

PHYSICAL THERAPY EVALUATION

NAME: [REDACTED]
D.O.B.: 9/26/75
D.O.E.: September 17, 1981

BACKGROUND INFORMATION: [REDACTED] is a six year old girl who regularly attends the Fundamental Responding Skills class taught by Mrs. Melissa MacKenzie. [REDACTED] has a diagnosis of encephalopathy of unknown origin, spastic diplegia, some autistic like behaviors and global developmental delay. Presently, [REDACTED] lives at home with her mother.

PHYSICAL EXAMINATION REVEALED THE FOLLOWING:

TONE - Midly increased throughout the body except for the lower extremities which appear to be moderately increased (expecially adductor, hamstring and gastroc. muscle groups). There is bi-lateral clonus.

ROM: Continues to be within normal limits except for hamstring tightness (SLRing 60° bilaterally) and tight heel cords.

RELEXES: No residual primitive reflexes elicited. Protective and equilibrium responses are positive in sitting to the front and sides negative to the rear and they are negative in standing.

INTERPRETATION OF ASSESSMENT RESULTS:

In all test items, [REDACTED] was given guidance to perform the task to a normal pace.

Test Item #1 See.Hear.Guide/Hip Flexion - By having [REDACTED] seated in a chair, the negative effect of her spasticity was minimized. As a result, [REDACTED] was able to perform at a pace of 50-100/minute. This rate indicates that [REDACTED] is ready to move onto the "Nudge" channel which would help to strengthen the hip flexors. (At present, [REDACTED] exhibits weakness in this muscle group bilaterally.) NORMAL PACE: 130-140/min.

Test Item #2 See.Hear.Guide/Knee Extension - Again, having [REDACTED] seated, minimizes the effect of spasticity and allowed Keri to obtain a pace of 40-80/minute. It should be noted that full knee extension was not obtained due to tightness in the hamstring muscle group. However, the rates obtained indicate that [REDACTED] is ready to progress to the "Nudge" channel to strengthen the Quadriiceps muscle group. NORMAL PACE: 70/80 min.

Test Item #3 See.Hear.Guide/Trunk Rotation Side Sitting -While near normal pace was achieved, the lack of growth over the test period may be indicative of [REDACTED]'s inability to rotate her trunk due to truncal spasticity as well as her difficulty in independently maintaining the test position (side-sitting). It is recommended that the item be broken down into components and assessed separately at a later date.

Test Item #4 See.Hear.Guide/Lifts Head in Supine - Normal pace was achieved indicating [REDACTED]'s readiness to move on to the "Nudge" channel. This skill is important since it requires stabilization by the body as well as significant upper trunk strength. It is an important developmental milestone which is often overlooked.

Test Item #5 See.Hear.Guide/Lifts head in prone. [REDACTED] continues to perform to normal pace indicating a progression to "Nudge". (NORMAL PACE 64-100/min.)

Test Item #6 See.Hear.Guide/Walk on Knees (with/Chair for Support) - [REDACTED] performed below normal pace (NORMAL PACE: 128-144), however, significantly less guidance was provided by nature of the activity, indicating that [REDACTED] performed the skill quite well. These results further imply marked potential for ambulation with balance aids or assistive devices. They also imply that [REDACTED] requires input in the area of equilibrium and balance.

