

## Assessment Chart for Speech and Swallow

|                                                                                     |                                                                                                                 |                                                                                   |                                                                      |                                                                             |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Posture                                                                             | Sitting                                                                                                         | Visible neurom. Dis.                                                              | Voice quality                                                        | Loudness                                                                    |
| Head posture                                                                        | Walking                                                                                                         | Accidents (car, skiing)                                                           | Hearing (finger test)                                                | Resonance                                                                   |
| Shoulders                                                                           | Sports/activities                                                                                               | Surgeries                                                                         |                                                                      | Pitch                                                                       |
| Lips aspect:<br>Upper lip                                                           | Seal                                                                                                            | Upper lip frenum                                                                  | ROM                                                                  | Notes                                                                       |
| Lower lip                                                                           | Interlabial gap                                                                                                 | Dry lips: yes no                                                                  | SOM                                                                  |                                                                             |
|                                                                                     |                                                                                                                 |                                                                                   | AOM                                                                  |                                                                             |
| TMJ ROM                                                                             | Deviation in opening                                                                                            | Max aperture                                                                      | Ankyloglossia                                                        | Cranial nerves assess.                                                      |
| TMJ SOM                                                                             | TMJD signs&sympt.                                                                                               | Aperture with tongue on the spot                                                  | Excessive saliva<br><br>Dry mouth (tongue blade test)                |                                                                             |
| Facial symmetry:<br>halves<br>Eyes/lip line<br>symmetry                             | Lower 1/3<br><br>Middle 1/3<br><br>Upper 1/3                                                                    | Detectable anomalies<br><br>Cleft lip<br>Cleft hard palate<br>Cleft soft palate   | VPI<br><br>Soft palate mobility                                      | Shape of palate<br><br>Tori                                                 |
| Facial muscles:<br>general aspect                                                   | Buccinators                                                                                                     | Mentalis                                                                          | Perioral                                                             | Droop/asymmetry<br><br>Smile<br><br>Frown                                   |
| Masseters: RT                                                                       | Masseters: LT                                                                                                   | Subhyoid muscles                                                                  | Temporalis RT                                                        | Pterygoids RT                                                               |
| Ant. Portion                                                                        | Ant. Portion                                                                                                    | Head stabilizing muscles                                                          | Temporalis LT                                                        | Pterygoids LT                                                               |
| Post. portion                                                                       | Post. portion                                                                                                   |                                                                                   |                                                                      |                                                                             |
| Tongue:<br>Hypotonic aspect                                                         | Protrusion mm                                                                                                   | Laterality RT<br>Laterality LT<br>ROM<br>SOM<br>Accuracy                          | Diadochokinesis<br><br>Puh/tuh/kuh<br>Tuh/duh/nuh<br>Fuh/suh/shuh    | Misarticulations:<br>Begin. word<br>Middle word<br>End word<br>Coartic. /r/ |
| Hypertonic aspect                                                                   | Clean molars with tongue tip? Yes No                                                                            |                                                                                   |                                                                      |                                                                             |
| Mallampati score:<br>1 full vision<br>2 50% of uvula<br>3 no uvula<br>4 only tongue | Tonsil grades:<br>0-1 0-25% space<br>2 up to 50% space<br>3 up to 75%space<br>4 up to 100% space<br>4+ touching | Scalloping<br>0 not present<br>1 only at rest<br>2 only in protrusion<br>3 always | Visible oral lesions<br><br>Suction                                  | Eustachian tube function                                                    |
| Dental class                                                                        | Crossbite                                                                                                       | Swallowing:<br>Saliva<br>Liquids<br>Type<br>Solids                                | Chewing<br>Fragmented/tough<br><br>Dental hygiene:<br>Poor Fair Good | Fixed appliance<br><br>Palatal expander<br><br>Functional appliance         |
| Open bite                                                                           | Missing teeth                                                                                                   |                                                                                   |                                                                      |                                                                             |
| Overjet                                                                             | Teeth anomalies                                                                                                 |                                                                                   |                                                                      |                                                                             |
| Sucking habits                                                                      | Allergies                                                                                                       | Breathing type                                                                    | Breathing/mirror test                                                | Gudin test                                                                  |
| Chewing habits                                                                      | Signs/symptoms of sleep disorders                                                                               | Breathing signs                                                                   | Liminal valve/nostrials                                              | Rosenthal test                                                              |
| Other habits                                                                        |                                                                                                                 |                                                                                   |                                                                      |                                                                             |

Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_