

Appendix D

Participant ID: \_\_\_\_\_

DOB: \_\_\_\_\_

Age at Assessment: \_\_\_\_\_

|   |  |                  |   |
|---|--|------------------|---|
| <b>Date</b>   |  | <b>Examiner:</b> |   |
| <b>CLASSIFICATION</b>   |  |                  |   |
| CP motor type:  | 1 <sup>st</sup>                        | 2 <sup>nd</sup>  | Comments:   |
| No. of limbs involved   | Comments:                              |                  |   |
| GMFCS level   | Comments:                              |                  |   |
| FMS level   |  |                  |   |
| Handedness  | Right / Left / Mixed                   |                  |   |
| MACS  |  |                  |   |
| Preferred sitting position  | W-sitting<br>Long sitting- symmetrical | Ring sitting     | Side sitting- right left<br>Asymmetrical (right/left) |
| <b>STANDING</b>   |  |                  |   |
| Unaided/ Aided  | Equipment Used:                        |                  |   |
| <b>GAIT</b>   |  |                  |   |
| Unaided/ aided Typically developing <b>Comments:</b>                                      |  |                  |   |
| <b>Gait pattern:</b> True Equinus/ Apparent Equinus / Jump Knee / Crouch gait; Gage Type: |  |                  |   |
| <b>SUPINE</b>   |  | <b>Comments</b>  |   |
| Thomas Test (FFD)   |  |                  |   |
| Abduction in Flex   |  |                  |   |
| Dynam Abd in Flex   |  |                  |   |
| Abduction in Ext  |  |                  |   |
| Dynam Abd in Ext  |  |                  |   |
| Popliteal angle   |  |                  |   |
| Dynamic Hamstrings  |  |                  |   |
| Kn Exten (Hip 0 deg)  |  |                  |   |
| Dorsiflex (Kn in Ext)   |  |                  |   |
| Dynam DF (Kn in Ext)  |  |                  |   |
| <b>PRONE</b>  |  |                  |   |
| Hip Int Rotation  |  |                  |   |
| Hip Ext Rotation  |  |                  |   |
| Femoral Neck angle (FNA)  |  |                  |   |
| Staheli test  |  |                  |   |
| <b>SPINE</b>  |  |                  |   |
| Scoliosis   | Yes / No                               | Convex to R/L    |   |
| Rotation  | Yes / No                               | To R / L         |   |
| Spondylolisthesis   | Yes/ No                                |                  |   |
| Other   | Yes/No                                 |                  |   |
| <b>Current skills:</b>  |  |                  |   |
| <b>Medical Hx Check:</b>  |  |                  |   |
| Past surgery  |  |                  |   |
| Pain levels   |  |                  |   |
| Seizures  |  |                  |   |
| Medication  |  |                  |   |
| Botox   |  |                  |   |
| Past therapy  |  |                  |   |
| Compliance in therapy   |  |                  |   |
| <b>Comments:</b>  |  |                  |   |
| <b>Spine at Risk: Yes/ No</b>   |  |                  |   |
| <b>Action:</b>  |  |                  |   |