

ORAL MOTOR ASSESSMENT WORKSHEET

ORAL MOTOR STRUCTURES AND FUNCTION: √=functional, X=Impaired							
Face (CNV and VII)	Assess symmetry, tone and movement, sensation	√ or X	Comments	√ or X	Comments	√ or X	Comments
	Symmetry of features:						
	• Facial droop – note location.						
	• Eyes and forehead						
	• Naso-labial folds						
	• Cheeks						
	• Edema						
	• Craniofacial anomalies						
	• Habitual facial postures						
	• Control of saliva						
	• Spontaneous or uncontrolled movement of structures						
	Range of movement/strength						
	• Wrinkle forehead						
	• Smile and frown						
	Lips/Labial Function (CVII)						
	Assess condition, movement, range, strength, sensation*						
	Condition: Dry, cracked, lesions						
	Saliva loss or food on lips/chin/chest						
	Range/strength						
	• Open mouth, close, “pah” for closure						
	• Rounding - pucker, saying “ooo”						
• Spreading –smiling, saying “eee”							
• Alternating rounding and spreading (repeated)oo-ee							
• Puffing out cheeks							
• Strength of lip closure using tongue depressor							

ORAL MOTOR ASSESSMENT WORKSHEET

<u>Jaw (CNV)</u>	Assess position, control of movement, range and strength, sensation*						
	Jaw position/structure:						
	Movement/strength						
	• Open jaw – width, hold						
	• Opening/close jaw -clench						
	• Move jaw side to side, rotary movements						
Tongue / Lingual Function (CNXII)	• Jaw strength- gentle resistance to opening/closing						
	Assess condition, movement, range and strength, sensation*						
	• Inspect tongue condition						
	Range/strength (use tongue depressor to resist mvmt)						
	• Protrusion (<i>motor or tongue tie?</i>),						
	• Retraction,						
	• Lateral (inside/outside)						
	• Elevation and lowering,						
	tip elevation (ta),						
	elevation of posterior tongue (ka)						
<u>Dental/mouth inspection</u>	• Motor skills/coordination – pah, ta, ka - <i>fast repeat</i>						
	• Ability to clear sulci						
	Inspect teeth, gums, back of mouth and hard palate						
	• Teeth: <i>number, condition, dentures and fit</i>						
	• Gums:						
	Hard Palate:						

ORAL MOTOR ASSESSMENT WORKSHEET

Soft palate / velum (CN IX and X)	Assess condition, position at rest and with movement, sensation*						
	• Red or edematous pharyngeal wall, tonsil tissue						
	• Food or mucous residue						
	• Soft palate/velum						
	• Saying "ah" and then repetitively "ah, ah, ah"						
Laryngeal Control (CN IX, X)	Note strength, movement and quality of vocalizations						
	• Voice quality						
	• Breathing/secretions						
	• Volitional cough						
	• Throat clearing						
	• Stridor						
	Hyolaryngeal Movement: • Swallow to request– observe/palpate.						
*Sensation (CN V, VII and IX)	Response to touch, temperature, taste; Check face, lips, cheeks, tongue as appropriate						
	Reflexes Gag -hyper or hyposensitive						
	Abnormal or primitive reflexes (<i>existing past developmental norms</i>)- <i>rooting, bite, suckling</i>						