

# 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 \_\_\_\_\_

<b>Lips</b> 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

<b>Alignment Base of Tongue</b> (12)
(C) Position: At neutral Below neutral Moved to neutral with mild, moderate, firm pressure? Yes No

<b>Gum Massage</b> (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

<b>Checks</b>	
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

<b>Jaw</b>	Response to Pressure and Movement
	General Observations * **
	Stimulus Patterns Strength
Left Side (19)	(B) /20
Right Side (19)	(B) /20

<b>Tongue</b>	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				

<b>Soft Palate</b> (page 71) General Observations	<b>Hard Palate</b> (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: