Final v.2 5/11/17

Cerebral Palsy Clinical Screening Tool



Focus: Screening and Assessment Tool to Guide Treatment and Services

Patient Name:					Date of Birth: Today's Date:				
Cerebral Palsy Defined									
Movement, tone, and/or posture dysfunction secondary to abnormalities of the developing fetal or infant brain	Signs and symptoms of CP overlap with many other conditions; slowly progressive neurodegenerative disorders can be mistaken for CP		It is the most common cause of childhood disability- occurs in 2/1000 live birth		Risk factors/ etiology can be prenatal, perinatal, postnatal, and prematurity	Diagnosis is combination findings: mo persistence of reflexes, and postural r	n of clinical otor delay, of primitive d abnormal	Clinical signs evolve as the nervous system matures and a definite diagnosis of CP typically requires serial examination	
Assessment Finding			Yes	No	Pediatrician Instructions:				
Poor head control (motor)					Fill in Patient Name, date of birth and today's date on line above				
Floppiness, Hypotonia (motor)									
Stiffness, Hypertonia (motor)					2. Complete the Assessment Findings section; checking the boxes				
Lie or sit in awkward positions (motor)									
Delay in sitting, crawling, walking (motor)					3. Please fax this sheet, patient demographics sheet, office information, and CHOA referral form to:				
Asymmetric crawling or toe-walking (motor)									
Persistence of primitive reflexes (motor)									
Early handedness (prefer one hand by 1 year of age) (motor)					404-785-9	404-785-9111 or call 404-785-DOCS to discuss			
Poor coordination and balance (motor)						Motor	Delay De	efined	
Involuntary movements (motor)						Failure to achieve motor milestones (e.g. independent sitting, crawling,			
Exaggerated reflexes/hyperreflexia (motor)					walking, balance, use of hands)				
Easily or frequently st	artled					within n	ormal age	e range	
Prenatal exposure to alcohol, tobacco or illicit drugs					Patient have motor delay PLUS one of the other				
Maternal pregnancy infections									
Multiple gestation (twins,etc.)									
Born prematurely?									
Born with very low birth weight?									
Low Apgar at 5/10/20 minutes?						findings?			
Known structural brain lesion? (i.e. HIE, stroke)					VEC. NO.				
Difficulty feeding and/or sucking						YES		NO	
Visual impairment?									
History of seizures?					This information will be routed to			Referral to General Neurology Clinic	
Have a Baclofen pump? Phenol Injections?					the app	the appropriate CP specialty/clinic (not in the CP settings setting)			
Have received Botox Injections?									
Had a Selective Dorsal Rhizotomy?									