

PRCA NEUROLOGICAL OUTCOME
Infant Version (Up to 3 years old)

IDENTIFYING DATA

Location Assessment: In-patient Out-patient clinic

Date of assessment (yyyy-mm-dd): _____ **Age of child:** _____ yr _____ mo

Neurologist Name (Print): _____

INSTRUCTIONS: Check appropriate column for each item: Normal, Abnormal, or Not Done (includes not age appropriate item). Guidelines for Scoring are given as suggestions, and need not be viewed as absolute criteria for scoring.
For Abnormal items score severity, based on your clinical judgment (1- mild; 2 - moderate; 3 - severe)

LEVEL OF CONSCIOUSNESS

TEST ITEM	Normal	Abnormal	Notes
Level Of Consciousness			

BEHAVIOR, MENTAL STATUS

TEST ITEMS	Normal	Abnormal	Not Done	Guidelines for Scoring
Activity Level				Excessively quiet, hyperresponsive, fidgety – age dependent
Interpersonal Interaction				With parents and examiner
Cooperation				Age dependent
Attention				Age dependent
Affect				Extremely shy, withdrawn totally flat, gaze avoidance
Object Permanence				

LANGUAGE

TEST ITEMS	Normal	Abnormal	Not Done	Guidelines for Scoring
Receptive language				6 mo orients to sound 10 mo inhibits to “no” 12 mo one-step command with gesture 16 mo one-step command without gesture, points to body parts 24 mo two-steps, points to named pictures
Expressive language development				By 12 mos. - 1-2 words 12-18 mos. - single words 2 years - 2 word phrase 3 years - 3 word sentences, 200 words
Comments				

Modified from PSOM: Pediatric Stroke Outcome Measure-Neuro. Exam. Children’s Stroke Program, Hospital for Sick Children, Toronto, Canada. G. deVeber, D. MacGregor, R. Curtis, T. Soman, R. Ichord et al. Version October 2003, format revised March 2007

CRANIAL NERVES

TEST ITEMS		Normal	Abnormal	Not Done	Guidelines for Scoring and Notes (Describe Abnormalities)
Visual Fields / Vision	Left				Facing patient at 2–3 ft encourage to stare at your eyes and tell when they see object come into view from side (or note gaze shifting toward object)
	Right				
Pupillary Light Reflex	Left				Direct and Consensual
	Right				
Funduscopy	Left				Note Abnormalities:
	Right				
Ocular Motility	Left				Move pen or red object or light smoothly from right to left and back testing full range. Watch for nystagmus or dysconjugate eye movements
	Right				
Facial Movements	Left				Observe smile, observe mouth symmetry during vocalization. Listen to speech quality, observe eye closure for symmetry
	Right				
Hearing	Left				Finger-rub for infants or whisper at 2 - 3 feet away.
	Right				
Swallow					Based on history or observation
Palate and gag	Left				Observe during open mouth crying or demonstrate with tongue protruded 'Say 'ahhhhh.' Listen to voice quality
	Right				
Head/neck control					
Handling secretions					

GROSS MOTOR Testing

Developmental Gross Motor Use this table only for children who can walk independently

TEST ITEMS - Posture & Mobility Skills	Normal	Abnormal	Not Done	Comments
Central Tone: Head lag on 'pull-to-sit'				
Central Tone: Slip Thru On Vertical Suspension				
Central Tone: Tone on Ventral Suspension				
Rolls Over (Front To Back)				
Rolls Over (Back To Front)				
Sits Alone				
Moves From Laying To Sitting Unassisted				
Weight-Bearing, Supported				
Walks Holding On				
Walks Independently				

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MOTOR TESTING

	POWER AND TONE				INVOLUNTARY MOVEMENTS*	
	Normal	Abnormal	Not Tested	Comments	Normal (None)	Abnormal (Present)
Neck/Trunk Muscles						
Right Arm						
Proximal						
Distal						
Left Arm						
Proximal						
Distal						
Right Leg						
Proximal						
Distal						
Left Leg						
Proximal						
Distal						

***Type(s) of Involuntary Movements Seen**
Check all that are present

TYPE	Comment
Head/neck tremor	
Limb Tremor	
Choreoathetosis	
Dystonic Posturing	
Tics	
Myoclonus	

TENDON REFLEXES

TEST ITEMS		Normal	Abnormal	Not Done	Comments
Biceps	Left				
	Right				
Triceps	Left				
	Right				
Quadriceps	Left				
	Right				
Ankle Jerk	Left				
	Right				
Babinski	Left				
	Right				
Elicited Ankle Clonus	Left				
	Right				

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FINE MOTOR / COORDINATION

TEST ITEMS		Normal	Abnormal	Not Done	Guidelines for Scoring
Pincer Grasp	Left				Encourage to pick up small 2–3 mm. ball of rolled up paper
	Right				
Reaching for object	Left				Observe for unusual or asymmetric tremor on reaching for object
	Right				
Sitting Balance					
Standing Balance					
Comments:					

SENSORY

TEST ITEMS		Normal	Abnormal	Not Done	Comments
Light Touch	Left				
	Right				
Pin Prick or Cold	Left				
	Right				

GAIT

Test Only if walking without support

TEST ITEMS	Normal	Abnormal	Not Done *	Comments
Gait Walking				
Gait Running				
Climbing up 5 stairs				

*Not Done includes skills that are not developmentally appropriate for the child's current age.

Other Comments:

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GLOBAL Assessment Score

Summarize and grade your impressions in the following 6 categories: Circle the score in each category that best represents your final impression of your exam findings:

A. Sensorimotor Deficit Score

	<u>Left side</u>	<u>Right side (score each side separately)</u>
None	0	0
Mild but no impact on function	1	1
Moderate with some functional limitations	2	2
Severe or Profound with missing function	3	3

Identify all the Sensorimotor Deficits that you observed

- Abnormality of tone Quadripareisis Hemiparesis Sensory deficit
 Global delay in gross motor skill attainment Global delay in fine motor skill attainment

B. Other motor or sensory deficit (includes cranial nerve deficits)

None	0
Mild but no impact on function	1
Moderate with some functional limitations	2
Severe or Profound with missing function	3

For items scored in Category B, identify all types of Other Sensorimotor Deficits that you observed:

- Vision impairment Difficulty with drinking, chewing or swallowing Ataxia
 Movement disorder Other, describe

C. Language Deficit – Production (including dysarthria)

None	0
Mild but no impact on function	1
Moderate with some functional limitations	2
Severe or Profound with missing function	3

D. Language Deficit - Comprehension

None	0
Mild but no impact on function	1
Moderate with some functional limitations	2
Severe or Profound with missing function	3

E. Cognitive Deficit

None	0
Mild (little impact on daily function)	1
Moderate with some functional limitations	2
Severe or Profound with missing function	3

F. Behavioral Deficit (specify which)

None	0
Mild (little impact on daily function)	1
Moderate with some functional limitations	2
Severe or Profound with missing function	3

For Categories E & F, describe the cognitive or behavioral deficits that you observed:

Other comments regarding scoring:

TOTAL SCORING: _____ / 21