## Appendix 1

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

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