## CHILDREN WITH DEVELOPMENTAL DELAY FROM 0-6 MONTHS OF AGE/ NICU PERFORMAS

Name:		DOB:		
Vedio recording date:	BW:	Gestational age:	HC:	
Behavioural State (if preterm	or term age (0-2mn	th)): Active wakefulness	active sleep	
Global Assessment	Sequ	<u>ience</u>		
Normal		Variable		
Poor repertoire		Monotonous/broken		
Cramped Synchronized		Synchronised		
Chaotic		Disorganised		
Hypo kinetic				
Observed Movement Patterns(3 to 5 Months): Awakefulness state is mandatory				
Fidgety movement : Absent	Normal	Abnormal		
Kicking: Normal Abnormal				
Mouth movement: Normal Abnormal				
Tongue movement: Normal Abnormal				
Smile: Typical Atypical				
Head rotation: Normal Abnormal				
Hand -mouth contact: Normal Abnormal				
Hand-hand contact: Normal	Abnormal			
Fiddling/cloths, blanket: Normal Abnormal				
Foot-foot contact: Normal Abnormal				
Leg lift: Normal	Abnormal			
Arching: Normal	Abnormal			
Eye hand regard: Normal	Abnormal			
Observed Postural Patterns(3 to 5 Months): Awakefulness state is mandatory				
Head in midline: Normal Abnormal				

## CHILDREN WITH DEVELOPMENTAL DELAY FROM 0-6 MONTHS OF AGE/ NICU **PERFORMAS Could be Overcome:** Spontaneous ATNR: Absent Body and limbs Flat ob surface: Normal Abnormal Predominant fisting: : Normal Abnormal Synchronised opening and closing of fingers: : Normal Abnormal Finger spreading: : Normal Abnormal Hyperextension of the trunk: Normal Abnormal Hyperextension of the neck: Normal Abnormal Movement Character (3 to 5 Months): Awakefulness state is mandatory Smooth Fluent Monotonous **Tremulous** Stiff Cramped –synchronized Predominantly slow speed Fast speed large amplitude small amplitude **Tone Assessment** Muscle group involved: Modified Ashwoth Scale: **Developmental Assessment Gross Motor** Fine motor <u>Language</u> Personal social **Current Functional Status:** Neonatal Reflexes: (Age appropriate)

JSS CPT, Department of Paediatric Physiotherapy

Persisted:

Integrated:

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Cardio Vascular asses	<u>sment</u>
BP:	
PR:	
RR:	
Type of breathing:	
Bowel sounds:	
Clinical Goal Setting	
Short term Goal	Long Term

Interpretation/Diagnosis:

## Progress Report(every 15 days)

- When complete head lag comes to partial head lag
- Baby can come quarterly from supine to prone
- When there is present fluent and elegant movement of proximal and distal rotatory components of upper limb and lower limb
- When shoulder and hip starts cover the entire plane
- If tremulous movement starts present unilaterally or bilaterally in upper limb or lower limb
- Cramped component in upper or lower extremities occasionally or predominantly present.