



# FROGGY MOUTH

FROGGY MOUTH IS A CLASS I MEDICAL DEVICE, CE - ISO 13485 - ISO 9001 CERTIFIED  
ENTIRELY MANUFACTURED IN FRANCE • [WWW.FROGGY MOUTH.COM](http://WWW.FROGGY MOUTH.COM)  
HAVE A QUESTION? [CONTACT@FROGGY MOUTH.COM](mailto:CONTACT@FROGGY MOUTH.COM)

## DEGLUTITION

WHEN YOU RECEIVE YOUR FROGGMOUTH PACK, INSIDE YOU WILL FIND INSTRUCTIONS EXPLAINING HOW TO USE THE DEVICE, TO GUIDE YOU THROUGH THE REHABILITATION PROCESS.

This follow-up sheet also helps you to complete the protocol, providing you with additional questions to ask while using the device. This will help you to track your treatment progress more accurately and efficiently.

ASSESSMENT	TO (fitting the device)	T1 (in 3 months)	T2 (in 6 months)
Do you observe contraction of the labiomental musculature?			
<ul style="list-style-type: none"> <li>when you ask the patient to swallow</li> </ul>			
<ul style="list-style-type: none"> <li>when you observe unconscious swallowing (during a matter-of-fact discussion, or when you give the patient an activity that captures their attention)</li> </ul>			
Are the arches in occlusion when swallowing?			
Does the patient tend to seek contact between their labial mucosa and their tongue?			
Does the patient run their tongue over their lips?			
Does the patient have chapped lips?			
Do they have irritation around the lips?			

## CHEWING / DENTAL EXAMINATION

ASSESSMENT	TO (fitting the device)	T1 (in 3 months)	T2 (in 6 months)
Does the patient have alternating unilateral chewing?			
Does the patient present a dental or skeletal deformity (anterior open bite, posterior open bite, crossbite, inverted bite, DDM etc.)? If so, is this deformation slight / moderate / significant?	<ul style="list-style-type: none"> <li>none</li> <li>slight</li> <li>moderate</li> <li>significant</li> </ul>	<ul style="list-style-type: none"> <li>none</li> <li>slight</li> <li>moderate</li> <li>significant</li> </ul>	<ul style="list-style-type: none"> <li>none</li> <li>slight</li> <li>moderate</li> <li>significant</li> </ul>

## ARTICULATION / SPEECH

ASSESSMENT	TO (fitting the device)	T1 (in 3 months)	T2 (in 6 months)
Do you notice a low resting tongue posture?			
Do you observe a lingual interposition when the patient is speaking?			

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## BREATHING

ASSESSMENT	TO (fitting the device)	T1 (in 3 months)	T2 (in 6 months)
Does the patient often have their mouth open or ajar during the day?			
Does the patient wake up with a dry mouth?			
Does the patient drool at night? (damp stain on the pillow)			
Is their breathing noisy at night?			
Does the patient have dark circles and a pale complexion?			
Does the patient snore at night?			
Does the patient sweat at night?			

## FOLLOW-UP SHEET FOR TREATMENT WITH FROGGYMOUTH

This follow-up sheet will help you track your treatment progress with the **FROGGYMOUTH** functional rehabilitation device. We recommend that you have an assessment when your **FROGGYMOUTH** device is fitted for the first time, and then again after 3 months and 6 months to better assess treatment progress. To ensure an accurate assessment, it is important that you complete this follow-up sheet with the patient and / or their parents. Together, you will be able to track treatment progress with the **FROGGY-MOUTH** device and get closer to your rehabilitation goals!

## BEHAVIOR

ASSESSMENT	TO (fitting the device)	T1 (in 3 months)	T2 (in 6 months)
Does the patient still wet the bed at night? (for a child under 10)			
When the patient wakes up, are they often tired or, on the contrary, are they hyperactive?			
Does the patient still struggle to pay attention at school?			
Does the patient find it difficult to regulate their emotions?			
Does the patient have frequent illnesses or infections (e.g., ear infections)?			



## EXAMINATION OF PATIENT WEARING FROGGYMOUTH

ASSESSMENT	1 <sup>st</sup> APPT.	2 <sup>nd</sup> APPT. (btw 10 and 30 days from the device being fitted)	3 <sup>rd</sup> APPT. / Final APPT.
Does the patient use the device every day?			
Does the patient drool while wearing the device?	☹		
Does the patient suck their saliva loudly?			
Does the patient position the lingual apex in the opening of the device?			
How does your patient breathe? Buccal, mixed with buccal tendency, mixed with nasal tendency, or nasal?	☹☹	☹☹☹	
During the speech exercise, do you see the tongue trying to cross the barrier of the teeth? Or does it stay in place so it can perform its swallowing function?			☹☹☹☹



This is completely normal during the first week, persevere and you will succeed!

Action item: if the patient continues to drool, inhales noisily, or if they are still positioning the lingual apex in the FROGGYMOUTH space after 14 days, recommend the "wrestling exercise"!



Tip: you can use a small mirror to view the opening of the nostrils and the direction of airflow.



Action item: if breathing is still not nasal after 3 months (T1), practice the "scent exercise" to make it automatic!



Action item: repeat the "speech exercise" to assess if treatment should continue or if the patient is ready to proceed to the final stage.



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