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Onward**

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Malamulele Onward CP Assessment Form

User Instructions

This document will guide you through completing and using the CP Assessment Form available on the Malamulele Onward website. It follows the International Classification of Functioning, Disability and Health (WHO, 2002) framework in approach in order to create a clinical picture that is focused on participation restrictions rather than the disability itself.

The Purpose of the Form

We know that in reality many CP Clinics have large numbers of children to treat, often with very few therapists available. In our experience large amounts of time can be wasted as a result of inefficient systems such as extensive assessment forms that take hours to complete and take too long to read through when the child returns for treatment. This form is designed to achieve four goals:

1. To minimise the amount of time it takes to assess the child and complete the form
2. To allow for a clinical picture and therapy plan to develop over a number of sessions
3. To create one page that a therapist can refer to in order to know what they should do in their session with the child
4. To provide a concise method of tracking the child's progress over time.

Page 1

This page contains the demographic information of the child and is designed so that the whole page can be filled in by either a Parent Facilitator, a Community Health Worker, the child's caregiver themselves (if they are able to read and write) or any other person available to assist. All information on this page does not require any knowledge about CP, just a basic level of literacy. Having all this information on one page that can be filled in by someone else will save therapists valuable time when assessing children with CP.

Page 2

This page contains the classification details and the information regarding equipment. For the classification scales, the basic descriptions of each level are included so that the therapist can easily circle the most appropriate level for the child in each classification system without having to refer to each separate classification document. The equipment status table allows you to track the child's equipment needs, orders and status.

Page 3

This page is an adaptation of the ICF and is designed to create a one page picture of the child, their abilities and the goals for their therapy. This must be filled out by a therapist and the goal is that any new therapist should be able to look at this page and immediately have direction for continuing the treatment of that child.

As each therapist (Physio, OT and Speech) assesses the child, they contribute to the relevant sections of the form. This not only ensures that each therapists goals for the child are aligned, but that each therapist can see how other aspects of the child's CP will affect what they do in therapy. For example, problems identified by a physiotherapist may help the speech therapist understand why the child's sound production is poor.

Page 4

This page is an adaption of the functional skills checklist, however it allows a therapist to just tick the relevant boxes without needing to write anything. This page could be taught to a Parent Facilitator or similar worker in order to save further time when assessing children. At the bottom, the caregiver selects three areas where they would like to see change in and then on a scale of 0 to 10 (where 0 means the child cannot do it and 10 means the child can do it well) they rate how they think the child is performing that activity at present. This step usually requires a lot of explanation for the caregiver to answer realistically. It is preferable that a therapist complete this bottom section.

Page 5

This page serves to briefly record each session that the child attends at the hospital and does not require much writing, but does make it easy for the next therapist to track the child's journey through therapy.

CP Clinic Assessment & Profile

Date of Assessment:	10 October 2013
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DEMOGRAPHIC & SOCIAL DETAILS

Can be filled in by a Parent Facilitator or the caregiver

Child's name	Lihle Masiko		
Date of birth	20 January 2005	Sex	<input checked="" type="radio"/> M / F
Caregiver's name	Nosipho Masiko	Relationship	Mother
Tel No 1	078 525 6437	Tel No 2	078 521 0898
Address	Cuba Location, Butterworth		
Is the child receiving a grant?	<input checked="" type="radio"/> Y / N	What type of grant?	Disability
Is the child attending a school?	Y / <input checked="" type="radio"/> N	If no, why not?	Busy trying to get the child into Ikwezi Lokusa

Relevant birth & medical history

Was the child born at full term or how many months? **Full term**

Was it a natural birth or C-section? **C-Section**

Were there any complications at birth?

Did the child cry immediately after birth? **Yes**

Other information? **Birth weight 4.4 kg**

Does the child have fits?	Y / <input checked="" type="radio"/> N	Is the child on medication for fits?	Y / N
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Social information

Who lives with you and the child? **Grandmother and Lihle's sister**

Who helps you care for the child at home? **Grandmother**

How many other children are you caring for? **1 - 8 years old**

Is your house near the road? **Yes**

Do you have water and electricity? **Yes**

Caregiver's main concerns for the child:

What are you concerned about for your child?

