

Beckman Oral Motor Evaluation Protocol

Caution: This information is to be used only under the direction of a therapist trained in the application of this information. .



BECKMAN ORAL MOTOR EVALUATION PROTOCOL

Name _____ Caregivers or Parents _____
 Date of Birth _____ Address _____
 Date of Evaluation _____
 Diagnosis _____ Email _____
 Clinician _____ Phone _____

Lips General Observations, Response to Pressure and Movement:

Range of Movement

Upper (1)	Lower (3)
(A) Protrusion: 1/1 or /3	(A) Protrusion: 1/1 or /3
(A) Elongation: 1/1 or /3	(A) Elongation: 1/1 or /3
(B) Strength (8a) Upper: 6/6 5/6 4/6 3/6 2/6 1/6 0/6	(B) Lower: 6/6 5/6 4/6 3/6 2/6 1/6 0/6

Alignment Base of Tongue (12)

(C) Position: At neutral Below neutral Moved to neutral with mild, moderate, firm pressure? Yes No

Gum Massage (13) Response to Pressure and Movement:

(A) Jaw Resting Range Posterior*: Adequate Reduced Expanded

(C) Alignment**: Lateral: Left: Adequate Shifted Right: Adequate Shifted

A-P: Left: Adequate Shifted Right: Adequate Shifted

(D) Tongue Movement Toward Pressure***: Left 1/1 0/1 Right 1/1 0/1

Checks

General Observations and Responses to Pressure and Movement:

Left Side	Right Side
(A) Range Upper (14) 1/1 2/3 1/3 0/3	(A) Range Upper (14) 1/1 2/3 1/3 0/3
(A) Range Lower (16) 1/1 2/3 1/3 0/3	(A) Range Lower (16) 1/1 2/3 1/3 0/3
(B) Strength (18a) 5/5 4/5 3/5 2/5 1/5 0/5	(B) Strength (18a) 5/5 4/5 3/5 2/5 1/5 0/5

Jaw Response to Pressure and Movement

General Observations * **

Left Side (19)	Stimulus	Patterns	Strength
			(B) /20
Right Side (19)			(B) /20

Tongue General Observations and Response to Pressure and Movement

Tongue Movement Toward Pressure ***

Lateral (20)	Lower Gum	Cheek	Upper Gum	(D) Midblade Elevation (23)
(D) Left	1/1 or /3	1/1 or /3	1/1 or /3	1/1 or /3
(D) Right	1/1 or /3	1/1 or /3	1/1 or /3	(D) Tongue Tip Elevation (22a)
				1/1 or /3

Patterns Noted _____

Soft Palate (page 71) General Observations	Hard Palate (page 72)
(E) Left 1/1 0/1 1/2 0/2 1/3 0/3	(E) Contour
(E) Right 1/1 0/1 1/2 0/2 1/3 /3	(E) Vault
(E) Uvula	

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Name _____

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ANALYSIS

Most Consistent Function Patterns (above 80%)

- (A) Range of Movement
- (B) Strength
- (C) Alignment
- (D) Tongue
- (E) Palate

Emerging/Inconsistent Patterns (35% to 80%)

- (A) Range of Movement
- (B) Strength
- (C) Alignment
- (D) Tongue
- (E) Palate

Most Unproductive Patterns (less than 35%)

- (A) Range of Movement
- (B) Strength
- (C) Alignment
- (D) Tongue
- (E) Palate

Diagnosis:

Recommendations: