

Appendix 1

Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLLF)					
Appearance Items		Score	Function Items		Score
1. Appearance of tongue when lifted			1. Lateralization		
<input type="checkbox"/> Round OR square		2	<input type="checkbox"/> Complete		2
<input type="checkbox"/> Slight cleft in tip apparent		1	<input type="checkbox"/> Body of tongue but not tongue tip		1
<input type="checkbox"/> Heart-shaped		0	<input type="checkbox"/> None		0
2. Elasticity of frenulum			2. Lift of tongue		
<input type="checkbox"/> Very elastic (excellent)		2	<input type="checkbox"/> Tip to mid-mouth		2
<input type="checkbox"/> Moderately elastic		1	<input type="checkbox"/> Only edges to mid-mouth		1
<input type="checkbox"/> Little OR no elasticity		0	<input type="checkbox"/> Tip stays at alveolar ridge or rises to mid-mouth only with jaw closure		0
3. Length of lingual frenulum when tongue lifted			3. Extension of tongue		
<input type="checkbox"/> More than 1 cm OR embedded in tongue		2	<input type="checkbox"/> Tip over lower lip		2
<input type="checkbox"/> 1 cm		1	<input type="checkbox"/> Tip over lower gum only		1
<input type="checkbox"/> Less than 1 cm		0	<input type="checkbox"/> Neither of above, OR anterior or midtongue humps		0
4. Attachment of lingual frenulum to tongue			4. Spread of anterior tongue		
<input type="checkbox"/> Posterior to tip		2	<input type="checkbox"/> Complete		2
<input type="checkbox"/> At tip		1	<input type="checkbox"/> Moderate OR partial		1
<input type="checkbox"/> Notched tip		0	<input type="checkbox"/> Little OR none		0
5. Attachment of lingual frenulum to inferior alveolar ridge			5. Cupping		
<input type="checkbox"/> Attached to floor of mouth OR well below ridge		2	<input type="checkbox"/> Entire edge, firm cup		2
<input type="checkbox"/> Attached just below ridge		1	<input type="checkbox"/> Side edges only, moderate cup		1
<input type="checkbox"/> Attached at ridge		0	<input type="checkbox"/> Poor OR no cup		0
<p style="text-align: center;">TOTAL APPEARANCE SCORE</p> <hr/> <p style="text-align: center;">FUNCTION ITEMS SCORE</p> <p>14 Perfect score (Regardless of <i>Appearance Item</i> score)</p> <p>11 Acceptable, if <i>Appearance Item</i> score is 10</p> <p><11 Function impaired</p> <ul style="list-style-type: none"> • Frenotomy should be considered if management fails. • Frenotomy necessary if <i>Appearance Item</i> score is <8. 		6. Peristalsis			
		<input type="checkbox"/> Complete, anterior to posterior (originates at the tip)		2	
		<input type="checkbox"/> Partial: originating posterior to tip		1	
		<input type="checkbox"/> None OR reverse peristalsis		0	
		7. Snapback			
		<input type="checkbox"/> None		2	
		<input type="checkbox"/> Periodic		1	
<input type="checkbox"/> Frequent OR with each suck		0			
		TOTAL FUNCTION SCORE			

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