LocuTour's Oral-Peripheral Evaluation Checklist

The following checkboxes are available to assist in the initial evaluation of the client.

**Oral-Peripheral Evaluation—Face**

**Face**

A: The oral-peripheral evaluation indicated that the face was:

- [ ] Symmetrical- Normal
- [ ] Asymmetrical and droops to the right
- [ ] Asymmetrical and droops to the left
- [ ] Other Observations: __________________________

**Movement/ Breathing**

A: The following movement/ breathing patterns were also observed:

- [ ] Normal
- [ ] Grimaces/ abnormal movements/ tics
- [ ] Mouth breathing
- [ ] Audible inspiration
- [ ] Tongue protrusion
- [ ] Labored breathing
- [ ] Other Observations: __________________________

**Tone**

A: The facial tone was:

- [ ] Normal
- [ ] Flaccid
- [ ] Mask-like
- [ ] Tense
- [ ] Other Observations: __________________________

**Lips - Protrusion**

A: Lips for a pucker (Protrusion) was:

- [ ] Symmetrical (even) Normal
- [ ] Asymmetrical (uneven) with a weakness on right (unilateral)
- [ ] Asymmetrical (uneven) with a weakness on left (unilateral)
- [ ] Asymmetrical (uneven) with a bilateral droop
- [ ] Other Observations: __________________________

**Lips - Retraction**

A: Lips for a smile (Retraction) was:

- [ ] Symmetrical (even) - Normal
- [ ] Asymmetrical (uneven) with a weakness on right (unilateral)
- [ ] Asymmetrical (uneven) with a weakness on left (unilateral)
- [ ] Asymmetrical (uneven) with a bilateral droop
- [ ] Other Observations: __________________________
LocuTour's Oral-Peripheral Evaluation Checklist

Lips - strength
A: When asked to puff cheeks and hold air the lip strength was:
  □ Normal
  □ Weak/ reduced/ air escaped
  □ Other Observations: ________________
  □ Normal

Nasal emission
A: Nasal emission was:
  □ Normal- not present
  □ Abnormal- nasal emission present
  □ Other Observations: ________________

Drooling
A: Drooling was:
  □ Absent - Normal
  □ Present - Constant
  □ Present - Intermittent
  □ Other Observations: ________________

Oral-Peripheral Evaluation—Teeth
Teeth
A: The Teeth were:
  □ Normal
  □ Missing/ Edentulous -- ___ teeth present
  □ Jumbled/ spaces/ misaligned/ crowded teeth
  □ Chewing surfaces were adequate for all food textures
  □ Chewing surfaces were inadequate for some food textures
  □ Other Observations: ________________

Occlusion
A: The Occlusion appeared to:
  □ be Normal - molars touch
  □ have an Underbite
  □ have an Overbite
  □ have a Crossbite
  □ Other Observations: ________________

Dentures
A: The client wears dentures,
  □ they fit well
  □ they don't fit well
  □ and client consistently wears them
  □ and client doesn't consistently wear them
  □ Other Observations: ________________
LocuTour's Oral-Peripheral Evaluation Checklist

Oral Hygiene
A: The client's Oral Hygiene:
   □ is Normal and independent
   □ Requires assistance
   □ is Poor and may contribute to poor health
   □ Other Observations: ______________________

Mucosa
A: The client's Mucosa
   □ is Healthy – gingiva (scalloped, firm, knife-like margins, stippled texture)
   □ is Diseased gingiva (inflammation, rolled margins, no stippling, gingiva is erythematous, edematous and/or painful)
   □ Other Observations: ______________________

Saliva
A: The client's Saliva
   □ is Healthy – watery, clear
   □ is Diseased – thick, discolored - yellow, green, black, red
   □ is Absent - xerostomia – dry mouth – painful mouth
   □ Other Observations: ______________________

Oral-Peripheral Evaluation—Jaw
Mandibular Movement
A: The evaluation of Mandibular Movement for:
   Range of Motion
      □ was Normal
      □ was Reduced
   Symmetry of Jaw
      □ was Normal
      □ Deviates to the right
      □ Deviates to the left
   Movement of Jaw was
      □ Normal
      □ Jerky
      □ Groping
      □ Slow
      □ Asymmetrical

