



THE ORAL BURDEN SNAPSHOT

7 patterns to notice in under 2 minutes

A quick visual map for spotting oral-systemic patterns worth a closer look.

NOTICE THE PATTERN • PRIORITIZE • COORDINATE

1

MICROBIAL BALANCE

Bad breath • coated tongue • fungal issues • high caries • frequent antibiotics

2

GUM + PERIODONTAL

Bleeding • gingivitis/periodontitis • bone loss • abscess • peri-implant inflammation

3

AIRWAY + BREATHING

Mouth breathing • snoring • gasping/apneas • nasal blockage • waking dry

4

STRUCTURE + FUNCTION

Clenching/grinding • jaw pain • headaches • neck tension • bite/tooth wear

5

SALIVA + BIOCHEMISTRY

Dry mouth • xerogenic meds • reflux/acid • burning/taste change • dry eyes

6

SLEEP ARCHITECTURE

Unrefreshing sleep • awakenings • fatigue/brain fog • dozing • morning headaches

7

MATERIAL COMPOSITION

Multiple restorations/metals • mixed metals • sensitivity • tissue change • uncertainty

THE PATTERN MATTERS.

One clue may mean little. Several findings across domains may deserve a closer look.

When should oral burden move higher on your radar?



CLUSTERING

Several findings show up across more than one area.



PERSISTENCE

Symptoms recur or treatment does not hold.



OVERLAP

Two domains may be telling the same story.

4 QUICK QUESTIONS

- 1 Active inflammation, infection, or rapidly changing dental disease?
- 2 Mouth breathing, snoring, witnessed apnea, or daytime sleepiness?
- 3 Dry mouth, medications, reflux, or altered saliva amplifying risk?
- 4 Recent thorough dental evaluation — or only “no symptoms”?

DO NOT MISS

Persistent sore/lump/red-white patch (~2 weeks) • facial swelling + fever/trouble swallowing • witnessed choking/gasping • sleepiness creating a safety risk

A SIMPLE NEXT-STEP CONVERSATION

1 NAME

“These clues may belong in the same conversation.”

2 PRIORITIZE

Start with the 1–2 areas that look most active.

3 COORDINATE

Bring specific findings to the right clinician.

4 PATIENT TOOL

Use the self-assessment if it helps organize symptoms.

PUT THE SNAPSHOT TO WORK

Use it during intake, case review, team huddles, or collaborative conversations.

NEXT STEP → Identify the 1–2 areas that deserve a closer look — then decide who belongs in the conversation.