Orofacial clefts are among the most common craniofacial deformities and could be associated with serious anomalies. The rare condition – Pierre Robin sequence is classified into these deformities, due to presence of isolated cleft palate. Pierre Robin sequence is defined as a triad of symptoms: micrognathia, glossoptosis and airway obstruction. These symptoms were described in 1923 by French stomatologist Pierre Robin. In 70s the original name" Pierre Robin syndrome" was changed in "Pierre Robin sequence" because of the sequence of defects development. Today, many authors use modified definition of the sequence. They add the "U" or "V" shaped cleft palate and feeding disorders to original triad of symptoms. Pierre Robin sequence is usually classified into 3 groups: isolated form, syndromatic form and form additional to other malformations without knowing syndrome diagnosis. The treatment therapy in patients with Pierre Robin sequence is divided into conservative or invasive approach. Choosing the approach needs cooperation of many specialists, who should be part of multidisciplinary team. Although it is not usual or frequent, the physical therapist should be involved. The Physical therapist should be able to contribute to more complex approach and to provide more superior care to patients with Pierre Robin sequence.