His walker is too small and he won't use the wheelchair

Wetting his bed at night

CLASSIFICATION DETAILS

CP Subtype and distribution	Moderate spastic quad (LL more affected)
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GMFCS	
1	Can walk, run and jump. Can climb stairs without holding onto anything.
2	Can walk. Can climb stairs holding onto the wall/railing.
3	Can walk independantly with a hand held device or can self-propel a wheelchair.
4	Can move along the floor. Can roll from stomach to back and back to stomach.
5	Cannot move along the floor or roll.

CFCS	
1	Effective Sender and Receiver with unfamiliar and familiar partners.
2	Effective but slower paced Sender and/or Receiver with unfamiliar and/or familiar partners.
3	Effective Sender and Receiver with familiar partners.
4	Inconsistent Sender and/or Receiver with familiar partners.
5	Seldom effective Sender and Receiver even with familiar partners.

MACS	
1	Handles objects easily and successfully.
2	Handles most objects but with somewhat reduced quality and/or speed of achievement.
3	Handles objects with difficulty; needs help to prepare and/or modify activities.
4	Handles a limited selection of easily managed objects in adapted situations.
5	Does not handle objects and has severely limited ability to perform even simple actions.

EDACS	
1	Eats and drinks safely and efficiently.
2	Eats and drinks safely but with some limitations to efficiency.
3	Eats and drinks with some limitations to safety; there may be limitations to efficiency.
4	East and drinks with significant limitations to safety.
5	Unable to eat or drink safely - tube feeding may be considered to provide nutrition.

EQUIPMENT STATUS

Equipment	Needs it (tick)	Order form completed (date)	Order sent (date)	Equipment Issued (date)	Follow-up date given (tick)	Followed-up at home (date)
Buggy						
Wheelchair	✓	11/6/2014	31/6/2014	14/5/2015	✓	22/11/2015
Posture Chair						
Standing Frame	✓	7/8/2016	28/8/2016			
Bench	✓	7/8/2016	28/8/2016			
Rollator Too small	✓	11/6/2014	31/6/2014	14/5/2015	✓	22/11/2015
Splints for hands						
Soft splints for arms/legs						
Orthotics						

THE THERAPY PLAN (Using ICF Framework)

Body Structure & Function

How does CP affect this child's body, quality of tone and movement?
What associated impairments are interfering?

Stiffness in LLs more than ULs. Weakness in trunk. Fearful/insecure of movement especially when sitting/standing. Increased tone in LL affects his walking pattern. Active hip flexion with trunk ext is poor. No associated impairments, but learning seems a bit slow. Threatening tightness in knees.

Factors affecting the child's ability to participate



Activity Limitations

What actions or tasks can this child not do independently?
What actions or tasks can this child nearly do?

Cruise along a wall/furniture. Can colour/scribble. Can throw and catch a ball with minimal support on a bench - can nearly throw and catch independently on a bench. Can nearly balance on an unstable surface sitting. Can nearly stand and kick a ball without support.

Participation Restrictions

What problems does this child experience in being included in daily activities, making decisions, family and life situations, or community activities?

He cannot keep up with other children his age, he is slow at performing his ADLs and needs help in some of them such as putting on his pants and shoes, his fear of movement limits the activities that he chooses to engage in. He is behind his peers in school readiness because he has not been placed in a school yet.

Preparation Goals

What preparation does this child's body require for function?

He needs to be loosened through big movements, twisting, massage and stretch. Activate trunk.

Functional Goals

What goals are you working on for this child for the next 6 months?
What are the next steps to seeing this child improve?

- **To improve Lihle's trunk stability and dynamic sitting balance when on a bench through playing ball games, shifting around the bench and climbing on and off the bench.**
- **To maintain the ROM in his LL's so that he does not develop any deformities that will affect his gait.**
- **To prepare Lihle for school through desktop activities such as colouring, cutting, matching and basic concepts.**

Personal Factors

What factors specific to the child are influencing their participation?
(age, weight, gender, motivation, behaviour, stage of play, likes/dislikes)

Lihle is motivated, well behaved and likes company. His cognitive functioning is age appropriate. He communicates well even though his speech is a little slow. He is a healthy weight.

