

# Developmental Pediatrics Rehabilitation Learner Orientation Package

## Spasticity Clinic Follow Up Assessment Template

This letter should be directed to the family, and copied to the involved family physician, any specialists that are involved of the care and also the relevant treatment center. (Not send to schools).

Dear \_\_\_\_\_ Family:

This is a summary of our meeting in spasticity clinic on \_\_\_\_\_.

\_\_\_\_\_ (Child's name) arrived to the appointment accompanied by  
\_\_\_\_\_

(Mention all the names and relationship of family members). Also attending the meeting was/were \_\_\_\_\_. (List all the names of staff with their profession i.e. PT/OT/Nurse; residents and students and potential additional professional that care for the child such as personal nurse, CAS worker).

### **Diagnosis:**

List all diagnosis one below the other start with the relevant diagnosis for our clinic. Cerebral Palsy, type (sastic, dyskinteic or ataxic), distribution pattern (uni or bilateral), GMFCS level, MACS level.

### **Co-Morbidity:**

Global developmental delay

Epilepsy (if dealt by another specialist name in brackets i.e. Dr. Meaney)

Visual Impairment

Hydrocephalus treated with VP-Shunt

G-Tube fed

### **Current Weight:**

Example: 50kg

When giving dosage of antiepileptic medications put calculated mg/kg/day in brackets

### **Current Medication:**

List all the meds one below the other with doses

Example:

Baclofen 20 mg tid

Valproic Acid 500 mg Bid (20mg/kg)

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## Current Intervention:

Botox injection, total amount 400 U

Injected muscles: Hamstrings bil 100 U, rt Adductor 50 U, Lt Adductor 100U, Lt Gastrocnemius muscle 100U, Lt Tibialis posterior muscle 50U

## Plan:

Example:

1. Reinjection with Botox in 4 months, total amount to be ordered 400U.
2. Increase of Valproic Acid to 600 mg bid

## Interval History:

(Child's name)\_\_\_\_\_ has been last seen in Spasticity Clinic on \_\_\_\_\_date. At this point he received Botox injections to \_\_\_\_\_(list all the muscles and amounts).

The family (and if available) the therapists report \_\_\_\_\_( details the positive and negative effects and gains). No side effects have been reported (if yes, then list). The goals were \_\_\_\_\_ and they were fully/ partially/not reached.

If the child has multiple medical/social issues than separate each with a title i.e:

Start then with an introductory sentence. (Child's name) \_\_\_\_\_ has been last seen in clinic on\_\_\_\_\_. As (Child's name) is presenting with several issues I will report them separately.

1. **Spasticity management:** (Child's name)\_\_\_\_\_ has been last receiving botox on \_\_\_\_\_date. The family (and if available) the therapists report \_\_\_\_\_( details the positive and negative effects and gains). No side effects have been reported (if yes, then list). The goals were... According to our plan the family has pursued the increase in treatment with Baclofen from 15 mg tid to 20 mg tid and finds (child's name)\_\_\_\_\_ more relaxed. He is sleeping better through the night but is also slightly more drooling during daytime.
2. **Epilepsy:** on our last meeting we decided to increase the Valproic Acid from 400 mg to 500 mg twice daily as (child's name) is still experiencing intermittent seizures. He has typically two types: he has daily staring episodes that are very brief. They occur up to 10 times a day. They seem to not interfere with his daily activities. In addition the family is reporting that (Child's name)\_\_\_\_\_ has every few days events that present with a head turning, followed by a stiffening of the right arm and right leg, after a few seconds (child's name) \_\_\_\_\_ goes into rhythmic tonic clonic movements that typically last for about 1-3 min. afterwards (Child's name) \_\_\_\_\_ is typically tired for about 15-30 min. since the last increase of VPA the short seizures have not changed, but the second type, have become less frequent. There are no side effects noted with the increase of medication

