**REGION 10 PHYSICAL THERAPY**

**GROSS MOTOR ASSESSMENT**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District/Campus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_**

**Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**General Observations/background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MUSCLE TONE** | Increased | Decrease | Mild | Moderate | Significant | WFL |
| Upper extremities |  |  |  |  |  |  |
| Lower extremities |  |  |  |  |  |  |
| Trunk |  |  |  |  |  |  |

**ROM:** \_\_WFL \_\_limited in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STRENGTH**: \_\_WFL \_\_limited in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POSTURAL ALIGNMENT**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POSTURAL RESPONSES/REFLEXES**

**Righting Reactions:** Functional Delayed Absent Comments:

**Equilibrium Reactions:** Functional Delayed Absent

**Protective Reactions:** Forward: Functional Delayed Absent

Sideways: Functional Delayed Absent

Backwards: Functional Delayed Absent

**Reflexes:** (ATNR, STNR observed etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| **Classroom Seating/positioning**  | **Independent stable position** | **Verbal reminders/min assist needed** | **Physical assistance needed** | **dependent** | **Comments**Chair height approp? Y N Desk height approp? Y N Desk location functional? Y N Cubie accessible? Y N  |
| classroom chair  |  |  |  |  |  |
| on floor  |  |  |  |  |  |
| adaptive seating |  |  |  |  |  |
| Transfers into and out of position |  |  |  |  |  |

**Type of adaptive seating:**

**FUNCTIONAL MOBILITY:**

**Ambulation assessment is not indicated at this time. \_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Equipment Used: Walker/Gait Trainer Forearm Crutches Wheelchair Stander AFOs/SMOs Other/type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| **AMBULATION** | Unassisted good stability | Unassisteddecreased stability | HHA1 2 ? (11-12 m) | With Device | Functional Pace |
| **Walks in classroom** *crowded area \_\_\_\_ not crowded \_\_\_\_\_\_* |  |  |  | Gait trainer Walker Crutches | Yes No |
| **Walks in hallways** *crowded area\_\_\_\_ not crowded\_\_\_\_\_\_ in line with peers \_\_\_\_\_\_\_* |  |  |  | Gait trainer Walker Crutches | Yes No |
| **Changes direction/moves around obstacles** *crowded area \_\_\_\_ not crowded \_\_\_\_\_\_*  |  |  |  | Gait trainer Walker Crutches | Yes No |

**DEVIATIONS/COMMENTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STANDING BALANCE:**

\_\_\_\_SLS with support (15-17 mo) \_\_\_Stoops and picks up toy (15-24 mo) \_\_\_Squats in Play (20-42 mo)

\_\_\_Steps \_\_\_Walks (14-17 mo) Sideways

\_\_\_Steps (13-21 mo) \_\_\_Walks 6 ft (4 yrs) Backwards

Walks \_\_\_one a line \_\_\_balance beam \_\_\_heel to toe \_\_\_on heels \_\_\_ on tiptoes

\_\_\_Steps over objects \_\_\_Carries objects when walking

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coordinated Movements:**

Jumps: \_\_\_\_\_off of floor with both feet (2 yr) \_\_\_\_ from bottom step (2 yr) \_\_\_\_ Broad Jumps – 8”-14” (2½ yr)

\_\_\_\_Jumps forward consecutively (4 yr) \_\_\_\_jumps rope \_\_\_\_over objects on floor

Hops: \_\_\_\_ in place 2X (4 yr) #\_\_\_ R #\_\_\_\_ L \_\_\_\_forward 6 ft. (5 yr) #\_\_\_ R #\_\_\_\_ L

\_\_\_\_Runs smoothly (3½ yr) \_\_\_\_ Gallops (3½ yr) leads with \_\_\_R \_\_\_L \_\_\_\_\_ Skips smoothly (4½ yr)

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| --- | --- | --- | --- | --- | --- | --- |
| **Climbing** | HHA 1 or 2  | With Rail | Alternating ft | Unassisted | With peers present | Comments (# of steps) |
| Up stairs |  (17-19 m) | (22-24 mo) | (30-34 mo) |  |  |  |
| Down stairs | (18-24 mo) | (24-26 mo) | (3 ½ yrs) |  |  |  |
| Curb |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |

**Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participation – Recess:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Access equipment** | **Ind with peers present** | **Only with prompting or SBA** | **Only with assistance** | **dependent** |
| Manages uneven surfaces (gravel, mulch, grass, dirt, inclines)  |  |  |  |  |
| Goes up steps |  |  |  |  |
| Goes down steps |  |  |  |  |
| Climbs vertical ladder |  |  |  |  |
| Climbs arched ladder |  |  |  |  |
| Downs down slide |  |  |  |  |
| Swings |  |  |  |  |
| Other: |  |  |  |  |

**PARTICIPATION: PE/Recreational Activities:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Active Participation:**  | **Always** | **Sometimes** | **Only with prompting** | **Assistance required** |
| Group exercises |  |  |  |  |
| Games/Activities |  |  |  |  |
| Follows rules/instructions |  |  |  |  |
| Stays on task |  |  |  |  |
| Maintains endurance |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| BALL PLAY: | Overhand | Underhand | At midline | Off Center | Coordination/ Motor Planning  | Comments/Distance: |
| Throws: |  |  |  |  | Good Fair Poor |  |
| Catches: |  |  |  |  | Good Fair Poor |  |
| Bounces: |  |  |  |  | Good Fair Poor |  |
| Kicks: |  |  |  |  | Good Fair Poor |  |
| Dribbles:  |  |  |  |  |  |  |

**Comments - Coordination/Motor Planning/Recreational Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Transportation**: \_\_\_\_Rides Bus \_\_\_\_\_Wheelchair Lift \_\_\_\_\_\_Bus Seat \_\_\_\_\_\_transported by parents/family

 Manages bus steps \_\_\_\_ Independently \_\_\_with VC/Min Assist \_\_\_\_Physical Assist \_\_\_\_ Dep.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Cafeteria** | independent | Verbal cues/minimal assistance | Physical assistance needed | Dependent | Comments:  |
| Goes through line |  |  |  |  |  |
| Manages tray |  |  |  |  |  |
| Sits on stool |  |  |  |  |  |

 **Other Self- Care Skills:**

**Toileting:** \_\_\_\_Manages independently \_\_\_\_Assistance needed for transfers \_\_\_Assistance for clothing \_\_\_Diapered \_\_\_\_Adaptive seating needed/type:

**Accesses Water Fountain** \_\_\_ Independently \_\_\_\_with step stool \_\_\_\_with assistance \_\_\_\_unable

**Manages Doors**: \_\_\_\_\_independently \_\_\_\_\_ with cues/prompting \_\_\_with assistance

**Self-care skills Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **DEVELOPMENTAL PROGRESSION TO STANDING:** |
|  | Weight bearing on forearms (3-4 mo) |
|  | Pull to sitting from supine - (no head lag)(3-5 mo) |
|  |  |
|  | Head held in midline in sitting (4-5 mo) |
|  | Weight bearing on extended elbow (5-6 mo) |
|  | Rolls (6 mo) R L B to back to stomach  |
|  | Sits unsupported (6-7 mo) |
|  | Pushes up to hands and knees (6-7 mo) |
|  | Assumes sitting (7-8 mo) long tailor w-sit other other |

|  |
| --- |
|  |
|  | Pulls to standing (7-8 mo) |
|  | Assumes kneeling (7-9 mo) w/support |
|  | Assumes standing independently (7-8 mo) |
|  | Maintains supported standing (7-8 mo) |
|  | Creeps forward reciprocally (9-10 mo) |
|  | Squats holding on to support (11-12 mo) |
|  | Maintains unsupported standing  |
|  | Cruises along furniture (11-12 mo) |
|  |  |
|  |  |
|  |  |

**other mobility on floor:** \_\_\_\_ scoots on bottom \_\_\_\_log rolls \_\_\_\_ scoots on back other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WHEELCHAIR USER**

Type of wheelchair: \_\_\_\_Manual \_\_\_\_Power Manufacturer/Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Seating System**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Seating Posture**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| Wheelchair Management | Independent | Verbal cues only, reminders for safety | Physical assistance needed | Dependent, total assistance needed | Comments:  |
| Brakes |  |  |  |  |  |
| Seatbelt |  |  |  |  |  |
| Footrest |  |  |  |  |  |
| TransfersType:  |  |  |  |  |  |
| Propels short distances |  |  |  |  |  |
| Propels functional distances |  |  |  |  |  |
| Manages doors |  |  |  |  |  |
| Manages elevator |  |  |  |  |  |
| Manages ramps |  |  |  |  |  |
| Uneven terrain |  |  |  |  |  |

**TESTS AND MEASURES**

**GMFCS:**

**SFA**