

Beckman Oral Motor Evaluation Protocol

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Patient Name _____

Jaw

◆ General Observations (from gum massage #13): * ** _____

◆ Response to Pressure and Movement: _____

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

Notes: _____

Tongue

◆ General Observations: _____

◆ Response to Pressure and Movement: _____

Tongue Movement Toward Pressure (from gum massage #13) *** _____

Lateral (20)	Lower Gum	Cheek	Upper Gum
(D) Left	<input type="checkbox"/> 1/1 or <input type="checkbox"/> 2/3 <input type="checkbox"/> 1/3 <input type="checkbox"/> 0/3	<input type="checkbox"/> 1/1 or <input type="checkbox"/> 2/3 <input type="checkbox"/> 1/3 <input type="checkbox"/> 0/3	<input type="checkbox"/> 1/1 or <input type="checkbox"/> 2/3 <input type="checkbox"/> 1/3 <input type="checkbox"/> 0/3
(D) Right	<input type="checkbox"/> 1/1 or <input type="checkbox"/> 2/3 <input type="checkbox"/> 1/3 <input type="checkbox"/> 0/3	<input type="checkbox"/> 1/1 or <input type="checkbox"/> 2/3 <input type="checkbox"/> 1/3 <input type="checkbox"/> 0/3	<input type="checkbox"/> 1/1 or <input type="checkbox"/> 2/3 <input type="checkbox"/> 1/3 <input type="checkbox"/> 0/3

(D) Midblade Elevation (23) 1/1 or 2/3 1/3 0/3

(D) Tongue Tip Elevation (22a) 1/1 or 2/3 1/3 0/3

Patterns Noted _____

Notes: _____

Soft Palate (page 77)

◆ General Observations: _____

(E) Left: 1/1 0/1 1/2 0/2 1/3 0/3

(E) Right: 1/1 0/1 1/2 0/2 1/3 0/3

(E) Uvula _____

Notes: _____

Hard Palate (page 78)

◆ General Observations: _____

(E) Contour _____

(E) Vault _____

Notes: _____

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Analysis

Most Consistent Function Patterns (> 80%)

(A) Range of Movement: _____

(B) Strength: _____

(C) Alignment: _____

(D) Tongue: _____

(E) Palate: _____

Emerging/Inconsistent Patterns (35% - 80%)

(A) Range of Movement: _____

(B) Strength: _____

(C) Alignment: _____

(D) Tongue: _____

(E) Palate: _____

Most Unproductive Patterns (< 35%)

(A) Range of Movement: _____

(B) Strength: _____

(C) Alignment: _____

(D) Tongue: _____

(E) Palate: _____

Diagnosis:

Recommendations:
