, is a referral.**

MYOFUNCTIONAL & SWALLOW PATTERN

- ☐ Anterior or lateral tongue thrust on swallow
- ☐ Low/anterior resting tongue posture, not palatal
- ☐ Incompetent lip seal at rest
- ☐ Mentalis strain on swallow or lip closure
- ☐ Retained infantile (visceral) swallow pattern
- ☐ Restricted lingual ROM — can't elevate to palate or lateralize fully
- ☐ Persistent digit or pacifier habit past age 3

STRUCTURAL & OCCLUSAL

- ☐ Ankyloglossia — restricted frenulum attachment or mobility
- ☐ High-arched or V-shaped palate
- ☐ Posterior or unilateral crossbite
- ☐ Anterior open bite
- ☐ Class II or Class III skeletal pattern
- ☐ Chronic mouth breathing or nasal obstruction signs
- ☐ Articulation distortions — S/Z, TH, or derhotacized R

ASK ABOUT: SENSORY

- ☐ Bothered by tags, seams, or clothing textures
- ☐ Sensitive to loud noise or bright light
- ☐ Refuses certain food textures, not just tastes
- ☐ Extreme rigidity around food brand or presentation
- ☐ Distress at dental visits beyond typical for age

ASK ABOUT: GI

- ☐ Constipation
- ☐ Reflux
- ☐ Bloating or excess gas
- ☐ Frequent stomachaches
- ☐ Frequent illness / low immune resilience

3+ checked → refer for a feeding/myofunctional evaluation.
Even 1 severe finding on its own is enough to refer.

FOR FRENECTOMY CASES
A release without coordinated pre/post myofunctional therapy has a high relapse rate. Refer for therapy alongside the procedure, not after.

WHY ASK SENSORY/GI
Not diagnostic for you — but it turns "go see someone else" into a specific, parent-friendly reason for the referral.

ON TIMING
Earlier intervention changes the facial growth trajectory. A wait-and-see approach on myofunctional findings isn't neutral.

ARFID VS. PICKY EATING VS. PFD — AT A GLANCE

ARFID VS. PICKY EATING VS. PFD



- Preference for foods
- Willing to try foods or accepts variation with time & exposure
- Eats across several food groups
- Occurs during normal phases of development
- No major stress or anxiety around eating for the child

Picky Eating

(Typical & Temporary)

ARFID

(Fear Based Avoidance)

- May appear suddenly after illness or medical event
- Suddenly drops many or all foods
- Previously no food issues
- No physical difficulty chewing
- Fear or anxiety leads to refusal—even if they want to eat
- Usually affects nutrition and weight
- Unrelated to body image
- May still have gut or sensory issues

Feeding problems affecting health, function, or family life

PFD

(Whole Body Feeding Disorder)

- Ongoing feeding issues from infancy/early childhood
- Involves oral motor, sensory, medical, and/or nutritional challenges- even if child is still growing
- May eliminate entire food groups
- Parents report a history of stressful mealtimes
- Becomes more restrictive over time, dropping foods
- Frequently has gut issues (like constipation, history of reflux)