Oral Pharyngeal and Clinical Swallowing Examination

Conduct an examination of oral, motor, pharyngeal and laryngeal functioning. These observations do not require the ingestion of any food or liquid. They can help determine whether or not further evaluation of oral feeding and swallowing is appropriate.

Tools required:
Gloves, oral torch, tongue depressor, watch with a second hand

At rest
Observe the lips, tongue, and mandible at rest. Note their general structure, symmetry, habitual position at rest, and the presence of involuntary movements. Note the presence of any drooling. Observe the status of the oral mucosa (e.g. moistness) and the condition of the client’s dentition.

Tone and Strength
Using your gloved finger or a tongue depressor apply pressure to the lips and tongue. Note the tone. Apply pressure against the client’s movements. e.g. ask the client to pucker his/her lips and hold the tongue depressor against them to test the strength of movements. Similarly, ask him/her to protrude the tongue, or to push it from side to side, feeling the strength via the tongue depressor. Ask him/her to push the tongue into one cheek and sense this strength with your gloved finger.

Rate and range of movement
Observe the client performing a series of movements and note speed, regularity and range of motion. For example, ask him/her to alternately pucker and retract the lips, both with and without speech. Similarly, ask the client to wiggle the tongue from side to side as quickly as possible, and to produce a series of sounds quickly (p, t, k). Do this in speech as well (multi-syllabic word repetition). Count the number of repetitions in 5 secs.

Voice, speech and cough
Record if the client can produce phonation, and note the quality and strength of the voice. This provides an estimate of a person’s ability to achieve laryngeal closure and to protect the airway. A hoarse voice quality may indicate reduced laryngeal closure. A wet or gargly vocal quality may indicate pooling of saliva or secretions at the laryngeal level. Listen to the client’s speech because the precision and speed of the articulation may provide information about the integrity of the oral motor system that is also involved in swallow. The presence of hyper-or hyponasality may be indicative of velopharyngeal problems.

Determine the presence or absence of a voluntary cough and note its strength. If an involuntary cough is observed during the evaluation, document it on the form. This provides an estimate of the client’s ability to achieve laryngeal closure and to protect the airway.
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Mandible (CN V)
Symmetry on Extension _____________________ Strength ________________

Lips (CN VII)
Symmetry: Rest _______________ Retraction ___________ Protrusion __________
Strength ______________________________
Nonspeech Coordination: Repetitive Movement ______________ Alternating Movement ______________
Speech Coordination: Repetitive (/p-w/) ______________ Alternating (/p-w/) ______________

Tongue (CN XII)
Symmetry: Rest _______________ Protrusion _____________ Lateralisation __________
Elevation Yes/No Lateralisation Yes/No Fasciculations Yes/No
Strength ______________________________
Nonspeech Coordination: Repetitive Movement ______________ Alternating Movement ______________
Speech Coordination: Repetitive (/t-k/) ______________ Alternating (/t-k/) ______________
Alternating Movement (/p^t^k^/) ______________________________
Multisyllabic Word Repetition (tip top, baseball, several, caterpillar, emphasize) 
Conversaion: (speech, voice, coordination characteristics) ____________________________
Laryngeal Function: Isolated Movement (/i i-i-i/ on one breath) __________________________
Alternating Movement (/i-i/) ________________________________________________
Buccofacial Apraxia: “Blow out a candle” ____________________ “Lick an ice-cream cone” ______
“Lick milk off your top lip” ______________ “Sip through a straw” ______________ 
“Kiss a baby” ______________________

Velum (CN IX, X, XI)
Symmetry: Rest ______________________ Elevation __________________________
Coordination: Repetitive Movement (/a/) ______________________________
Appearance of Hard Palate __________________________
Dentition __________________________________

Reflexes (CN IX, X, XI)
Gag (test bilaterally) (Abnormal: Yes/No) ________________________________
Swallow (Cough: Yes/No) ________________________________
(Voice change: Yes/No) ________________________________

Additional Information
c/o Facial Numbness or Tingling: Yes/No Light Touch
dysphonia: Yes/No (mild, moderate, severe) ________________________________
Dysarthria Yes/No (mild, moderate, severe) ________________________________
Breath support ________________________________________________
Resonance __________________________________________________________
Volitional Cough (Abnormal: Yes/No) __________________________________
Involuntary cough ____________________________________________