

**Hazelbaker Assessment for Lingual Frenulum Function\***

<b><u>Appearance Items</u></b>	<b><u>Function Items</u></b>
<p><b>Appearance of tongue when lifted</b>                      2: Round or square                      1: Slight cleft in tip apparent                      0: Heart- or V-shaped</p> <p><b>Elasticity of frenulum</b>                      2: Very elastic                      1: Moderately elastic                      0: Little or no elasticity</p> <p><b>Length of lingual frenulum when tongue lifted</b>                      2: &gt; 1 cm                      1: 1 cm                      0: &lt;1 cm</p> <p><b>Attachment of lingual frenulum to tongue</b>                      2: Posterior to tip                      1: At tip                      0: Notched tip</p> <p><b>Attachment of lingual frenulum to inferior alveolar ridge</b>                      2: Attached to floor of mouth or well below ridge                      1: Attached just below ridge                      0: Attached at ridge</p> <hr/> <p>-Significant ankyloglossia is diagnosed when the appearance score total is 8 or less and/or function score total was 11 or less.                      -Severe maternal nipple pain during breastfeeding, without alternate explanation as assessed by a Lactation Consultant, is also grounds to consider frenotomy if a tight anterior frenulum is noted.</p> <p><b>Ankyloglossia Grading:</b>                      Class I: mild ankyloglossia, 12-16 mm                      Class II: moderate ankyloglossia, 8-11mm                      Class III: severe ankyloglossia, 3-7 mm                      Class IV: complete ankyloglossia, less than 3 mm</p>	<p><b>Lateralization</b>                      2: Complete                      1: Body of tongue but not tongue tip                      0: None</p> <p><b>Lift of tongue</b>                      2: Tip to mid-mouth                      1: Only edges to mid-mouth                      0: Tip stays at lower alveolar ridge or rises to mid-mouth only with jaw closure</p> <p><b>Extension of tongue</b>                      2: Tip over lower lip                      1: Tip over lower gum only                      0: Neither of the above, or anterior or mid-tongue humps</p> <p><b>Spread of anterior tongue</b>                      2: Complete                      1: Moderate or partial                      0: Little or none</p> <p><b>Cupping</b>                      2: Entire edge, firm cup                      1: Side edges only, moderate cup                      0: Poor or no cup</p> <p><b>Peristalsis</b>                      2: Complete, anterior to posterior                      1: Partial, originating posterior to tip                      0: None or reverse motion</p> <p><b>Snapback</b>                      2: None                      1: Periodic                      0: Frequent or with each suck</p> <p><b>SCORE:</b></p> <p>Appearance: _____ (&lt;8 = ankyloglossia)                      Function: _____ (&lt;11 = ankyloglossia)</p>

**Appearance of the tongue when lifted** is determined by inspecting the anterior edge of the tongue as the infant cries or tries to lift or extend the tongue.

**The elasticity of the frenulum** is determined by palpating the frenulum for elasticity while lifting the infant's tongue.

**The length of the lingual frenulum** is determined by noting its approximate length in centimeters as the tongue is lifted.

**Attachment of the frenulum to the tongue** is determined by noting its origin on the inferior aspect of the tongue. It should be approximately 1 cm posterior to the tip.

**The attachment of the lingual frenulum to the inferior alveolar ridge** is determined by noting the location of the anterior attachment of the frenulum. It should insert proximal to or into the genioglossus muscle on the floor of the mouth.

**Lateralization** is measured by eliciting the transverse tongue reflex by tracing the lower gum ridge and brushing the lateral edge of the tongue with the examiner's finger.

**Lift of the tongue** is noted when the finger is removed from the infant's mouth. If the infant cries, then the tongue tip should lift to mid-mouth without jaw closure.

**Extension of the tongue** is measured by eliciting the tongue extrusion reflex by brushing the lower lip downward toward the chin.

**Spread of anterior tongue** is determined by first eliciting a rooting reflex, just before cupping, by tickling the upper and lower lips and looking for even thinning of the anterior tongue.

**Cupping** is a measure of the degree to which the tongue hugs the finger as the infant sucks on it.

**Peristalsis** is a backward, wave-like motion of the tongue during sucking that should originate at the tip of the tongue and is felt with the back of the examiner's finger.

**Snapback** is heard as a clucking sound when the tethered tongue loses its grasp on the finger or breast when the infant tries to generate negative pressure.

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**Ballard, J.L., Auer, C.E., Khoury, J.C. (2002). Ankyloglossia: Assessment, Incidence, and Effect of Frenuloplasty on the Breastfeeding Dyad. *Pediatrics* 2002;110:e63**

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