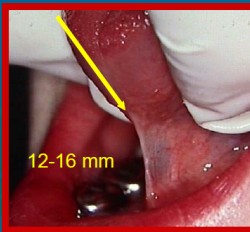
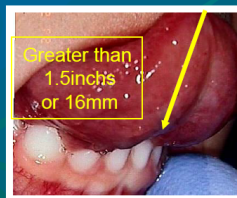


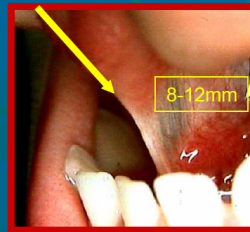
Classifications of Tongue-Ties



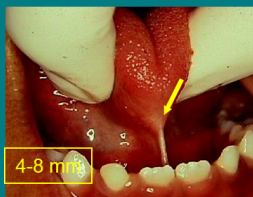
**CLASS 1
MILD**



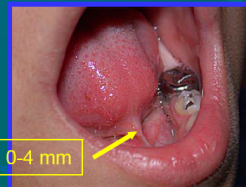
**NORMAL
RANGE OF
MOTION**



**CLASS II
MODERATE**



CLASS III-SEVERE



CLASS IV- COMPLETE

Classification of Ankyloglossia

Supporting Sucking Skills: Coryllos MD, Page 188

Type	Superior Attachment	Inferior Attachment	Characteristics Of Frenulum
1	Tip of tongue	Alveolar ridge	Often thin, may be elastic
2	2-4 mm behind Tip of tongue	On or just behind alveolar ridge	Often thin, may be elastic
3	Mid-tongue	Middle of floor of mouth	Usually thicker, more fibrous, inelastic
4	Submucosal	Floor of mouth at base of tongue	Usually thick, fibrous, shiny, and inelastic

Identification by Palpation

George Murphy MD, FAAP, FABM (ILCA conf 2009)

- Use the little finger with pad of finger down, infant upright
- A smooth mouth floor—no problem
- A small speed bump—potential problem
- A large speed bump—highly likely to be a problem
- A small, medium, or large fence—almost always a problem
- If the membrane feels like a **very thin strong wire**, push on it and look for tongue tip indentation and slight bow of tongue

General Guidelines:

- The tip of the tongue should be able to protrude outside the mouth without causing clefting of the front border of the tongue.
- The lingual attachment should not create a diastema (gap) between the lower front teeth.
- The lingual attachment should not cause excessive force on the lower front teeth causing them to tip backward.
- The lingual attachment should not cause severe blanching of the gum tissue behind the lower front teeth.
- The lingual attachment should not prevent a normal swallowing pattern. The tongue should be able to lick the lips.
- The lingual attachment should not prevent a normal swallowing pattern. The tongue should easily touch the roof of the mouth.
- The lingual attachment should not interfere with nursing or cause mothers pain.