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Orofacial Examination Checklist

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(The following examination forms parallel the information in the preceding article by Dr. Mason. They were first published as an appendix to the article, "An Orofacial Examination Checklist," by Mason and Simon in "Language, Speech, and Hearing Services in Schools," July, 1977, Vol. VIII, No. 3, pp. 155-163, a publication of the American Speech-Language-Hearing Association, and are reprinted here with permission from the Director of ASHA Publications Office and from both authors. Editor)

Patient name: _____ Age: _____ Date: _____

Examiner: _____

I. Facial Characteristics

A. General appearance: normal color _____; normal symmetry _____;
adenoid facies _____; other _____.

B. Frontal view

1. eye spacing: normal (one eye apart) _____;
hypertelorism _____; other _____
2. zygomatic bones: normal _____; hypoplasia _____;
other _____
3. nasal area: septum (straight) _____;
or deviated _____; nares _____;
columella _____; septum/turbinate relationship _____
turbinate color _____; other notations _____
4. vertical facial dimensions:
 - a. upper (40° of face) _____; other notations _____
 - b. lower (60° of face) _____; other notations _____
5. lips: cupid's bow present _____; muscular union _____; neuromotor
functioning _____ / i / _____;
/ u / _____; / p-p-p / _____; other notations _____

C. Profile

1. normal (straight or convex) linear relationship between bridge of nose, to base of nose, to chin _____;

retrusion } maxilla _____;
mandible _____;

protrusion } maxilla _____;
mandible _____;

2. mandibular plane: normal _____; steep _____; flat _____.
- D. General notations: _____

II. Intraoral Characteristics

A. Dentition

1. general hygiene: good _____; needs improvement _____; caries _____; gingival hyperplasia or recession _____.
2. occlusal relationships ("bite on your back teeth" and separate cheek from teeth with tongue depressor)
 - a. first molar contacts:

Class I—normal molar occlusion (mandibular molar is one-half tooth ahead of maxillary molar) _____;

Class I malocclusion (normal molar relationship with variations in other areas of dentition) _____;

Class II malocclusion (maxillary ahead of mandibular first molar) _____;

Class III malocclusion (mandibular molar more than one-half tooth ahead of maxillary molar) _____.
 - b. biting surfaces: normal vertical overlap (overbite) _____; excessive vertical overlap A _____/P _____; normal horizontal overlap (overjet) _____; excessive horizontal overlap A _____/P _____; crossbite (mandibular tooth or teeth outside or wider than maxillary counterpart, or maxillary tooth or teeth inside mandibular counterpart) _____; notation of teeth involved _____; open bite (gap between biting surfaces) A _____/P _____.
 - c. sibilant production with teeth in occlusion: normal /s/ _____; /z/ _____; /f/ _____; /v/ _____.

B. Hard palate ("extend your head backward")

1. midline coloration: normal (pink and white) _____; abnormal (blue tint) _____.
2. lateral coloration: normal _____; torus palatinus (blue tint surrounding a raised midline bony growth) _____.
3. posterior border and nasal spine: normal _____; short _____.
4. general bony framework: normal _____; submucous cleft _____; cleft _____; repaired cleft _____; other _____.
5. palatal vault; normal relationship between maxillary arch/vault _____; narrow maxillary arch/high vault _____; wide maxillary arch/flat vault _____; other _____.
6. general notations _____.

C. Soft palate or velum (Examiner's eye level should be at patient's mouth level. Patient's head erect, mouth three-fourths open, and tongue not extended out of mouth.)

1. midline muscle union (say "ah"): normal (whitish-pink tissue line) _____; submucous cleft (blue tint with A-type configuration during phonation) _____; cleft _____; repaired cleft _____.
2. length: effective (closure of nasopharyngeal port possible during phonation) _____; ineffective (hypernasality noted) _____.
3. velar dimple (where elevated soft palate buckles during phonation): normal 80% of total velar length (or 3-5 mm above tip of uvula) _____; other notations _____.
4. velar elevation: normal (up to plane of hard palate) _____; reduced _____; other _____.
5. range of velar excursion (up and back stretching during phonation): excellent _____; moderate _____; minimal _____.
6. presence of hypernasality during counting:

60s _____; 70s _____; 80s _____; 90s _____.
7. general notations: regarding air loss on unphonated sounds (nasal emission) and nasal resonance on phonated sounds _____.

D. Uvula

1. shape: normal _____; bifid _____; other _____
2. position: midline _____; lateral _____

E. Fauces

1. open isthmus _____; tonsillar obstruction of isthmus _____
2. tonsil coloration: normal (pinkish) _____; inflamed _____

F. Pharynx

1. depth between velar dimple and pharyngeal wall on "ah":
normal _____; deep _____; other _____
2. Passavant's pad: present during physiologic activity? _____
3. adenoidal surgery (ask patient): intact _____; removed _____;
date of tonsil/adenoid removal _____
4. gag response: positive _____; negative _____; weak _____
5. general notations: _____

G. Tongue

1. size: normal _____; macroglossia (rare) _____; microglossia _____
2. diadochokinetic rate — an estimate of neuromotor maturation for speech (observe consistency and pattern of rapid movements during the 15-repetition sequence)
 - a. normal movement patterns: tuh _____; luh _____; kuh _____;
puh-tuh-kuh _____; describe variations _____
 - b. mandibular assist: normal (until age seven and one-half) _____;
possible neuromotor delay for speech (after seven and one-half) _____
3. lingual frenum: normal (tongue tip to alveolar ridge when mouth is one-half open) _____;
short _____
4. general notations: _____

III. General Observations and Other Findings

OROFACIAL EXAMINATION CHECKLIST—SHORT FORM

- I. Facial Characteristics
 - A. Frontal view—eye spacing; zygomatic bones; nasal area; vertical dimensions; lips
 - B. Profile—straight/convex; excessively convex; concave
- II. Intraoral Characteristics
 - A. Dentition—general
 1. occlusal relationships— anterior and posterior
 2. bite— normal: excessive overbite or overjet; openbite; crossbite
 3. sibilant production/teeth relationships: /s/; /z/; /f/; /v/
 - B. Hard palate— bony shelf formation
 1. coloration— midline; lateral
 2. bony midline (palpate): normal; submucous cleft (short)
 3. contour— vault/maxillary arch relationship
 - C. Soft palate or velum
 1. midline muscle union— complete; submucous cleft
 2. length at rest and effective length during phonation
 3. location of dimpling on velum from nasal spine to uvula tip
 4. velar elevation and range of velar excursion
 5. acoustic correlates: amount of nasality during counting in 60s, 70s, 80s, and 90s
 - D. Uvula— shape and position
 - E. Fauces— isthmus opening and coloration; tonsils intact?
 - F. Pharynx
 1. depth between velar dimple and pharyngeal wall on “ah”
 2. observation of Passavant’s pad during function
 3. ask patient if adenoids removed and subsequent speech status
 4. gag response
 - G. Tongue
 1. size related to oral environment
 2. diadochokinetic rate on: tuh; luh; kuh; puh-tuh-kuh
 3. lingual frenum
- III. General Observations and Other Findings