

Oral Mechanism Examination Form

Name: _____ Age: _____ Date: _____

Examiner's Name: _____

Instructions: Check and circle each item noted. Include descriptive comments in the right-hand margin.

Evaluation of Face

Symmetry: normal / droops on right / droops on left

Abnormal movements: none / grimaces / spasms

Mouth breathing: yes / no

Other: _____

Evaluation of Jaw and Teeth

Tell client to open and close mouth.

Symmetry: normal / deviates to right / deviates to left

Movement: normal / jerky / groping / slow / asymmetrical

TMJ noises: absent / grinding / popping

Observe dentition

Teeth: all present / dentures / teeth missing (specify)

Arrangement of teeth: normal / jumbled / spaces / misaligned

Hygiene: _____

Other: _____

Evaluation of Lips

Tell client to pucker.

Symmetry: normal / droops bilaterally / droops right / droops left

Strength (press tongue blade against lips): normal / weak

Other: _____

Tell client to smile

Symmetry: normal / droops bilaterally / droops right / droops left

Other: _____

Tell client to puff cheeks and hold air

Lip strength: normal / reduced

Nasal emission: absent / present

Other: _____

Evaluation of Tongue

Surface color: normal / abnormal (specify)

Abnormal movements: absent / jerky / spasms / writhing / fasciculations

Size: normal / small / large

Frenum: normal / short

Other: _____

Tell client to protrude the tongue

Excursion: normal / deviates to right / deviates to left

Speed of motion: normal / reduced

Strength (apply opposing pressure with tongue blade): normal / reduced

Other: _____

Tell client to retract the tongue

Excursion: normal / deviates to right / deviates to left

Speed of motion: normal / reduced

Other: _____

Tell client to move tongue tip to the right

Excursion: normal / incomplete / groping

Strength (apply opposing pressure with tongue blade): normal / reduced

Other: _____

Tell client to move tongue tip to the left

Excursion: normal / incomplete / groping

Strength (apply opposing pressure with tongue blade): normal / reduced

Other: _____

Tell client to move tongue tip up

Movement: normal / groping

Other: _____

Tell client to move tongue tip down

Movement: normal / groping

Other: _____

Observe rapid side-to-side movements

Other: _____

Evaluation of Pharynx

Color: normal / abnormal

Tonsils: absent / normal / enlarged

Other: _____

Evaluation of Hard and Soft Palates

Color: normal / abnormal

Arch height: normal / high / low

Arch width: normal / narrow / wide

Growths: absent / present (describe)

Fistula: absent / present (describe)

Clefting: absent / present (describe)

Symmetry at rest: normal / lower on right / lower on left

Gag reflex: normal / absent / hyperactive / hypoactive

Other: _____

Tell client to phonate using /A/

Symmetry of movement: normal / deviates right / deviates left

Posterior movement: present / absent / reduced

Lateral movement: present / absent / reduced

Uvula: normal / bifid / deviates right / deviates left

Nasality: absent / hypernasal

Other: _____

Summary of Findings
