

TONGUE FRENULUM PROTOCOL

HISTORY

Name: _____	Gender F () M ()	
Examination date: __ / __ / __	Age: ___ years and ___ months	Birth: __ / __ / __
Responsible: _____	Relative: _____	

Studying: <input type="checkbox"/> yes <input type="checkbox"/> no	Grade: _____
Working: <input type="checkbox"/> yes <input type="checkbox"/> no	Profession: _____
Worked before <input type="checkbox"/> no	<input type="checkbox"/> yes Professional Area: _____
Practicing sports: <input type="checkbox"/> no	<input type="checkbox"/> yes Type: _____

Address: _____		
City _____	State: _____	ZIP: _____
Phone: Home: (____) _____	Office: (____) _____	Cell: (____) _____
e-mail: _____		
Father's name: _____	Mother's name: _____	
Siblings: _____		
<input type="checkbox"/> no <input type="checkbox"/> yes How many: _____		

Who referred patient for evaluation (Name, specialist, phone): _____
Why? _____

Main complaint: _____

Other complaints affecting:

(0) no (1) sometimes (2) yes

() lips	() tongue	() sucking	() chewing	() deglutition
() breathing	() speech	() tongue frenulum	() voice	() hearing
() learning	() facial aesthetic	() posture	() occlusion	() headache
() TJM clicking	() TMJ pain	() neck pain	() shoulders pain	
() mouth opening difficulty	() mandible range of motion		() Other	

Family history – any other relative has frenulum alteration

<input type="checkbox"/> no <input type="checkbox"/> yes Who? _____	Surgery was necessary: <input type="checkbox"/> yes <input type="checkbox"/> no
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Health problems

<input type="checkbox"/> no <input type="checkbox"/> yes What kind: _____

Breathing problems

<input type="checkbox"/> no <input type="checkbox"/> yes What kind: _____

Suckling

Breast-feeding: <input type="checkbox"/> yes Age: _____ <input type="checkbox"/> no	The baby had difficult suckling? <input type="checkbox"/> no <input type="checkbox"/> yes
Bottle: <input type="checkbox"/> yes Age: _____ <input type="checkbox"/> no	What difficulty: _____

FRENULUM PROTOCOL

CLINICAL EXAMINATION

I – GENERAL TESTS

Measurements using a caliper. Larger or equal 50,1% (0) – Less or equal 50% (1) FINAL RESULT =

Take measurements from superior right or left incise to the inferior right or left incise. Consider the same tooth for all the measurements.	Value in millimeters
Open mouth wide	
Open mouth wide with the tongue tip touching the incise papilla	
Difference between the two measurements, in percentage	%

Alterations during tongue elevation (best result = 0 e worst result = 2) FINAL RESULT =

Open mouth wide; raise the tongue without touching the palate	NO	YES
1. Tip of the tongue's shape: oblong or square	(0)	(1)
2. Tip of the tongue's shape: like a heart	(0)	(1)

Frenulum fixation. Add A and B (best result = 0 e worst result = 3) Final result =

A – Mouth floor:	
Visible only from the sublingual caruncles	(0)
Visible from inferior alveolar crest	(1)

Fixation in another point: _____

B – Sublingual:	
In the middle of the tongue	(0)
Between the middle and the apex of the tongue	(1)
At the apex	(2)

Clinical frenulum classification (best result = 0 e worst result = 2) Final result =

Normal (0)	Borderline (1)	Altered (2)
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If the frenulum was considered altered it would be because:

The frenulum seems normal but it is attached between the middle and the apex of the tongue	The frenulum is short	The frenulum is short and it is fixed between the middle and the apex of the tongue
Ankyloglossia (frenulum attached to apex of the tongue)	Another reason	Unsure

General tests evaluation total score: best result = 0 worst result = 8

When the score of the general tests evaluation is equal or greater than 3, the frenulum may be considered altered.

II – FUNCTIONAL TESTS

Tongue mobility (best result = 0 e worst result = 14). Final result =

	Successful	Partially successful	Unsuccessful
Protrude and retract	(0)	(1)	(2)
Touch the upper lip with the apex	(0)	(1)	(2)
Touch the right commissura labiorum	(0)	(1)	(2)
Touch the left commissura labiorum	(0)	(1)	(2)
Touch U&L molars	(0)	(1)	(2)
Apex vibration	(0)	(1)	(2)
Sucking against the palate	(0)	(1)	(2)

Tongue position during rest (best result = 0 e worst result = 4). Final result =

Not visible	(0)
On the floor of the mouth	(1)
Protrudes between the teeth	(2)
Laterally protrudes between teeth	(2)

Speech (best result = 0 e worst result =12) Final result =

Test 1 – Informal speech

e.g.: What is your name? How old are you? Do you study/work? Tell me about your school/work. Tell me about something interesting.

Test 2 – Ask to count from 1 to 20. Ask to say the days of the week. Ask to say the months of the year.

Test 3 – Ask to name the pictures from the picture table

Speech tests	Omission		Substitution		Distortion	
	No	Yes	No	Yes	No	Yes
1	(0)	(1)	(0)	(1)	(0)	(2)
2	(0)	(1)	(0)	(1)	(0)	(2)
3	(0)	(1)	(0)	(1)	(0)	(2)

Check for which sound there is omission or substitution or distortion

p	t	k	b	d	g	m							
n	ŋ	f	s	x	v	z							
j	l	λ	r	rr	{S}	{R}							
pr	br	tr	dr	cr	gr	fr	vr	pl	bl	cl	gl	fl	vl

If the alteration occurs in only one or two tests, identify in which test there was alteration

Other aspects to be observed during speech (best result = 0 e worst result =10) Final result =

Mouth opening:	(0) adequate	(1) reduced	(1) open wide
Tongue position:	(0) adequate	(1) on the floor	(2) protruded (2) visible sides
Mandible movements:	(0) no alteration	(1) right displacement	(1) left displacement (1) forth displacement
Speed:	(0) adequate	(1) increased	(1) reduced
Speech precision:	(0) adequate	(1) altered	
Voice:	(0) no alteration	(1) altered	

Functional evaluation total score: best result = 0 and worst result = 40

When the score of the functional evaluation is equal or greater than 25, the frenulum can be considered altered.

Documentation:

Photography and video of tongue mobility and speech evaluation