

# Oral Structure and Function

## Oral peripheral Examination

Arlington Public Schools  
Special Education Department  
Speech/Language and Hearing Program

Name \_\_\_\_\_ Date(s) \_\_\_\_\_ Examiner \_\_\_\_\_ Student I.D.# \_\_\_\_\_

ORAL PERIPHERAL EXAMINATION

| <p><b>LIPS: <u>Structure</u></b></p> <p>Symmetrical _____</p> <p>Asymmetrical _____</p> <p>General Appearance _____</p> <p><b><u>Movement</u></b></p> <p>protrusion _____ retraction _____</p> <p>elevation _____ depression _____</p> <p>lateralization _____ alternation _____</p> <p>Range of movement normal _____ insufficient _____</p> <p>Rate of movement normal _____ insufficient _____</p> <p>Strength normal _____ insufficient _____</p> | <p><b><u>Normal</u></b></p> | <p><b><u>Abnormal</u></b></p> |
|---|-----------------------------|-------------------------------|
|   |                             |                               |

| <p><b>TONGUE: <u>Structure</u></b></p> <p>Symmetrical _____</p> <p>Asymmetrical _____</p> <p>General Appearance _____</p> <p><b><u>Movement</u></b></p> <p>protrusion _____ retraction _____</p> <p>elevation _____ depression _____</p> <p>lateralization _____ alternation _____</p> <p>Range of movement normal _____ insufficient _____</p> <p>Rate of movement normal _____ insufficient _____</p> <p>Strength normal _____ insufficient _____</p> <p>Lingual Frenum normal _____ insufficient _____</p> | <p><b><u>Normal</u></b></p> | <p><b><u>Abnormal</u></b></p> |
|---|-----------------------------|-------------------------------|
|   |                             |                               |

| JAW: <u>Structure</u>                             | <u>Normal</u> | <u>Abnormal</u> |
|---|---------------|-----------------|
| Symmetrical _____                                 |               |                 |
| Asymmetrical _____                                |               |                 |
| General Appearance _____                          |               |                 |
| <u>Movement</u>                                   |               |                 |
| protrusion _____ retraction _____                 |               |                 |
| elevation _____ depression _____                  |               |                 |
| lateralization _____ alternation _____            |               |                 |
| Range of movement normal _____ insufficient _____ |               |                 |
| Rate of movement normal _____ insufficient _____  |               |                 |
| Strength normal _____ insufficient _____          |               |                 |

| HARD PALATE:   | <u>Normal</u> | <u>Abnormal</u> |
|--|---------------|-----------------|
| Shape/size normal _____ narrow _____ high _____ wide _____ |               |                 |
| Scarring Yes _____ No _____                                |               |                 |
| Fistula/Opening Yes _____ No _____                         |               |                 |

| VELUM/UVULA: <u>Structure</u>                                       | <u>Normal</u> | <u>Abnormal</u> |
|---|---------------|-----------------|
| Symmetrical _____   |               |                 |
| Asymmetrical _____  |               |                 |
| General Appearance _____  |               |                 |
| <u>Movement</u>   |               |                 |
| Elevation: normal _____ insufficient _____                          |               |                 |
| Velopharyngeal: normal _____ insufficient _____                     |               |                 |
| Range of movement normal _____ insufficient _____                   |               |                 |
| Rate of movement (k-k-k) (ak-ak-ak) normal _____ insufficient _____ |               |                 |
| Scarring Yes _____ No _____   |               |                 |
| Fistula Yes _____ No _____  |               |                 |

|   |               |                 |
|---|---------------|-----------------|
| <b>THROAT: <u>Structure</u></b><br>Tonsils Normal _____ enlarged ____ removed _____ | <u>Normal</u> | <u>Abnormal</u> |
|---|---------------|-----------------|

|  |               |                 |
|--|---------------|-----------------|
| <b>TEETH:</b><br>Occlusion: normal _____ deviant _____<br>missing teeth _____ extra teeth _____<br>General Condition: _____<br>Corrective device: yes _____ no _____ | <u>Normal</u> | <u>Abnormal</u> |
|--|---------------|-----------------|

|  |               |                 |
|--|---------------|-----------------|
| <b>CHEEKS:</b><br>Intraoral pressure: _____<br>unilateral normal _____ insufficient _____<br>bilateral normal _____ insufficient _____ | <u>Normal</u> | <u>Abnormal</u> |
|--|---------------|-----------------|

|   |               |                 |
|---|---------------|-----------------|
| <b>PRAXIS:</b><br>chewing voluntarily _____ involuntarily _____<br>swallowing voluntarily _____ involuntarily _____<br>sucking voluntarily _____ involuntarily _____<br>coughing voluntarily _____ involuntarily _____<br>throat clearing voluntarily _____ involuntarily _____ | <u>Normal</u> | <u>Abnormal</u> |
|---|---------------|-----------------|