



## **SWALLOWING**

ASSESSMENT		TO (fitting the device)	T1 (in 3 months)	T2 (in 6 months)
Do you observe contr of the labiomental r				
• when you ask t	he patient to swallow			
when you observe unconscious swallowing (during a matter-of-fact discussion, or when you give the patient an activity that captures their attention)				
PACK INSIDE	arches in occlusion swallowing?		,	,
	ves the patient tend to seek contact between their labial mucosa and their tongue?  Does the patient run their tongue over their lips?			
This follow-up sheet also helps you to complete the protocol, providing you with	Does the patient have chapped lips? Do they have irritation around the lips?			
additional questions to ask while using the device. This will help you to track	CHEWIN	IG / DEN	TAL EXAMI	NATION
your treatment progress more accurately	ASSESSMENT	TO (fitting the device)	T1 (in 3 months)	T2 (in 6 months)
have	Does the patient e alternating al chewing?			
		<ul><li>none</li><li>slight</li><li>moderate</li><li>significant</li></ul>	<ul><li>none</li><li>slight</li><li>moderate</li><li>significant</li></ul>	<ul><li>none</li><li>slight</li><li>moderate</li><li>significant</li></ul>
		ARTICL	I ATION /	SPEECH

## ARTICULATION / SPEECH

ASSESSMENT	TO (fitting the device)	T1 (in 3 months)	T2 (in 6 months)
Do you notice a low resting tongue posture?			
Do you observe a lingual interposition when the patient is speaking?			

# FROGGYMOUTH &



#### **BREATHING**

ASSESSMENT	TO (fitting the device)	T1 (in 3 months)	T2 (in 6 months)
Does the patient often have their mouth open or ajar during the day?			
Does the patient wake up with a dry mouth?			
Does the patient drool at night? (damp stain on the pillow)			
Is their breathing noisy at night?			
Does the patient have dark circles and a pale complexion?			
FOLLOW-UP SHEET FOR Does the patient snore at night?			
TREATMENT WITH FROGGYMOUTH  Does the patient sweat at night?			

with the FROGGYMOUTH functional when your FROGGYMOUTH

#### FROGGY-MOUTH

## **BEHAVIOR**

tter assess To ensure  ASSESSMENT	TO (fitting the device)	T1 (in 3 months)	T2 (in 6 months)
ment, you W-up ent Does the patient still wet the bed at night? (for a child under 10)			
When the patient wakes up, are they often tired or, on the contrary, are they hyperactive?			
Does the patient still struggle to pay attention at school?			
Does the patient find it difficult to regulate their emotions?			
Does the patient have frequent illnesses or infections (e.g., ear infections)?			







### **EXAMINATION OF PATIENT WEARING FROGGYMOUTH**

ASSESSMENT	1 <sup>st</sup> APPT.	2 <sup>nd</sup> APPT. (btw 10 and 30 days from the device being fitted)	3 <sup>rd</sup> APPT. / Final APPT.
Does the patient use the device every day?			
Does the patient drool while wearing the device?	₽.		
Does the patient suck their saliva loudly?			
Does the patient position the lingual apex in the opening of the device?			
How does your patient breathe? Buccal, mixed with buccal tendency, mixed with nasal tendency, or nasal?	£ £	\$. \$. \$.	
During the speech exercise, do you see the tongue trying to cross the barrier of the teeth? Or does it stay in place so it can perform its swallowing function?			& & & & &



This is completely normal during the first week, persevere and you will succeed! Action item: if the patient continues to drool, inhales noisily, or if they are still positioning the lingual apex in the FROGGYMOUTH space after 14 days, recommend the "wrestling exercise"!





Tip: you can use a small mirror to view the opening of the nostrils and the direction of airflow.



Action item: if breathing is still not nasal after 3 months (T1), practice the "scent exercise" to make it automatic!



A A A A

Action item: repeat the "speech exercise" to assess if treatment should continue or if the patient is ready to proceed to the final stage.

