

Oral musculature examination screening form

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Name		Age	Date
Examiner		Examination complete/incomplete (circle)	
	WNL	Refer	Observations/Proposed action
HEAD AND FACE			
Head: size/shape			
Facial symmetry			
Facial drooping			
LIPS			
Lips: resting posture			
Lips spread on request			
Lip protrusion on request			
TEETH			
Appearance/occlusion			
Hygiene/caries			
TONGUE			
Tongue: resting posture			
Tongue: appearance			
Tongue: relative size			
Tongue up on request			
Tongue down on request			
Tongue left to right on request			
Tongue protrusion on request			
NOTES			
<p>WNL = within normal limits</p>			

PALATE, PHARYNX AND NOSE			
Palate: appearance			
Palate: symmetry			
Palatal arch: height			
Palatal arch: width			
Uvula: appearance			
Tonsils: appearance			
Velar movements for /a:/			
Nasal air emission			
Nasal grimace			
Nasal septum symmetry			
Nose/mouth breathing			
MOVEMENT SEQUENCES ON REQUEST			
Pucker-smile...			
Smile-protrude tongue...			
DIADOCHOKINETIC RATE			
[pa] x9			
[pata] x5			
[pataka] x3			
NOTES			
<p>WNL = within normal limits</p>			