Factors affecting the child's ability to reach their potential



Environmental Factors

What factors outside of the child's control are impacting on the child's participation?
(family, cultural beliefs, physical environment, finances, school requirements, play mates, parent's level of education)

His mother does everything for him & treats him like a baby - she does not challenge his abilities. His house has one open room for him to use his walker. Lihle is still not in school and really should be. His mom seems unable to teach him school readiness skills.

FUNCTIONAL ABILITIES SCALE

Dressing/Undressing	Unable to do it	Needs a lot of help	Almost independent ✓	Independent	Too young
Going to the toilet alone	Uses nappies	Needs help	Independent with the right equipment ✓	Independent ✓	
Can indicate need to go to toilet?	Unable to do it	Knows when needs a change	Yes ✓		
Grooming	Unable to do it	Needs a lot of help	Almost independent ✓	Independent	Too young
Bathing	Unable to do it	Needs a lot of help	Almost independent ✓	Independent	Too young
Drinking	Spoon fed by caregiver	Bottle fed by caregiver	Cup fed by caregiver Cut out / regular	Independent with adapted cup etc	Independent ✓
Feeding	Cup fed by caregiver	Spoon fed by caregiver	Uses hands to eat independently ✓	Uses spoon independently ✓	Other
Food textures	Soft pureed food	Soft food with lumps	Eats all foods ✓	Comments:	
Rolling/changing position	Unable to do it	Needs a lot of help	Almost independent	Independent ✓	Too young
Sitting	Unable to do it	Needs a lot of help	Almost independent	Independent ✓	Too young
Crawling/moving along the floor	Unable to do it	Needs a lot of help	Almost independent	Independent ✓	Too young
Standing	Unable to do it	Needs a lot of help	Almost independent	Independent ✓	Too young
Walking	Unable to do it	Needs a lot of help	Almost independent ✓	Independent	Too young
Communication - expressive	Not communicating	Uses basic sounds/gestures	Effective only with familiar partners	Effective communication ✓	Uses AAC
Communication - receptive (understand what others are saying)	Minimal understanding	Knows familiar routines	Understands most things	Understands everything ✓	
Playing	Unable to do it	Needs a lot of help	Almost independent	Independent ✓	
What are the three activities the caregiver would like to see changes in?	1. Walking 2. Dressing 3. Colouring	How does the caregiver think that the child is performing in these activities now? (circle the correct number)	1. 0 1 2 3 4 5 6 7 8 9 10 2. 0 1 2 3 4 5 6 7 8 9 10 3. 0 1 2 3 4 5 6 7 8 9 10		

Follow up	Date: 9 October 2016
Progress since last visit and any new concerns: Lihle was able to play ball games on the bench without becoming fearful today. His knees are still looking good in terms of ROM.	
Intervention - what did we do today? Ball activities in high sitting. Lots of transitions on and off the bench, climbing over the bench, etc. Finished with some drawing at a table while sitting on a bench.	
Plan - what needs to be done or followed up? He needs a new rollator as his is too small. Check what has happened with his school application.	

Follow up	Date:
Progress since last visit and any new concerns:	
Intervention - what did we do today?	
Plan - what needs to be done or followed up?	

Follow up	Date:
Progress since last visit and any new concerns:	
Intervention - what did we do today?	
Plan - what needs to be done or followed up?	

CP Clinic Assessment & Profile

Date of Assessment:	10 October 2013
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DEMOGRAPHIC & SOCIAL DETAILS

Can be filled in by a Parent Facilitator or the caregiver

Child's name	Iviwe Mqibelo		
Date of birth	10 April 2010	Sex	M / <input checked="" type="radio"/> F
Caregiver's name	Thembela Mqibelo	Relationship	Grandmother
Tel No 1	084 877 9034	Tel No 2	071 240 8678
Address	Nqeleni Location		
Is the child receiving a grant?	<input checked="" type="radio"/> Y / N	What type of grant?	Care Dependency
Is the child attending a school?	Y / <input checked="" type="radio"/> N	If no, why not?	She is in nappies - schools won't take her

