

DWORKIN-CULATTA ORAL MECHANISM EXAMINATION AND TREATMENT SYSTEM

SCREENING TEST CHECKLIST FORM

Name: _____ Sex: _____
 Age: _____ DOB: _____ File #: _____
 Address: _____
 _____ Phone #: (_____) _____
 Referral Source: _____ Date of Exam: _____
 Examiner: _____ Test Location: _____

SCREENING KEY

ABNORMAL = YES; NORMAL = NO; QUESTIONABLE = YES
[For “YES” response, place ✓ in Deep Test box.]

I. FACIAL STATUS	<u>RESPONSE</u>	<u>DEEP TEST</u>
1. Does the face look asymmetrical, or possess any abnormal signs at rest?	----- →	<input style="width: 60px; height: 40px;" type="checkbox"/>

II. LIP FUNCTIONING		
1. Are the movements of the lips asymmetrical, or are the repetitions too slow, dysrhythmic, or imprecise?	----- →	<input style="width: 60px; height: 40px;" type="checkbox"/>

III. JAW FUNCTIONING		
1. Are the movements asymmetrical, limited in range, or accompanied by <u>TMJ</u> noises?	----- →	<input style="width: 60px; height: 40px;" type="checkbox"/>

IV. HARD PALATE		
1. Is the arch shape or tissue appearance unusual?	----- →	<input style="width: 60px; height: 40px;" type="checkbox"/>

V. TONGUE FUNCTIONING

RESPONSE

DEEP TEST

1. Do movements lack sufficient range and precision, or are the repetitions too slow, dysrhythmic or imprecise?

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VI. VELOPHARYNGEAL FUNCTIONING

1. Are there signs of hypernasal or hyponasal resonance?

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VII. STATUS OF DENTITION

1. Are there gross abnormalities in the alignment and condition of upper/lower teeth or signs of gross gum disease?

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VIII. MOTOR SPEECH PROGRAMMING ABILITIES

1. Are there signs of articulatory groping, or whole or part word transpositions of the sequence?

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LIST EXAMINATIONS TO BE DEEP TESTED ----- →

COMMENTS:
