



PROTOCOL ON PHONOAUDIOLOGICAL ASSESSMENT OF BREATHING WITH SCORING (PROPABS)

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1° DATE / / 2° DATE / / OTHER / /

PERSONAL DATA		
FIRST NAMES AND SURNAMES:		
DATE OF BIRTH: / /	AGE:	N° MEDICAL RECORD:
EDUCATION LEVEL:	SCHOOL:	
PROFESSION:	WORK PLACE:	
ORIGIN:		
INFORMANT (if a minor)		
REFERRED BY		

I. ANAMNESIS

Reason for consultation: Describe the concerns of patient or informant regarding breathing

CURRENT HISTORY

INFORMATION ON SLEEP					
At what time do you go to bed?	At what time do you wake up?			*Hours asleep	
Are you sleeping the hours expected for your age, but wake up tired?	Yes	Sometimes	Frequently	No	Not known
Is sleep calm?	Yes	Sometimes	Frequently	No	Not known
Is sleep restless?	Yes	Sometimes	Frequently	No	Not known
Do you wake up constantly?	Yes	Sometimes	Frequently	No	Not known
Do you snore?	Yes	Sometimes	Frequently	No	Not known
Do you sleep with your mouth open?	Yes	Sometimes	Frequently	No	Not known
Is there presence of drooling?	Yes	Sometimes	Frequently	No	Not known
Do you wake up with a dry mouth?	Yes	Sometimes	Frequently	No	Not known
Do you wake up thirsty?	Yes	Sometimes	Frequently	No	Not known

Other difficulties: _____

INFORMATION ON BREATHING HEALTH						
*Do you have frequent colds?	Yes	How often?			No	Not known
Tonsillitis or adenoiditis?	Yes	Sometimes	Frequently	No	Not known	
Nasal congestion?	Yes	Sometimes	Frequently	No	Not known	
Halitosis?	Yes	Sometimes	Frequently	No	Not known	
Allergies?	Yes	Sometimes	Frequently	No	Not known	
Rhinitis?	Yes	Sometimes	Frequently	No	Not known	
Sinusitis?	Yes	Sometimes	Frequently	No	Not known	
Bronchitis?	Yes	Sometimes	Frequently	No	Not known	
Pneumonia?	Yes	Sometimes	Frequently	No	Not known	

Other difficulties: _____

INFORMATION ABOUT COMMON OCCURRENCES DURING DAYTIME					
Drowsiness / sleepiness?	Yes	Sometimes	Frequently	No	Not known
Are you keeping your mouth open?	Yes	Sometimes	Frequently	No	Not known
Dry or cracked lips?	Yes	Sometimes	Frequently	No	Not known
Wheezing or noisy breathing?	Yes	Sometimes	Frequently	No	Not known
Itchy nose?	Yes	Sometimes	Frequently	No	Not known
Blowing your nose constantly?	Yes	Sometimes	Frequently	No	Not known
Daytime fatigue?	Yes	Sometimes	Frequently	No	Not known
Dark circles under the eyes?	Yes	Sometimes	Frequently	No	Not known

Other difficulties: _____

* To ask in case of young children

ORAL HABITS			
Finger sucking	How long	Frequency	No
	Duration	Intensity	
Pacifier sucking	How long	Frequency	No
	Duration	Intensity	

Other habits: _____

ASSESSMENTS AND / OR TREATMENTS PREVIOUSLY PERFORMED					
➤ Myofunctional Therapy	Yes	When:	Why:	Diagnosis:	No
		How long:	Type of treatment:		
➤ Otorhinolaryngology	Yes	When:	Why:	Diagnosis:	No
		How long:	Type of treatment:		
➤ Allergology	Yes	When:	Why:	Diagnosis:	No
		How long:	Type of treatment:		
➤ Homeopathic	Yes	When:	Why:	Diagnosis:	No
		How long:	Type of treatment:		
➤ Others:					

II. CLINICAL EXAMINATION

1. BODY POSTURE							
1.1 Frontal view							
• Head	Adequate	Inclined	R	L	Inclined	R	L
• Shoulders	Same height				Elevated	R	L
1.2 Posterior view							
• Head	Adequate	Inclined	R	L	Inclined	R	L
• Shoulders	Same height				Elevated	R	L
1.3 Side view (sagittal)							
• Head	Adequate		Forward posture		Backward posture		
• Shoulders	Adequate		Protracted		Retracted		
• Thoracic kyphosis	Adequate			Accentuate			
• Lumbar lordosis	Adequate			Accentuate			

2. OROFACIAL MORPHOLOGICAL ASSESSMENT (Best result 0, worst 62)

2.1 FACIAL OR EXTRAORAL EXPLORATION (Best result 0, worst 51)

2.1.1 FACIAL TYPES (Best result 0, worst 3)

• Vertical pattern	Measures of facial thirds	Superior mm	Medium mm	inferior mm
	Growth trend	Brachyfacial (0)	Mesofacial (0)	Dolicofacial (2)
• Sagittal pattern	Profile (facial pattern)	Facial pattern I (0)	Facial pattern II (1)	Facial pattern III (1)

