

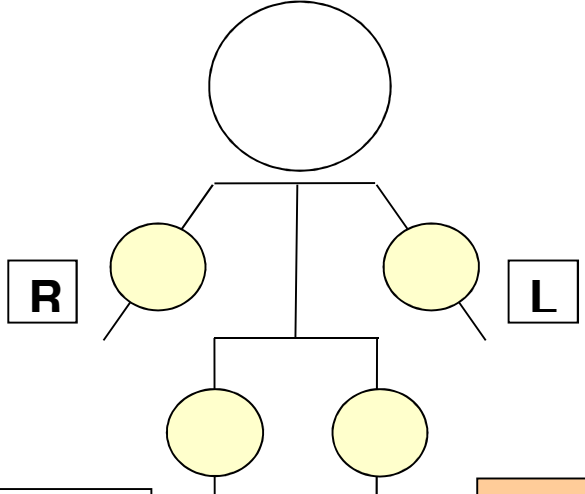
CEREBRAL PALSY DESCRIPTION FORM Part I: MOTOR IMPAIRMENTS

Child's name: _____ Please attach sticky label if available DOB: _____ Examining clinician: _____ Date: _____

1. Is there spasticity in one or more limbs?

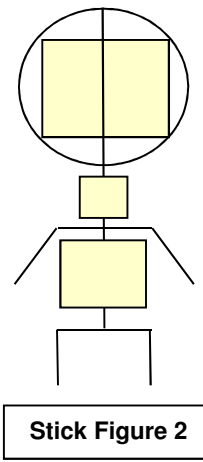
Please tick Yes / No boxes as appropriate

Yes No



Stick Figure 1

Go to 2



Stick Figure 2

Go to 3

Instructions for completing Stick figures 1 and 2 above:

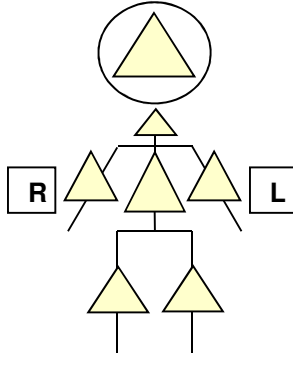
Limb muscle tone: <input type="checkbox"/> Enter: Highest Australian Spasticity Assessment Scale score in that limb (PTO for scoring criteria)	Face/neck/trunk muscle tone: <input type="checkbox"/> Enter: ↓ = Hypotonic ↑ = Hypertonic ↔ = Fluctuating N = Normal
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3. Is muscle tone varying?

Yes No

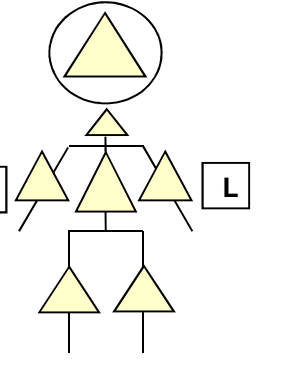
4. Is ataxia present?

Dystonia



Stick Figure 3a

Athetosis and/or Chorea



Stick Figure 3b

Is there generalised hypotonia with increased reflexes?

Yes No

Instructions for completing Stick figures 3a and 3b above:

Please tick triangles where signs are present.

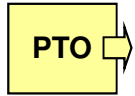
Please number tone/movement abnormalities present in this child in order of predominance (1 = most predominant or only abnormality)

- Spasticity
- Dystonia
- Athetosis
- Chorea
- Ataxia
- Generalised Hypotonia

Please describe CP type and severity in words as you would write in the medical record: _____

Form designed for the Australian Cerebral Palsy Register: April 2013

Please explain this form to parents if there is interest and opportunity. It will be useful to retain a copy for your records. Please forward to the address overleaf.



Australian Spasticity Assessment Scale (ASAS)

Love SC, Gibson N, Blair E

- 0 No catch on rapid passive movement (RPM) (no spasticity).
- 1 Catch on RPM followed by release. There is no resistance to RPM throughout rest of range.
- 2 Catch occurs in second half of available range (after halfway point) during RPM and is followed by resistance throughout remaining range.
- 3 Catch occurs in first half of available range (up to and including the halfway point) during RPM and is followed by resistance throughout remaining range.
- 4 When attempting RPM, the body part appears fixed but moves on slow passive movement.

NB Contractures do not need to be recorded on this form.

Part II: FUNCTION AND ASSOCIATED IMPAIRMENTS

Please indicate Gross Motor Function Classification System E&R level (Palisano et al, 2007):

GMFCS: Level I Level II Level III Level IV Level V

Please indicate Manual Ability Classification System level (Eliasson et al, 2006):

MACS: Level I Level II Level III Level IV Level V

Please indicate associated impairments present in this child:

Intellectual: IQ / DQ or severity range _____
 Normal Method of assessment / Date assessed _____
Comments _____

Epilepsy: Previously, but now resolved _____
 None Seizure type(s) if current _____
Age at onset _____

Visual: Some impairment _____
 Normal Bilateral blindness _____
Strabismus _____
Uncertain _____

Hearing: Some impairment _____
 Normal Bilateral deafness _____
Uncertain _____

Speech: Some impairment _____
 Normal Non-verbal _____
Uncertain _____

Swallowing: Modifications required (eg, special spoon, food thickening) _____
 Normal Non-oral feeding _____
Uncertain _____

Please forward to: Western Australian Register of Developmental Anomalies - CP
King Edward Memorial Hospital, PO Box 134, Subiaco WA 6904

PTO 