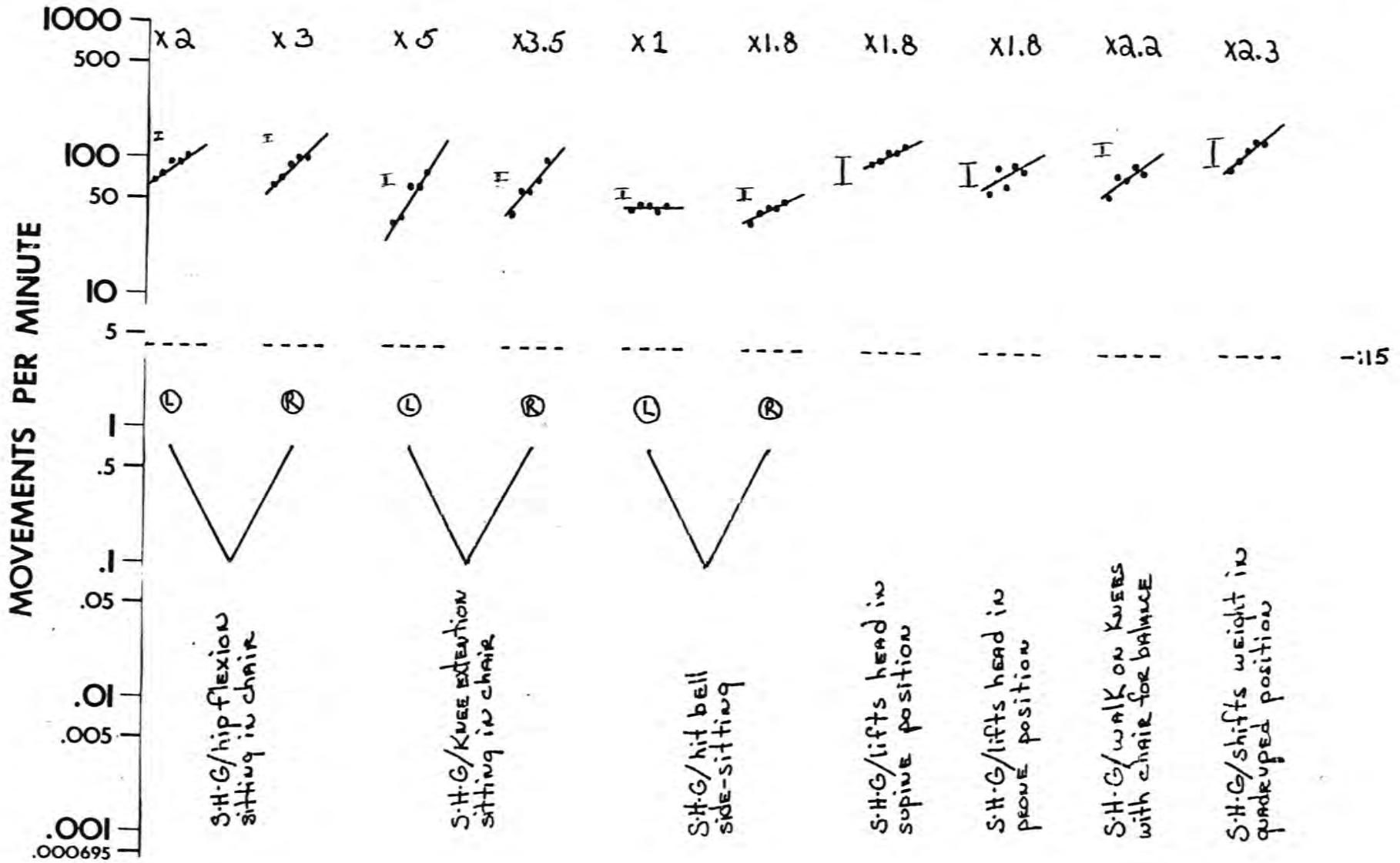
Test Item #7 See.Hear.Guide/Shifts Weight in Quadruped - [REDACTED] performed in the NORMAL RANGE (110-120) for this activity indicating her readiness for the "Nudge" channel. This activity is also an important precursor to ambulation and high performance again implies potential for improved balance and ambulation.

Clinical Observations: [REDACTED] is generally cooperative for therapy sessions. She does become frustrated however, if unable to move about freely for extended periods of time. [REDACTED] continues to exhibit a hands in mouth behavior which at times interferes with programs.

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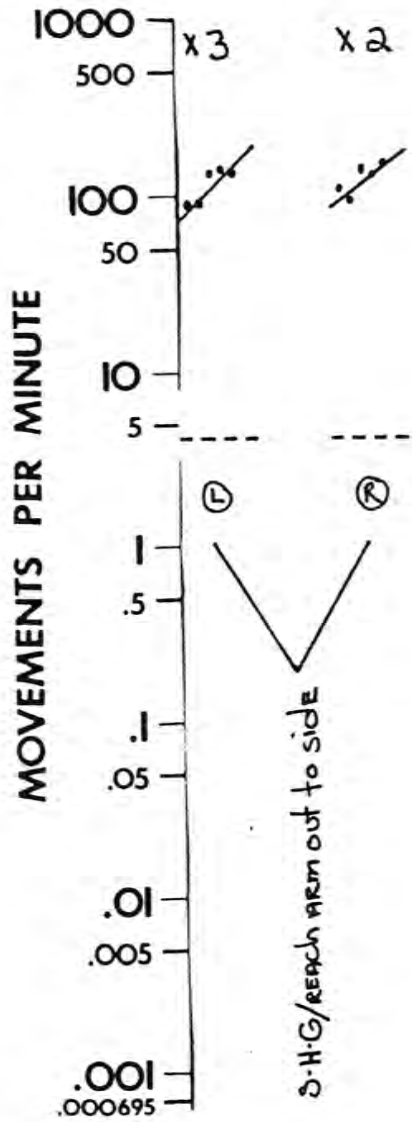
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