

Oral Speech Mechanism Screening Examination—Third Edition

Scoring Form

Client's Name _____

Examiner _____

Year _____ Month _____ Day _____

Test Date _____

Birthdate _____

Type of Client _____

Facility _____

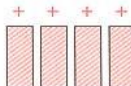
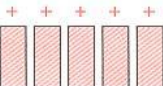
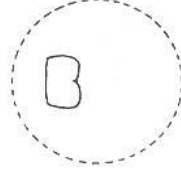
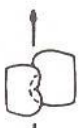


Age _____

SCORING KEY

- No Deviation Noted
- Deviation Noted
- Not Tested
- No Response
- Wrong Response

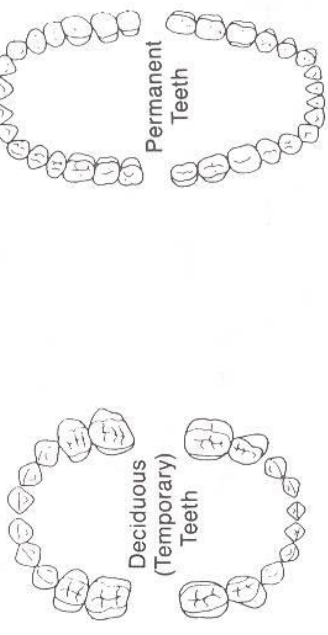
Check Desired Choice(s)

Note: Small symbols beside rectangles or ovals indicate normal structure or function. Used in scoring and normative comparisons.

STRUCTURE	APPEARANCE	TASK	NONSPEECH FUNCTION	RESPONSE
Lips	Symmetry at Rest <input type="checkbox"/> + Other <input type="checkbox"/> + Describe: _____	Instructions: "Watch me and do what I do." Round Lips Draw Corners Back Close Lips, Puff Cheeks Bite Lower Lip		
Tongue	Surface <input type="checkbox"/> + Frenum <input type="checkbox"/> + Other <input type="checkbox"/> + Describe: _____	Tip Up Tip Down Tip Right Tip Left Tip Drawn Back Along Hard Palate		
Jaw	OCCCLUSION Lateral View of First Molars <input type="checkbox"/> + If Deviation Noted: 1. Sketch Lower First Molar <input type="checkbox"/> Maxilla protruded anteriorly (Mandible retruded posteriorly) (Distocclusion) <input type="checkbox"/> Maxilla retruded posteriorly (Mandible protruded anteriorly) (Mesioocclusion)		Normal Relationship 	Posterior Anterior
	Lateral View of Central Incisors <input type="checkbox"/> + If Deviation Noted: 1. Sketch Lower Central Incisor <input type="checkbox"/> Upper incisors cover more than 1/2 of lower incisors (Close bite) <input type="checkbox"/> Upper incisors do not cover lower incisors (Open bite) <input type="checkbox"/> Upper incisors too far anterior relative to lower incisors (Over bite or Over jet) <input type="checkbox"/> Upper incisors posterior to lower incisors (Under bite) <input type="checkbox"/> Other deviations noted		Normal Relationship 	Posterior Anterior

Teeth

Condition +
 If Deviation Noted:
 Obvious presence of caries or decayed teeth
 Gap(s) created by missing teeth
 [Circle teeth representing gaps]
 Alignment +
 If Deviation Noted:
 Excessively wide spaces between teeth noted
 [Draw arrow(s) between teeth]
 Excessively crooked teeth noted
 Other +
 Describe:



Hard Palate

Vault Height +
 Vault Width +
 Other +
 Describe:

Soft Palate

Symmetry at Rest +
 Uvula +
 Other +
 Describe:

Pharynx

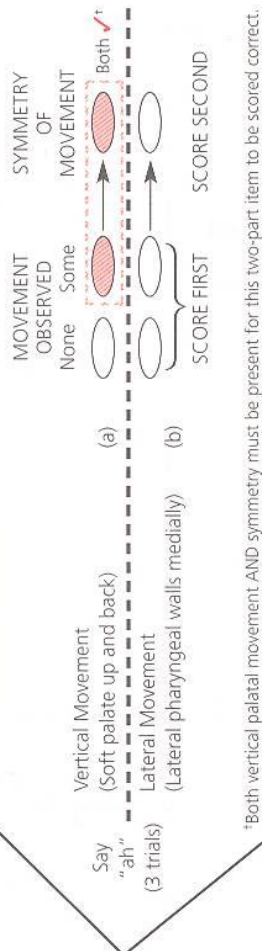
Anterior Fauical Pillars +
 Posterior Fauical Pillars +
 Palatine Tonsils +
 Other +
 Describe:

Breathing

Mouth Breather Yes No Other +
 Describe:

VELOPHARYNGEAL MECHANISM

Sustain /u/:
 Voice quality change perceived with nostrils occluded and open
 Yes No
 Hyponasality perceived
 Yes No



*Both vertical palatal movement AND symmetry must be present for this two-part item to be scored correct.

Diadochokinesis

Task	Number	Rhythmic	Articulation Accurate	Repetitions Per Second	Time (Seconds)
$p\lambda, p\lambda, p\lambda \dots$	16	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	()	()
$t\lambda, t\lambda, t\lambda \dots$	16	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	()	()
$k\lambda, k\lambda, k\lambda \dots$	16	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	()	()
$p\lambda t\alpha, p\lambda t\alpha, p\lambda t\alpha \dots$	12	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	()	()
$p\lambda t\alpha k\alpha, p\lambda t\alpha k\alpha, p\lambda t\alpha k\alpha \dots$	8	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Other <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	()	()

Table 1.1 (Optional) Round to .5 sec.

SUMMARY AND RECOMMENDATIONS:

Structure 31 - Deviations =
 Function 24 - Deviations =
 Total 55 - =

OSMSE-3 SCORING

Cutoff Scores (Table A3.2, Appendix 3)

> Greater than; < Less than;
 = Equal or greater than

> Cutoff PASS
 = Cutoff PASS
 < Cutoff FAIL
 2-5 > Cutoff FAIL

OSMSE-3 SCREENING

= Cutoff PASS
 > Cutoff PASS
 < Cutoff FAIL
 = Cutoff PASS
 > Cutoff PASS
 < Cutoff FAIL