Relevant birth & medical history

Was the child born at full term or how many months? 37 weeks

Was it a natural birth or C-section? NVD

Were there any complications at birth? Prolonged labour

Did the child cry immediately after birth? No, had seizures

Other information? Birth weight 2.63 kg

Does the child have fits?	<input checked="" type="radio"/> Y / N	Is the child on medication for fits?	<input checked="" type="radio"/> Y / N
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Social information

Who lives with you and the child? Grandfather, 2 uncles and 2 other young children

Who helps you care for the child at home? No one

How many other children are you caring for? 2

Is your house near the road? No

Do you have water and electricity? There's a tap near by, no electricity

Caregiver's main concerns for the child:

What are you concerned about for your child?

She can't sit and she can't reach out

CLASSIFICATION DETAILS

CP Subtype and distribution	Dystonic Quad with some spasticity in UL and LL
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GMFCS	
1	Can walk, run and jump. Can climb stairs without holding onto anything.
2	Can walk. Can climb stairs holding onto the wall/railing.
3	Can walk independantly with a hand held device or can self-propel a wheelchair.
4	Can move along the floor. Can roll from stomach to back and back to stomach.
5	Cannot move along the floor or roll.

CFCS	
1	Effective Sender and Receiver with unfamiliar and familiar partners.
2	Effective but slower paced Sender and/or Receiver with unfamiliar and/or familiar partners.
3	Effective Sender and Receiver with familiar partners.
4	Inconsistent Sender and/or Receiver with familiar partners.
5	Seldom effective Sender and Receiver even with familiar partners.

MACS	
1	Handles objects easily and successfully.
2	Handles most objects but with somewhat reduced quality and/or speed of achievement.
3	Handles objects with difficulty; needs help to prepare and/or modify activities.
4	Handles a limited selection of easily managed objects in adapted situations.
5	Does not handle objects and has severely limited ability to perform even simple actions.

EDACS	
1	Eats and drinks safely and efficiently.
2	Eats and drinks safely but with some limitations to efficiency.
3	Eats and drinks with some limitations to safety; there may be limitations to efficiency.
4	East and drinks with significant limitations to safety.
5	Unable to eat or drink safely - tube feeding may be considered to provide nutrition.

EQUIPMENT STATUS

Equipment	Needs it (tick)	Order form completed (date)	Order sent (date)	Equipment Issued (date)	Follow-up date given (tick)	Followed-up at home (date)
Buggy	✓	11/6/2014	31/6/2014	14/5/2015	✓	2/3/2016
Wheelchair						
Posture Chair						
Standing Frame	✓	7/2/2015	28/2/2015	5/4/2015	✓	2/3/2016
Bench	✓	7/2/2015	28/2/2015	5/4/2015	✓	2/3/2016
Rollator						
Splints for hands						
Soft splints for arms/legs						
Orthotics						

THERAPY PLAN (Using ICF Framework)

Body Structure & Function

How does CP affect this child's body, quality of tone and movement?
What associated impairments are interfering?

Tone is fluctuating, arms and legs become very stiff, pushes back a lot, on a very high dose of meds that make her drool which causes her to cough often, Severe CVI, also has an intellectual impairment. Hearing is good. Mild contractures in elbows.

Activity Limitations

What actions or tasks can this child not do independently?
What actions or tasks can this child nearly do?

**Cannot sit, cannot roll, very limited movement on floor.
Can explore sensory toys with hands but cannot do anything constructive. Tries to bring food to mouth but misses. Can see shiny objects if you move them. Can stand with support. Can make basic sounds.**

Factors affecting the child's ability to participate



Participation Restrictions

What problems does this child experience in being included in daily activities, making decisions, family and life situations, or community activities?

She cannot make decisions in daily life, she cannot do any ADLs independently, she does not get to play unless an adult helps her

Preparation Goals

What preparation does this child's body require for function?

Lie her on her side with one knee bent to prevent her from pushing back (make sure she has a chin tuck), then loosen her scapula and arms. Then support her body off midline on a bench and do a quiet looking activity to help her to let go and relax.