Comments: _____

2.1.2 ORBITAL REGION (Best result 0, worst 3)

❖ Aspect

• Look	Lucid (0)	Sleepy (1)		
• Dark circles	No (0)	Yes (1)	Mild (1)	Accentuated (2)

Comments: _____

2.1.3 NASAL REGION (Best result 0, worst 9)

❖ NOSE

• Size	Adequate, relative to the face	Small, relative to the face	Large, relative to the face		
• *Appearance	Adequate (0)	Scarred (1)	Deformed (2)	Others (2)	
• *Septum	Adequate (0)	Possible deviation (1)	Right	Left	
• Nostrils	Symmetry	Yes (0)	No (2)	Right one is larger	Left one is larger
	Aspect	Developed (0)		Narrow (2)	
• Nasolabial angle	Straight - 90° (0)		Acute - less than 90° (1)	Obtuse - more than 90° (2)	

* Mainly observe the appearance of the nostrils

* Observe in front view, positioned behind the patient and observe in craniocaudal direction.

Comments: _____

2.1.4 ORAL REGION (Best result 0, worst 36)

❖ LIPS (Best result 0, worst 23)

• Habitual posture	Occluded (0)	Closed with lips-teeth contact (1)			
	Sometimes open, sometimes closed (1)	Half-open (2) Open (3)			
• Colour	Adequate (0)	Pale (1)			
• Upper lip	Vermillion	Thickness	Adequate (0)	Thickened (0)	Thin (1)
		Appearance	Adequate (0)	Dry (1)	Cracked (2)
	Covering the upper incisors	Completely covered (0)	2/3 (1)	Half (2)	No coverage (3)
	Height	Adequate (0)	Short (1)	Measure in mm	
• Lower lip	Vermillion	Thickness	Adequate (0)	Thickened (0)	Thin (1)
		Appearance	Adequate (0)	Dry (1)	Cracked (2)
			With eversion	Mild (1)	Moderate (2)
	Height	Adequate (0)	Short (1)	Measure in mm	
• Tonicity	Adequate (0)	Reduced (3)			

❖ MENTALIS MUSCLE (Best result 0, worst 10)

• Functionality	Normal Functioning (0)	Hypofunctioning (1)	Hyperfunctioning (comment the causes)	Labial incompetence (lips open) (1)
				Upper lip does not cover the upper teeth (2)
				Maxillo-mandibular discrepancy (3)
				Vertical increase of the lower third of the face (4)

❖ MANDIBLE (Best result 0, worst 3)

• Habitual mandibular posture	Elevated (mouth occluded) (0)	Depressed (mouth open) (2)	Deviate (1)	R	L
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Comments: _____

2.2 EXPLORATION OF THE ORAL CAVITY OR INTRAORAL (Best result 0, worst 11)					
2.2.1 MALLAMPATI SCORE MODIFIED BY SAMSOOM & YOUNG (Best result 0, worst 3)					
Class I (0)	Class II (1)	Class III (2)	Class IV (3)		
2.2.2 PALATINE TONSILS (Best result 0, worst 5)					
• Presence		Yes		No	
• Size according to Brodsky		Grade 0 (0)	Grade I (1)	Grade II (2)	Grade III (3) Grade IV (4)
• Coloration		Adequate (0)	Hyperemic (reddish) (1)	R	L
2.2.3 HARD PALATE (Best result 0, worst 3)					
• Width		Adequate (0)		Narrow (1)	
• Height		Adequate (0)		High (1) Ojival (2)	

Comments: _____

3. FUNCTIONAL ASSESSMENT (Best result 0, worst 17)			
3.1 BREATHING (Best result 0, worst 15)			
3.1.1 *BREATHING MODE (Best result 0, worst 13)			
SUBJECTIVE EXAMINATION (Best result 0, worst 3)			
*To perceive auditory characteristics of the air inflow during quiet breathing: Silent or noisy.			
❖ Form	Nasal (0)	Oronasal (1)	Oral (2)

Comments: _____

**SEMI OBJECTIVE EXAMINATION:
 NASAL BREATHING PERMEABILITY TEST WITH ORONASAL PLATE ADAPTED BY SUSANIBAR**

1° Date / / * 2° Date / /

FIRST SUBTEST: The nose is not sanitized and the oral cavity is not closed (Best result 0, worst 4)				
• Registration of nasal exhalation	Symmetrical (0)	Larger on right (1)	Larger on left (1)	No outflow (2)
• Registration of oral exhalation	Absence of outflow (0)		Presence of outflow (2)	
SECOND SUBTEST: The nose is not sanitized, the oral cavity is closed (Best result 0, worst 1)				
• Registration of nasal exhalation	Symmetrical (0)	Larger on right (1)	Larger on left (1)	
THIRD SUBTEST: The nose is not sanitized and the oral cavity is open (Best result 0, worst 4)				
• Registration of nasal exhalation	Symmetrical (0)	Larger on right (1)	Larger on left (1)	No outflow (2)
• Registration of oral exhalation	Absence of outflow (0)		Presence of outflow (2)	
FOURTH SUBTEST: The nose is sanitized and the oral cavity is closed (Best result 0, worst 1)				
• Registration of nasal exhalation	Symmetrical (0)	Larger on right (1)	Larger on left (1)	

* Only in adults the test has to be applied in two different sessions, , to avoid erroneous data due to the nasal cycle.

3.1.2 * BREATHING TYPE (Best result 0, worst 2)				
To perceive throughout the examination breathing movements such as: abdominal, thoracic and of the shoulder girdle during quiet breathing or during quiet speech				
Middle-thoracic (0)	Low-abdominal (0)	Costo-diaphragmatic (0)	High-Clavicular (1)	Inverted (2)

* Observe the expansion movements of the rib cage, abdomen and shoulder girdle during quiet inspiration: mid and low types are typical in adults; low-abdominal is typical in children; costo-diaphragmatic is typical of voice professionals; high-clavicular is inappropriate for any individual

Comments: _____

4. VOICE (Best result 0, worst 2)			
❖ Quality of resonance	Adequate (0)	Hypernasal (1)	Hyponasal (2)

ANALYSIS OF RESULTS

PERSONAL DATA			
FIRST NAMES AND SURNAMES:			
DATE OF BIRTH:	/ /	AGE:	N° MEDICAL RECORD:

SUM OF THE SCORE			
Features Evaluated	Assessment score		
	Dates		
	1° / /	2° / /	/ /
I - OROFACIAL MORPHOLOGICAL ASSESSMENT (Best result 0, worst 62)			
FACIAL OR EXTRAORAL EXPLORATION (Best result 0, worst 51)			
➤ FACIAL TYPES (Best result 0, worst 3)			
• Vertical pattern (Best result 0, worst 2)			
• Sagittal pattern (Best result 0, worst 1)			
➤ ORBITAL REGION – Eyes (Best result 0, worst 3)			
• Appearance (Best result 0, worst 3)			
➤ NASAL REGION (Best result 0, worst 9)			
• Appearance (Best result 0, worst 2)			
• Septum (Best result 0, worst 1)			
• Nostrils (Best result 0, worst 4)			
• Nasolabial angle (Best result 0, worst 2)			
➤ ORAL REGION (Best result 0, worst 36)			
• Lips (Best result 0, worst 23)			
• Metalis muscle (Best result 0, worst 10)			
• Mandible (Best result 0, worst 3)			
INTRAORAL EXPLORATION (Best result 0, worst 11)			
• Mallampati score (Best result 0, worst 3)			
• Palatine tonsils (Best result 0, worst 5)			
• Palate (Best result 0, worst 3)			
TOTAL SUM OF THE ASSESSED STRUCTURES:			
	Adequate 0 – 12		
	Slight alteration 13 – 29		
	Moderate alteration 30 – 46		
	Severe alteration 47 – 62		

II - FUNCTIONAL ASSESSMENT (Best result 0, worst 17)			
BREATHING (Best result 0, worst 15)			
➤ BREATHING MODE (Best result 0, worst 13)			
• SUBJECTIVE EXAMINATION (Best result 0, worst 3)			
• SEMI OBJECTIVE EXAMINATION WITH ORONASAL PLATE ADAPTED BY SUSANIBAR - OPAS (Best result of all test 0, worst 10)			
TOTAL SUM OF RESPIRATORY MODE:	Nasal breathing 0 – 4		
	Oronasal breathing	Slight 5 – 7	
		Moderate 8 – 11	
	Oral breathing	Severe 12 – 13	
➤ BREATHING TYPE (Best result 0, worst 2)			
VOICE (Best result 0, worst 2)			
➤ Quality of resonance (Best result 0, worst 2)			

SUPPLEMENTARY EXAMS			
PICTURES			
• Body	Frontal view	Lateral view	
• Face	Frontal view	Habitual posture	
		Mouth closed	
• Lower third of the face	Frontal view	Habitual posture	
		Lips closed	Side of the face
			Right Left
• Lips	Appearance	Habitual posture	Frenulum
• Nose	Appearance	Nostrils	Nasolabial angle
• Others			
RECORDING			
FONOARTICULATION			

CONCLUSIONS AND PLAN OF CARE

PHONOAUDIOLOGIC DIAGNOSTIC HYPOTESIS		
Indicate the possible origin of the altered respiratory mode	Anatomical	
	Inflammatory	
	Infectious	
	Habit	
➤ Prognosis:		
➤ Patient referrals		
Otorhinolaryngologist	Allergist	Physiotherapist
Orthodontist	Neurologist	Psychologist
Others:		
➤ Suggested frequency for intervention:		
➤ Recommendations:		

Signature of evaluator