Name: DOB: CTN#:

GROWTH AND DEVELOPMENT

Date:_____

Diagnosis: _____

GMFCS: MACS:

OT Last G&D Appointment: _____

PT Last G&D Appointment: _____ Last Hip X-ray:_____

Verbal consent was obtained for this assessment and was provided by:

Name:_____ Relationship:_____

Team Members Present:

Clinicians: _____

Client Support:_____

Any change in medical status:

☐No ☐ Yes ☐ N/A

Any change in medication that is impacting function:

☐No ☐Yes ☐ N/A

Parent Update:

Tell me about your child:
What does your child like to do for FUN*?

How are they involved in FAMILY* life?

Tell me about how your child FUNCTIONS*?

Tell me about your child's FRIENDS*?

How does your child participate in FITNESS*?

What do you see in your child's FUTURE*?

Physical Assessment Needed:

☐ Yes (see below) ☐Not Required

Summary/Analysis:

Occupational Therapy Intervention Types

Status 1☐ 2☐ 3☐

☐Activity Based	☐Home Program	☐School Connection	☐Group:
☐Home and Community Evaluation	☐Parent Workshop	☐Episodic Intervention	☐OTA:

Physiotherapy Intervention Types

Status 1☐ 2☐ 3☐

☐Activity Based	☐Home Program	☐School Connection	☐Group:
☐Home and Community Evaluation	☐Parent Workshop	☐Episodic Intervention	☐PTA:

Handouts provided:

☐No ☐ Yes (specify):

Other Recommendations:

☐No ☐ Yes (specify):

Referrals required:

☐No ☐ Yes (specify):

Next OT G&D Appointment: _____

Next PT G&D Appointment: _____ Next Hip X-ray:_____

Verbal consent was obtained for this treatment plan and was provided by:

Name:_____ Relationship_____

Therapist Signature_____ Date_____

*Rosenbaum, P., & Gorter, J. W. (2012). The 'F-words' in childhood disability: I swear this is how we should think!. *Child: care, health and development*, *38*(4), 457-463.

https://www.canchild.ca/f-words

Name: DOB: CTN#:

Occupational Therapy and Physiotherapy Physical Assessment

Abbreviations: Within normal limits (WNL), Not Tested (NT), Passive range of motion (PROM), PROM fast velocity (R1), PROM slow velocity (Muscle Testing (MMT)

Range of Motion, Tone, and Strength

Observations:

Tone Assessment Scale: ☐Australian Spasticity Assessment Scale ☐Modified Ashworth Scale

Body Part	Action	Right				LEFT			
		R1	R2	TONE	MMT	R1	R2	TONE	MMT
HIP	Flexion (110-120) Extension (10)								
	Abduction (30-50)								
	Adduction (20-30)								
	Internal Rotation (30-45)								
	External Rotation (60-80) Anteversion/Ryer's/Craig's Test								
	Thomas Test								
Knee	Flexion (110-120)								
	Extension (0)								
	Popliteal Angle								
	Ely's Test								
Ankle	Dorsiflexion: gastrocs (20)								
	Dorsiflexion: soleus (20)								
	Plantarflexion (50)								
Shoulder	Flexion (160-180)								
	Extension (50-60)								
	Abduction (160-180)								
	Adduction (50-75)								
	Internal Rotation (60-100)								
	External Rotation (70-80)								
Elbow	Flexion (140-150)								

	Extension (0)								
	Pronation (80-90)								
	Supination (70-90)								
Wrist	Flexion (70-85)								
	Extension (70-85)								
	Ulnar Deviation (30)								
	Radial Deviation (15)								
Hand	Fingers								
	Thumb								
	Position at rest								

Orthopaedics:
Assessed by: ☐OT ☐ PT
Observations:

Gait:
Assessed by: ☐OT ☐ PT
Assistive Devise:_____ Orthotics:_____
Type of Gait:_____
Observations:

Seating and Positioning:
Assessed by: ☐OT ☐ PT
Observations:

Gross Motor:
Assessed by: ☐OT ☐ PT
Observations:

Stairs (ascending):_____Stairs (descending):_____

Transitions/transfers**:**

AIM Score_____

Balance

Jumping

Other:

Fine Motor:
Assessed by: ☐OT ☐ PT
Hand Preference:_____
Observations:

Play:
Assessed by: ☐OT ☐ PT
Observations:

Sensory:
Assessed by: ☐OT ☐ PT
Observations:

Taking Care of Myself:
Assessed by: ☐OT ☐ PT

Activities of Daily Living:

Feeding:

Sleeping:

Name: DOB: CTN#:

Outcome Measures: ☐OT ☐ PT

Signature:_____ Date _____