Functional Goals

What goals are you working on for this child for the next 6 months?

What are the next steps to seeing this child improve?

- **For Iviwe to look at what her hands are exploring while in supported sitting/standing without pushing back. - need to find the best position for her to use her hands more.**
- **To help Iviwe's granny hold her in a way that helps her to let go and not push back.**
- **To reinforce the importance of not letting her knees turn to the side when she is lying on her back.**
- **For Iviwe to use lateral mouth movements to chew instead of just munching.**

Personal Factors

What factors specific to the child are influencing their participation?
(age, weight, gender, motivation, behaviour, stage of play, likes/dislikes)

Iviwe is a very happy child, doesn't mind strangers handling her, likes toys that make sounds and singing, likes to explore with her hands, Makes sounds to say she is happy.

Environmental Factors

What factors outside of the child's control are impacting on the child's participation?
(family, cultural beliefs, physical environment, finances, school requirements, play mates, parent's level of education)

Her grandmother needs lots of input to be able to handle her without making her stiffer - she is very willing to learn though and is very motivated, there are 2 other young children who could help play with Iviwe.

Factors affecting the child's ability to reach their potential



FUNCTIONAL ABILITIES SCALE

Dressing/Undressing	Unable to do it ✓	Needs a lot of help	Almost independent	Independent	Too young
Going to the toilet alone	Uses nappies ✓	Needs help	Independent with the right equipment	Independent	
Can indicate need to go to toilet?	Unable to do it ✓	Knows when needs a change	Yes		
Grooming	Unable to do it ✓	Needs a lot of help	Almost independent	Independent	Too young
Bathing	Unable to do it ✓	Needs a lot of help	Almost independent	Independent	Too young
Drinking	Spoon fed by caregiver ✓	Bottle fed by caregiver	Cup fed by caregiver Cut out / regular	Independent with adapted cup etc	Independent
Feeding	Cup fed by caregiver	Spoon fed by caregiver ✓	Uses hands to eat independently	Uses spoon independently	Other
Food textures	Soft pureed food	Soft food with lumps ✓	Eats all foods	Comments:	
Rolling/changing position	Unable to do it	Needs a lot of help ✓	Almost independent	Independent	Too young
Sitting	Unable to do it	Needs a lot of help ✓	Almost independent	Independent	Too young
Crawling/moving along the floor	Unable to do it ✓	Needs a lot of help	Almost independent	Independent	Too young
Standing	Unable to do it	Needs a lot of help ✓	Almost independent	Independent	Too young
Walking	Unable to do it ✓	Needs a lot of help	Almost independent	Independent	Too young
Communication - expressive	Not communicating	Uses basic sounds/gestures ✓	Effective only with familiar partners	Effective communication	Uses AAC
Communication - receptive (understand what others are saying)	Minimal understanding	Knows familiar routines ✓	Understands most things	Understands everything	
Playing	Unable to do it	Needs a lot of help ✓	Almost independent	Independent	
What are the three activities the caregiver would like to see changes in?	<p>1. Playing with her hands</p> <p>2. To sit by herself</p> <p>3. To eat by herself</p>		How does the caregiver think that the child is performing in these activities now? (circle the correct number)	<p>1. 0 1 2 3 4 5 6 7 8 9 10</p> <p>2. 0 1 2 3 4 5 6 7 8 9 10</p> <p>3. 0 1 2 3 4 5 6 7 8 9 10</p>	

Follow up	Date: 9 October 2016
Progress since last visit and any new concerns: Iviwe is pushing back less when supported in sitting. She is exploring more with her hands when supported in her standing frame.	
Intervention - what did we do today? Prepared Iviwe's body for letting go. Joined a sensory stimulation group.	
Plan - what needs to be done or followed up? Iviwe fitted this week. To see the doctor to follow-up current medication dose.	

Follow up	Date:
Progress since last visit and any new concerns:	
Intervention - what did we do today?	
Plan - what needs to be done or followed up?	

Follow up	Date:
Progress since last visit and any new concerns:	
Intervention - what did we do today?	
Plan - what needs to be done or followed up?	