

## Laryngeal Manual Therapy Palpatory Evaluation

Please complete the following items immediately before and after the Laryngeal Manual Therapy. Rate the resistance, by circling a number, on the basis that 1 represents minimal resistance and that 5 maximum resistance. At each stage also tick one box to represent the position of the Larynx.

Patient identifier: \_\_\_\_\_

Date: \_\_\_\_\_

### Resistance

1.	Sternocleidomastoid muscle-right
2.	Sternocleidomastoid muscle-left
3.	Supralaryngeal area
4.	Laryngeal resistance to lateral pressure

### Laryngeal Position

A	High held (1)
B	Neutral (2)
C	Lowered (3)
D	Forced Lowered (4)

### Pre intervention

min. \_\_\_\_\_ max.

\_\_\_\_\_

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

\_\_\_\_\_

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### Post intervention

min. \_\_\_\_\_ max.

\_\_\_\_\_

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

\_\_\_\_\_

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