

Analysis of the Lingual Frenum (ALF)

Name: _____ Date of Birth: _____ Age: _____

Parent/Caregiver: _____ Phone: _____

Speech-Language Pathologist: _____ Date: _____

I. BACKGROUND INFORMATION/CASE HISTORY

Has a tongue restriction been noticed by others? No, Yes; who: _____

What was the diagnosis? _____

Restriction cause: Congenital, Hereditary, Injury; explain: _____

Previous lingual alteration: No, Yes; explain: _____

Please check the following that pertains to you/your child:

Early feeding issues; explain: _____

Saliva control issues; explain: _____

Dental problems; Oral hygiene issues; explain: _____

Difficulty playing a wind instrument; explain: _____

Speech development delays; describe speech, and what has been done: _____

Others in family with same characteristics; explain: _____

Exhibits a congenital syndrome; explain: _____

Based on child/parent/self-analysis regarding the restriction, please check the following applicable areas:

Lingual discomfort, Frustration, Fatigue when Speaking, Chewing problems, Swallowing problems; Difficulty dislodging food from back teeth,

Other: _____

Comments: _____

II. APPEARANCE OF THE TONGUE AND LINGUAL FRENUM: Check All That Apply

Tongue: Thin and narrow, Thick and wide, Blunt tip, Notched/heart shaped tip

Lingual Frenum: Attached at tip, Attached at mid-tongue, Short in length, Average in Length; No visible frenum, Pseudo-ankyloglossia (not true restriction; tongue thick & retracted, short appearance)

Frenum Color and Thickness: Pink, White, Thin, Thick

Comments: _____

III. ORAL-FACIAL RESTING POSTURES: During Non-Talking, Non-Eating Times the Tongue Rests...

- On the alveolar ridge/palate, sides of tongue touch insides of top back teeth (desirable)
- In the middle, sides of tongue touch cutting surfaces/edges of top molars
- In the middle, not touching anything, On the bottom, On the bottom and forward

During rest, the tongue appears to have:

- Normal tone, Loose/Flaccid, Tense/Hyper contracted

During rest, the lips are: Closed, Gently apart, Wide apart

Apparent breathing preference: Nose, Mouth, Mixed, nose and mouth

Comments: _____

IV. ORAL HARD AND SOFT TISSUE ANALYSIS: Check All That Apply

Dental malocclusions: No, Yes: Open bite, Overjet, Overbite,

Class II, Class III, Diastema

Alveolar ridge: Normal appearance; Abnormal: Flat, Bumpy,

Pointed, Steep, Low

Upper dental arch: Normal appearance; Abnormal: Narrow, Wide

Hard palate: Normal appearance; Abnormal appearance: High, Low,

Narrow, Wide

Tonsils: Small, Average size, Large (they displace tongue forward),

Absent: _____

Floor of mouth: Normal appearance and color; Blanching (goes white)

when tongue lifts/pulls up

Floor of mouth: Gum recession behind bottom front teeth (gums pull away from teeth)

Comments: _____

V. INDEPENDENT TONGUE MOBILITY: Ask and demonstrate the following tasks to determine range of movement:

1 = Able to do with ease; 2 = Able to do with some effort, 3 = Able to do with great effort, 4 = Poor differentiation (other mouth/head/body parts move simultaneously with tongue efforts), 5 = Unable to do

Horizontal Tongue Movement

- | | | | | | |
|--|---|---|---|---|---|
| 1. Stick the tongue way out (beyond lower lip) | 1 | 2 | 3 | 4 | 5 |
| 2. Pull the tongue way back (back toward throat) | 1 | 2 | 3 | 4 | 5 |

Vertical Tongue Movement

- | | | | | | |
|---|---|---|---|---|---|
| 3. Curl the tongue-tip way up (in mouth or out) | 1 | 2 | 3 | 4 | 5 |
| 4. Lift the back of the tongue way up (in the back; toward soft palate) | 1 | 2 | 3 | 4 | 5 |

Lateral Tongue Movement

- | | | | | | |
|--|---|---|---|---|---|
| 5. Curl the tongue to the left (in mouth or out) | 1 | 2 | 3 | 4 | 5 |
| 6. Curl the tongue to the right (in mouth or out) | 1 | 2 | 3 | 4 | 5 |
| 7. Do lateral wags (move tongue back and forth; in mouth or out) | 1 | 2 | 3 | 4 | 5 |

Observations: _____

VI. INTERACTIVE TONGUE MOBILITY; Interaction with Other Mouth-Parts

- | | | | | | | | |
|----|----------------|---|---|---|---|---|---|
| 1. | Front and Out: | Lick the top of the top lip | 1 | 2 | 3 | 4 | 5 |
| | | Lick the bottom of the bottom-lip | 1 | 2 | 3 | 4 | 5 |
| 2. | Front and In: | Lick back of top teeth (with tip) | 1 | 2 | 3 | 4 | 5 |
| | | Lick back of bottom teeth (with tip) | 1 | 2 | 3 | 4 | 5 |
| 3. | Middle: | Lick hard palate with tip | 1 | 2 | 3 | 4 | 5 |
| | | Lick hard palate with mid-tongue | 1 | 2 | 3 | 4 | 5 |
| | | Do a tongue-pop on top | 1 | 2 | 3 | 4 | 5 |
| | | Do tongue-pop while keeping jaw closed | 1 | 2 | 3 | 4 | 5 |
| | | | | | | | |
| 4. | Back: | Rub soft palate with back-tongue | 1 | 2 | 3 | 4 | 5 |
| | | Do "guh, guh, guh" (drinking sound) | 1 | 2 | 3 | 4 | 5 |
| | | Curl the tongue back and touch the molars, both sides | 1 | 2 | 3 | 4 | 5 |
| 5. | Sides: | Gently bite on both sides of tongue | 1 | 2 | 3 | 4 | 5 |
| | | Bite gently on sides of tongue, then bite teeth together, and slide tongue up the side teeth to the top | 1 | 2 | 3 | 4 | 5 |
| | | | | | | | |

