

# Optimized Growth, Development and Function

## Age group: 13 Years Old+ (Teenagers and Adults)



### Key Signs and Symptoms that You can Assess

If you have answered **Yes to 1 or more items** in the checklist below, this may indicate an opportunity to improve the growth, development and function of your loved one. We would encourage you to schedule a caring & comprehensive assessment at Little Bird Pediatric Dentistry by calling **905-876-2473 (BIRD)** or through the **"Schedule an Appointment"** button on our website [www.littlebirddental.ca](http://www.littlebirddental.ca)

#### While Awake

- Mouth open (lips apart) routinely throughout the day for over 30 seconds at a time
- Chronic running/congested nose
- Difficulty breathing through nose
- Dry, cracked lips and/or habit of licking lips
- Any history of frequent infections (Ear infections, Strep throat, Tonsillitis, etc.)
- Any history of speech difficulties (mumbling, lisp, and/or hard to understand)
- Regularly have bags (dark circles) under eyes
- Difficulty waking up in the morning and/or always tired, not rested
- Gags easily and/or has difficulty swallowing pills
- Avoidance of crunchy/fibrous foods (picky eater)
- Smacking sounds when chewing/swallowing
- Crowding of teeth and/or anterior open bite (space between front teeth when back teeth are touching)
- Forward head posture (center of ear in front of middle of shoulder)
- Regular neck pain, stiffness, and/or neck spasms
- Suffers from headaches and/or migraines
- Complains of sore eyes (especially in the morning)
- Any history of breastfeeding difficulties
- Regularly feels the need to eat before going to bed
- Glass of water (or drink) at bedside, as frequently awakens thirsty
- Relies on caffeine during the day to stay awake and/or be productive

#### While Sleeping

- Mouth open (lips apart)
- Snoring or heavy noisy breathing (more than 3x/week)
- Gasp/stop breathing
- Drool on pillow (regularly)
- Audible teeth grinding
- Restless sleep (always moving around and/or restless legs/arms)
- Regular nightmares and/or night terrors (more than 1/week)
- Frequent awakenings (more than 1/night)
- Sweating heavily while sleeping (pajamas and/or sheets damp)
- Any history of bedwetting
- Falls asleep inappropriately during the day