Tempromandibular Joint
A: Tempromandibular Joint (TMJ) Noises
   □ were Absent - Normal
   □ included Grinding and/or Popping

Other Observations of the jaw:
   □ ______________________
LocuTour's Oral-Peripheral Evaluation Checklist

*Oral-Peripheral Evaluation—Palate*

A: Evaluation of the Hard and Soft Palate indicated:

**Color**
- Normal color
- Abnormal color

**Arch**
- Normal arch
- High arch
- Low arch
- Wide arch
- Narrow arch

**Growth**
- No growths
- Growths present
  - Location of growths ______

**Fistula**
- No fistulas
- Fistulas present
  - Location of fistulas ______

**Cleft**
- No clefts
- Repaired clefts
  - Location of repaired clefts ______
- Unrepaired clefts present
  - Location of unrepaired clefts ______

A: Soft Palate symmetry at rest was:
- Normal (symmetrical) soft palate symmetry at rest
- Bifid soft palate symmetry at rest
- Asymmetrical uvula deviates to the right
- Asymmetrical uvula deviates to the left

A: Soft Palate symmetry on "Ah" was:
- Normal (symmetrical) soft palate symmetry on “Ah”
- Asymmetrical uvula deviates to the right on “Ah”
- Asymmetrical uvula deviates to the left on “Ah”

A: Nasality was:
- Normal
- Hypermusal
- Hyponasal
LocuTour's Oral-Peripheral Evaluation Checklist

A: Gag Reflex was:
   - Normal
   - Hyperactive
   - Hypoactive
   - Absent

A: Other Observations of the palate:
   - ____________________
LocuTour's Oral-Peripheral Evaluation Checklist

**Oral-Peripheral Evaluation—Tongue**
A: Evaluation of the tongue indicated:

**Tongue Size**
- [ ] Normal tongue size
- [ ] Large tongue size
- [ ] Small tongue size

**Tongue Tone**
- [ ] Normal tongue tone
- [ ] Flaccid tongue tone
- [ ] Fasciculations/spasms/writhing movements of the tongue

**Color and Texture**
- [ ] Normal color and texture
- [ ] Coated
- [ ] Grooved
- [ ] White
- [ ] Red
- [ ] Ulcerated
- [ ] Pierced
- [ ] Bifurcated

**Tongue A:** The client's Tongue
- [ ] is Healthy – (pink, moist)
- [ ] is Diseased - (coated, blistered, cracked, ridged)
- [ ] is often protruding with open-mouth breathing
- [ ] is protruding because of enlarged Adenoids
- [ ] Other Observations: ______________________

**Lingual Frenulum (the tissue that attaches the tongue to the floor of the mouth)**
- [ ] Normal frenulum
- [ ] Short frenulum - Tongue cannot protrude past lips
- [ ] Surgical history of frenulum: ______________________
- [ ] Bifurcated frenulum

**A: Movement of the Tongue—Vertical (up/down) indicated:**
- [ ] Normal range, movement, and speed
- [ ] Cannot move tongue tip up
- [ ] Cannot move tongue tip down
- [ ] Can move, but groping observed
- [ ] Limited range
- [ ] Limited speed
LocuTour's Oral-Peripheral Evaluation Checklist

A: Movement of the Tongue—Horizontal (right/left) indicated:
- Normal range, movement, and speed
- Cannot move tongue tip right
- Cannot move tongue tip left
- Can move, but groping observed
- Limited range
- Limited speed

A: Movement of the Tongue—Protrusion/Retraction (in/out) indicated:
- Normal range, movement, and speed
- Cannot move tongue tip out
- Cannot move tongue tip in
- Can move, but groping observed
- Limited range
- Limited speed
- Limited strength
- Bifurcates on protrusion

A: Other Observations of the tongue:
- __________________________
- Insufficient movement to remove food particles from mouth
- Tongue motility problems contribute to oral stage dysphagia

Tension Sites

A: Musculature tension was evaluated at the following sites:
Face
- Facial tension present
- Facial tension absent
Mandible
- Mandible tension present
- Mandible tension absent
Neck
- Neck tension present
- Neck tension absent
General Body
- General body tension present
- General body tension absent

A: Other Observations of Tension Sites:
- __________________________