FREE CLINICAL RESOURCE

# The *Seven-Flag* Screener

Seven things to look for in the patient already sitting in front of you. Built for the speech room, the dental chair and the feeding clinic.

**10 MINUTES** **1 PATIENT** **7 FLAGS** PRINTABLE · KEEP IT AT THE OP

PATIENT / ID _____ AGE _____ DATE _____ SCREENED BY _____

SETTING
Speech room / Dental chair / Feeding clinic

## 1 Tongue rest posture

WATCH AT REST, NOT ON COMMAND

- ☐ Rests low in the floor of the mouth
- ☐ Rests forward, against or between teeth
- ☐ Not lightly suctioned to the palate

**Where we rest is where we operate.**

## 2 Lips and breathing

NOSE OR MOUTH?

- ☐ Lips apart at rest, low lip tone
- ☐ Mentalis strain to close
- ☐ Observed mouth breathing
- ☐ Long facial pattern, narrow smile

## 3 Frenum and tethered tissue

WHAT IS THE STRUCTURE ALLOWING?

- ☐ Restricted lingual frenum
- ☐ Limited elevation or lateralization
- ☐ Tension or blanching on elevation

**A restriction alone is not a reason to release.**

## 4 The swallow

THE ONE MOST SCREENINGS SKIP

- ☐ Tongue moves forward against the teeth
- ☐ Lip or chin activity during the swallow
- ☐ Chewing difficulty or texture avoidance

**Hand them water. Watch.**

## 5 Oral tissue signs

FINGERPRINTS OF MOUTH BREATHING

- ☐ Scalloping on lateral tongue borders
- ☐ Red, inflamed anterior gingiva
- ☐ Bleeds on probing despite good care
- ☐ Dry mouth, coated tongue

## 6 Signs of force

WHAT THE TEETH COMPENSATED FOR

- ☐ Grinding or clenching
- ☐ Flattened wear facets, abfractions
- ☐ TMJ symptoms or jaw tension

**Ask why the body is doing it.**

## 7 Airway, sleep and daytime function

ASK. DO NOT ASSUME.

- ☐ Snoring
- ☐ Enlarged tonsils on exam
- ☐ Restless or unrefreshing sleep
- ☐ Exhausted despite a full night
- ☐ Attention, learning or behavior concerns

**A normal sleep study does not rule out an airway problem.**

### THE RECORD · WHAT THE FLAGS LEFT BEHIND

- ☐ Anterior open bite
- ☐ Crowding
- ☐ Spacing
- ☐ Flared incisors
- ☐ High or narrow palate
- ☐ Orthodontic relapse
- ☐ Speech errors that stall

*Before you write WNL…* See crowded teeth, mouth breathing, snoring and low lip tone every day and the brain starts filing it as normal. **Common is not the same as normal.**

WHAT TO DO WITH WHAT YOU FOUND

# Document. Communicate. *Collaborate.*

Flags cluster because the tongue, lips, jaw and airway work as one system. Two or three appearing together is the signal, not the total.

STEP ONE

## Document

Record what you observed in neutral, factual language. No diagnosis, no interpretation you are not licensed to make.

STEP TWO

## Communicate

Tell the patient or caregiver what the finding may mean, inside your scope, and why another set of eyes helps.

STEP THREE

## Collaborate

Refer. A scalloped tongue or a mouth breather in your chair should trigger an SLP referral.

## Who to bring in — and for what

**SLP / OMT**
Rest posture, the swallow, oral-motor function, speech errors that stalled.

**RDH**
Tissue health, tethered tissue, wear and force, arch and occlusal findings over time.

**OT**
Chewing, texture tolerance, limited food range, oral-motor compensations.

**ENT or physician**
Enlarged tonsils, blocked nasal breathing, snoring, suspected sleep-disordered breathing.

**Orthodontist**
Arch development, open bite, relapse after treatment.

**Dentist or oral surgeon**
Frenum assessment, and any release decision, after function has been assessed.

## Say it like this — charting language that stays in your lane

> *Tongue observed at rest in a low anterior position; lips parted at rest. Discussed with caregiver. Referral to SLP offered.*

> *Scalloping noted on lateral tongue borders. Anterior gingival inflammation not consistent with reported home care. Myofunctional screening referral discussed.*

> *Caregiver reports snoring and restless sleep. Tonsils appear enlarged on exam. Advised discussion with the child's physician.*

FROM SPOTTING IT TO TREATING IT

## You just found it. *Now learn what to do about it.*

Simon Says Myo trains clinicians to treat the pattern underneath the case that will not resolve. Self-paced, built around the caseload you already have.

FOR SLPS
Myofunctional certification for the speech room.

FOR HYGIENISTS
The airway certification built for your chair.

FOR OTS
Feeding and oral-motor track. Join the waitlist.

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PICK YOUR TRACK

**Scope of practice.** The ability to perform orofacial myofunctional therapy is governed by your own state board and licensure laws. This screener supports awareness, recognition, screening, documentation and collaborative referral. It is not a diagnostic instrument and does not instruct anyone to perform techniques outside their licensed scope. When in doubt, document, discuss with your patient, and refer.