Observations: _____

VII. TONGUE MOBILITY DURING SPEECH PRODUCTION

Articulation of Sounds: Normal Abnormal: leave blank if sound is produced appropriately.

Write **substituted sound** if substituted; write **"D" for Distorted**; write **"O" for Omitted**; write **"I" for interdental**

Production of "front-tongue" sounds: ___T, ___D, ___N, ___L, ___S, ___SH, ___CH, ___J

Production of "back-tongue" sounds: ___K, ___G, ___NG, ___R

Production of bilabials, labial-dentals, and lingua-dental: ___P, ___B, ___M, ___F, ___V, ___TH

Interdental productions of multi-syllables: say - ___telephone, ___nighty-night Sue, ___sister-in-law

Comments: _____

Conversational Speech:

100% intelligible: _____

100% intelligible but slurred: _____

75%-100% intelligible; _____

50-75% intelligible: _____

Less than 50% intelligible: _____

Cluttering observed: _____

Low-verbal: _____

Non-verbal: _____

Other: _____

Check All That Apply During Speech Production:

- No abnormal tongue planes of movement; plane of movement is consistently vertical
- Inconsistent abnormal tongue movements; lingual plane of movement is occasionally vertical
- Tongue rarely rises above the midline of the oral cavity
- Generally lingual horizontal plane of movement for speech production
- Tongue tip and surface is abnormally visible
- Consistent interdental contact during lingua-alveolar sounds
- Tongue contacts for speech sound and look imprecise
- Speech movements are poorly differentiated (overflow tensions and posturings)
- Mouth-muscles appear to fatigue during speech production
- Lack lateral-margin stabilization (sides of tongue on top side teeth); instead, stabilizes by:
 - Biting teeth together and holding jaw closed; Tightening lip muscles; Tightening facial muscles;
 - Tightening neck muscles; Holding trunk tight and erect

Comments: _____

VIII. TONGUE AND JAW MOBILITY DURING CHEWING

- Appropriate chewing behaviors: Keeps lips closed, slight jaw rotation laterally, average-sized chewing strokes, average number of chewing strokes, no forward jaw jutting, tongue moves toward chewing side
- Lips are consistently open during chewing (negates opportunity for good intra-oral suctioning to move contents)
- Jaw munches up and down: Small chewing strokes, Big chewing strokes
- Mostly takes big bites of food; Mostly takes small bites of food
- Chewing strokes too few in number; Chewing strokes too many in number
- Tongue smashes food against front teeth
- Chewing appears uncomfortable and effortful; Chewing appears fatiguing

Comments: _____

IX. TONGUE AND JAW MOBILITY DURING SWALLOWING: FOOD, LIQUID, SALIVA

- Appropriate swallowing behaviors: SUCTION: BITE-SQUEEZE-LIFT; gathers/suctions contents onto the tongue, bites teeth together for stability, squeezes front-tongue up, lifts back-tongue up, propels contents down
- Tongue remains low and/or up against front teeth during suctioning
- Tongue moves horizontally during swallowing
- Tongue elevates slightly and makes contact on the alveolar ridge during swallowing
- Lower-lip curls up and in to meet the tongue during swallowing
- Back of tongue elevates, but is postured anteriorly

Comments: _____

Additional Observations and Comments:

ANALYSIS IMPRESSIONS AND CONCLUSIONS

- A. Overall tongue mobility is: Severely hindered, Moderately hindered, Mildly hindered; Comments: _____
- B. Tongue mobility and stability during speech is: Appropriate Severely hindered, Moderately hindered, Mildly hindered
Overall speech intelligibility is: Excellent, Good, Poor
Comments: _____
- C. Tongue mobility and jaw mobility during chewing are: Appropriate Severely impaired, Moderately impaired, Mildly impaired
And, chewing function is: Excellent, Good, Poor
Comments: _____
- D. Tongue mobility and stability during swallowing is: Appropriate Severely hindered, Moderately hindered, Mildly hindered
Overall swallowing function is: Excellent, Good, Poor
Comments: _____
- E. Consequences experienced, or will experience, due to this restrictive lingual frenum; Comments: _____

- F. Recommendation for change(s) of oral hard and/or soft tissue: _____

RECOMMENDATIONS: Check ones that apply

- Do nothing; continue as is: _____
- See in _____ weeks / months for another analysis of _____
- Assign lingual frenum stretching activities: _____
- Lingual frenum surgical alteration: _____
- Speech therapy: _____
- Feeding therapy: _____
- Other therapy: _____

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Follow-up in ____ weeks / months: _____

Speech-Language Pathologist

Date