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3. **Services:** (Child's name) \_\_\_\_\_ continues to be seen on a regular basis at \_\_\_\_\_ (school, CDRP, Kids'Ability) and receives currently \_\_\_\_\_ (every other week OT and PT and) . he is visiting currently grade \_\_\_\_\_ at (name of school) \_\_\_\_\_. In a fully integrated class. He has a full time EA.
4. **Equipment and functions:** (Child's name) \_\_\_\_\_ is using a walker (posterior) for ambulation. He also is using a manual wheelchair at school for time efficiency purposes and for longer distances. He wears on a daily basis bilateral AFOs. During night time he is wearing in an alternating fashion gaiters. He is using a stander at school, and is able to stay in it for 45 min twice.
5. **Social/behavioural:** at our last appointment (child's name) \_\_\_\_\_ shared with us his concerns about interactions with friends. He is at times very anxious. We therefore had initiated a referral to our social worker at CDRP. Child's name \_\_\_\_\_ has since then met with our social worker and felt that these meetings are helpful.

(other potential chapters that might be worth having as a title are: sleep; feeding; )

## **Investigations:**

(If relevant) might contain summaries and reports of EEG, MRI, metabolic work up...

## **Examination:**

Start with a general description of behaviour and interaction during the meeting followed by a functional description, then general neurological exam and if done in the end the developmental assessment.

(Child's name) \_\_\_\_\_ was very anxious and quiet throughout the assessment but was still cooperative. (Child's name) \_\_\_\_\_ is able to run and jump. He has an asymmetric gait with heel contact on the right side, but lands on the toes of his left foot.

He has increased tone in the left side of his body, more prominent in the leg. His DTRs are increased (4+) on the left leg (Achilles and patella) with a prolonged ankles klonus. Low tone in trunk and neck.

## **Range of motion as measured:**

(One can dictate as a table than it is easier to view it in the printed version)

<u>Right side</u>	<u>Left side</u>	
Gastrocnemius with knee extended:	R1 – 10/ R2 +10	R1 -15/ R2 +5
Gastrocnemius with flexed knee	R1 0/ R2 +15	R1 -5 /R2 +5
Popliteal angle (Hamstrings)	R1 60/R2 30	R1 50/R2 30
Knee extension with straight leg		

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Hip abduction with extended legs (Gracilis)

Hip abduction with flexed hips (adductor muscles)

Thomas test (ileopsoas)

Ely Duncan test (rectus femoris)

Elbow flexion

Wrist flexion

Ulnar wrist deviation

Assessment of hand. (thumb in palm most of the time, can intermittently open hand)

Sensation (neglect)

Strength pattern

## **Developmental assessment:**

### **Summary and plan:**

If there was mainly one issue than just do a regular summary and plan. Have there been a variety of distinct issues that were mentioned in the interval history then split also in the summary the different issues.

### **Example for a complex history with different issues:**

Child's Name \_\_\_\_\_ came to f/u appointment to spasticity clinic on \_\_\_\_\_.

1. **Spasticity management:** the report of the parents and clinicians as well as our assessment today confirmed the positive results of our intervention with Botox. On repeat assessment we decided to pursue a repeat injection in the same pattern as 4 months ago. (Child's name) \_\_\_\_\_ received a total amount of \_\_\_botox to following muscles \_\_\_\_\_ (write name, amount and dilution. A consent form was signed by the parents after review of the possible effects and side effects. We decided to also further increase the night time dosage of Baclofen to \_\_\_\_\_.
2. **Epilepsy:** with an increasing dosage of VPA it seems that there is a mild improvement of his focal seizures with secondary generalization. We discussed that the dosage of VPA is still low at 20 mg/kg and it is advisable to increase by 5 mg/kg to a dosage of 600 mg bid. Further increases can be possible. The family is supposed to call Nancy Goldie for further seizures persist for guidance about further increases.
3. **Equipment:** We advised Child \_\_\_\_\_ to continue to wear his AFOS regularly. We strongly recommend a combination of AFOs with gaitors at night to enhance the stretching of the Hamstrings muscles.

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## Plan:

Increase VPA to 600 mg bid

Referral to orthopedic surgery

Review for possible Botox injection in 4 months. Order 400 U – first assessment. (this is very important to write exactly if we for sure will inject or first assess.)