

Oral Mechanism Examination

Name:	Date of birth:
Gender:	Sex:
Date of examination:	Contact information:
Medical history (if needed):	
Speech/swallowing concerns (if needed):	

Facial characteristics

--

Head and neck support

	Notes :
<input type="checkbox"/> WNL (Within normal limits) <input type="checkbox"/> Abnormal	

Lips

		Notes:
Symmetry	<div><input type="checkbox"/> WNL (Within normal limits)</div> <div><input type="checkbox"/> Abnormal</div>	
Posture	<div><input type="checkbox"/> WNL (Within normal limits)</div> <div><input type="checkbox"/> Abnormal</div>	
Purse	<div><input type="checkbox"/> WNL (Within normal limits)</div> <div><input type="checkbox"/> Abnormal</div>	
Retract	<div><input type="checkbox"/> WNL (Within normal limits)</div> <div><input type="checkbox"/> Abnormal</div>	
Protrude	<div><input type="checkbox"/> WNL (Within normal limits)</div> <div><input type="checkbox"/> Abnormal</div>	
Additional notes:		

Jaw

		Notes:
Symmetry	<div><input type="checkbox"/> WNL (Within normal limits)</div> <div><input type="checkbox"/> Abnormal</div>	
Size	<div><input type="checkbox"/> WNL (Within normal limits)</div> <div><input type="checkbox"/> Abnormal</div>	
Open	<div><input type="checkbox"/> WNL (Within normal limits)</div> <div><input type="checkbox"/> Abnormal</div>	
Close	<div><input type="checkbox"/> WNL (Within normal limits)</div> <div><input type="checkbox"/> Abnormal</div>	
Additional notes:		

Dentition

		Notes:
Condition	<div><input type="checkbox"/> WNL (Within normal limits)</div> <div><input type="checkbox"/> Abnormal</div>	
Occlusion	<div><input type="checkbox"/> Mesiocclusion</div> <div><input type="checkbox"/> Distocclusion</div> <div><input type="checkbox"/> Overbite</div> <div><input type="checkbox"/> Overjet</div> <div><input type="checkbox"/> Underbite</div>	
Additional notes:		

Tongue

Condition:		
		Notes:
Frenulum	<input type="checkbox"/> WNL (Within normal limits) <input type="checkbox"/> Short	
Protrude	<input type="checkbox"/> WNL (Within normal limits) <input type="checkbox"/> Abnormal	
Elevate	<input type="checkbox"/> WNL (Within normal limits) <input type="checkbox"/> Abnormal	
Depress	<input type="checkbox"/> WNL (Within normal limits) <input type="checkbox"/> Abnormal	
Lateralize	<input type="checkbox"/> WNL (Within normal limits) <input type="checkbox"/> Abnormal	
Additional notes:		

Palate

Condition:		
		Notes:
Contour	<input type="checkbox"/> WNL (Within normal limits) <input type="checkbox"/> Abnormal	
Velopharyngeal closure	<input type="checkbox"/> WNL (Within normal limits) <input type="checkbox"/> Abnormal	
Uvula	<input type="checkbox"/> WNL (Within normal limits) <input type="checkbox"/> Abnormal	
Tonsils	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Enlarged	
Additional notes:		

Diadochokinesis

	20 repetitions in how many seconds?		Notes:
p^p^p^		<div><input type="checkbox"/> WNL (Within normal limits)</div> <div><input type="checkbox"/> Abnormal</div>	
t^t^t^		<div><input type="checkbox"/> WNL (Within normal limits)</div> <div><input type="checkbox"/> Abnormal</div>	
k^k^k^		<div><input type="checkbox"/> WNL (Within normal limits)</div> <div><input type="checkbox"/> Abnormal</div>	
p^t^k^		<div><input type="checkbox"/> WNL (Within normal limits)</div> <div>Abnormal</div>	
Additional notes:			

Dry swallow

	Notes :
<input type="checkbox"/> WNL (Within normal limits) <input type="checkbox"/> Abnormal	
Additional notes:	

Reference

(PDF) *Assessment of the Oral-Peripheral Speech Mechanism*. (n.d.). ResearchGate.
https://www.researchgate.net/publication/272415353_Assessment_of_the_Oral-Peripheral_Speech_Mechanism