

# Tongue Thrust Checklist

CREATED BY:  
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## MATERIALS NEEDED:

- |                                |                                 |   |   |  |
|--------------------------------|---------------------------------|---|---|--|
| <input type="checkbox"/> Cup   | <input type="checkbox"/> Mirror | <input type="checkbox"/> Tongue Depressor | <input type="checkbox"/> Thin Liquid (ex. water)      | <input type="checkbox"/> Soft Food (ex. pudding) |
| <input type="checkbox"/> Straw | <input type="checkbox"/> Glove  | <input type="checkbox"/> Flashlight       | <input type="checkbox"/> Thick Liquid (ex. milkshake) | <input type="checkbox"/> Hard Food (ex. cracker) |

## ADMINISTRATION DIRECTIONS PAGE 1:

1. Fill out the “Administration Information” section.
2. Read about the “Types of Tongue Thrust” to aid in your awareness as you complete the checklist.
3. Discuss the “History” section with the client or his/her parent(s) and check off each box the client has/had.
4. Complete the “Dentalized Articulation” section by reading the words and having the client repeat them, checking off a box each time a targeted sound is produced with dentalization (w/ the tongue pushing against/past the front teeth).

## ADMINISTRATION DIRECTIONS PAGE 2:

1. Complete the “Oral Observations” section by viewing all the oral structures at rest. Check off each box you observe.
2. Complete the “Oral Motor Exam” section by modeling each skill listed & check off each box the client has difficulty completing. Allow the child to observe him/herself in the mirror while completing this section.
3. Complete the “Swallowing Liquids” and “Swallowing Solids” sections by presenting the client with thin liquid in a cup, thin liquid with a straw, thick liquid with a straw, soft food, and hard food and check off each box you observe.

## ADDITIONAL NOTES:

1. The Tongue Thrust Checklist is to be administered only by a licensed Speech Language Pathologist.
2. This checklist is not standardized, or research based. However, it is a document in which you will be able to concisely record all of the informal observations you make regarding possible tongue thrust of a particular client.
3. The checklist is written in such terminology that each time you check off a box, you are indicating a positive sign of tongue thrust. Therefore, it is logical to assume that the more checkmarks a client has, the greater indication the client suffers from tongue thrust.

**ADMINISTRATION  
INFORMATION**

**CLIENT NAME**

\_\_\_\_\_

**CLIENT BIRTHDATE**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**DATE ADMINISTERED**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CLIENT AGE**

\_\_\_\_\_

**ADMINISTERED BY**

\_\_\_\_\_

**REFERRED BY**

\_\_\_\_\_

**TOTAL # of CheckMarks**

\_\_\_\_\_

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## TYPES OF TONGUE THRUST

### ANTERIOR OPEN BITE

The most common type of tongue thrust. The front lips do not close and the child often has his mouth open with the tongue protruding beyond the lips.

### ANTERIOR THRUST

Upper incisors are extremely protruded and the lower incisors are pulled in by the lower lip. Most generally accompanied by a strong mentalis.

### UNILATERAL THRUST

The bite is characteristically open on either side.

### BILATERAL THRUST

The anterior bite is closed, but the posterior teeth from the first bicuspid to the back molars may be open on both sides.

### BIL. ANTER. OPEN BITE

The only teeth that touch are the molars, with the bite completely open on both sides including the anterior teeth. A large tongue is also noted.

### ANTERIOR THRUST

Typically shows a double protrusion, meaning that both the upper and lower teeth are flared out and spread apart.

## HISTORY

### SIGNS & SYMPTOMS

- Prolonged use of artificial nipples (pacifiers, bottles, sippy cups)
- History of allergies or nasal congestion
- History of thumb or finger sucking
- Hereditary factors (positive family history of tongue thrust)
- History of ankyloglossia (tongue tied)
- History of mouth breathing
- Reversal of orthodontic work
- History of oral defensiveness
- Difficulty swallowing pills
- Feeding difficulties as an infant
- TMJ or reported jaw pain

## DENTALIZED ARTICULATION

### /T/: Initial, Medial, Final

- I: Tea, Top, Two
- M: Kitty, Metal, Water
- F: Ate, Beat, Fight

### /D/: Initial, Medial, Final

- I: Do, Dumb, Dare
- M: Pedal, Today, Body
- F: Bad, Weed, Hide

### /N/: Initial, Medial, Final

- I: New, No, Name
- M: Tuna, Funny, Piano
- F: Fan, Win, Pen

### /L/: Initial, Medial, Final

- I: Lake, Lie, Low
- M: Color, Hello, Silly
- F: Tail, Call, Will

### /S/: Initial, Medial, Final

- I: See, Some, Sink
- M: Essay, Pencil, Messy
- F: Ice, House, Bus

### /Z/: Initial, Medial, Final

- I: Zoo, Zinc, Zebra
- M: Easy, Lazy, Fuzzy
- F: Is, Buzz, Has

### /Sh/: Initial, Medial, Final

- I: Shy, She, Shake
- M: Ashes, Pushy, Fishy
- F: Crash, Wish, Leash

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## ORAL OBSERVATIONS

### LIPS

- Asymmetrical
- Hang open during rest

### PALATE

- High, arched, or narrow palate

### TONSILS & ADENOIDS

- Enlarged tonsils
- Enlarged adenoids

### TEETH & JAW

- Hang open during rest
- Class I Malocclusion (slight overbite)
- Class 2 Malocclusion (sever overbite)
- Class 3 Malocclusion (severe underbite)

### TONGUE

- Hangs out of mouth completely during rest
- Lies between teeth during rest
- Pushes against teeth during rest
- Macroglossia (enlarged tongue)
- Ankyloglossia (tongue tied)

## ORAL MOTOR EXAM

### LIPS

- Unable to purse lips
- Unable to pucker lips
- Unable to spread lips

### TONGUE

- Unable to lift tongue tip up to alveolar ridge without jaw support
- Unable to lift & protrude tongue out of mouth w/out lip/jaw support
- Unable to complete tongue pops/clicks (sucking tongue against roof of mouth and popping down rapidly)
- Unable to hold tongue sucked up against roof of mouth for 10 seconds with jaw opened wide
- Unable to move tongue laterally
- Unable to complete any tongue movement without lip and or jaw movement or support

## SWALLOWING LIQUIDS

### THIN LIQUID w/ Cup

- Abnormally loud swallow
- Abnormally messy swallow
- Extraneous facial, head, or jaw movement during swallow
- Inadequate lingual and/or labial seal (drooling, loss of liquid) during swallow
- Tongue pushing forward during swallow

### THIN LIQUID w/ Straw

- Requires more than 1/4" access to a straw to suck liquid up
- Tongue pushing forward during swallow

### THICK LIQUID w/ Straw

- Requires more than 1/2" access to a straw to suck liquid up
- Tongue pushing forward during swallow

## SWALLOWING SOLIDS

### SOFT FOODS

- Abnormally loud or messy swallow
- Extraneous facial, head, or jaw movement during swallow
- Inadequate lingual and/or labial seal (drooling, loss of food) during swallow
- Tongue pushing forward during swallow

### HARD FOODS

- Inadequate lingual and/or labial seal (drooling, loss of food) during mastication (chewing)
- Mastication (chewing) observed near the front of the mouth/teeth
- Abnormally loud or messy chewing/swallow
- Extraneous facial, head, or jaw movement during swallow
- Inadequate lingual and/or labial seal (drooling, loss of food) during swallow
- Tongue pushing forward during swallow