

FACT SHEET



PEDIATRICS

AMERICAN PHYSICAL THERAPY ASSOCIATION

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List of Pediatric Assessment Tools Categorized by ICF Model

The purpose of this document is to organize tests and measures by the domains of the ICF Model. Tests included were published or revised after 1990. Tools on this list are commonly used but inclusion of a tool does not equate with an endorsement or statement of reliability and validity. Users must access manuals and research reports for more details. The reference list at the end of the document is a select list of key resources. Additional tools can be found in the companion document, *List of Pediatric PT Assessment Tools* (<http://pediatricapta.org>). If you have additional tools or measures that you believe should be added to this list, please e-mail suggestions to the Section on Pediatrics at cindysliwa@apta.org.

A. BODY STRUCTURE/FUNCTION

Anthropometrics:

- Body Composition (BMI)⁷
- Height/Weight^{8,19,20,35}
- Leg Length

Cardiopulmonary:

- Blood Pressure, ^{37,51} Heart Rate³⁷
- Oxygen Saturation, Respiratory Pattern and Rate, ³⁷ Skin Color, Skin Turgor

Coordination:

- Clinical Observation of Motor and Postural Skills (COMPS)
- Florida Apraxia Screening Test
- Gross Motor Performance Measure (GMPM)⁶
- Selective Control Assessment of the Lower Extremity
- Test of Ideational Praxis

Endurance/Energy Expenditure:

- Early Activity Scale for Endurance (EASE)⁵³
- Energy Expenditure Index⁴⁵
- 6-Minute Walk Test²⁶
- 30-Second Walk Test²²

Fitness Measures:

- Fitness Gram²⁷
- Presidential Physical Fitness Test

Multi:

- Quick Neurological Screening Test-II (QNST-II)

Pain:

- Children's Hospital of Eastern Ontario Pain Scale (CHEOPS)³¹
- CRIES Scale (Cries, Require Oxygen, Increased Vital Signs, Expression, Sleep)
- Faces Pain Scale³
- FLACC (Faces, Legs, Activity, Crying, Consolability Behavioral Pain Scale)³²
- Individualized Numeric Pain Scale (INRS)⁴⁹
- Numeric Scale
- Oucher Scale
- Visual Analogue Scale⁴⁸

Posture/Balance:

- Early Clinical Assessment of Balance (ECAB)
- Movement Assessment of Infants (MAI)
- Pediatric Balance Scale (PBS)^{14,15}
- Pediatric Clinical Test of Sensory Interaction for Balance (P-CTSIB)⁴⁴
- Pediatric Reach Test (Pediatric Functional Reach Test)^{1,11,15,39,52}
- Timed Up and Down Stairs Test

A. BODY STRUCTURE/ FUNCTION (*continued*)

Posture/Structural Integrity:

- Adam Forward Bend Test
- Anterior/Posterior Drawer Test
- Apley's Test
- Arch Index³³
- Beighton Scale of Hypermobility⁴⁷
- Craig's Test
- Galleazi Sign
- Heel Bisector Angle
- Lachman's Test
- Navicular Drop Test^{33,42}
- McMurray's Test
- Ryder's Test
- Talar Tilt
- Transmaleolar Axis

ROM:

- Ely's Test
- Hamstring Length Test¹⁰
- Modified Ober Test
- Popliteal Angle
- Prone Hip Extension Test⁴
- Spinal Alignment and Range of Motion Measure (SAROMM)
- Straight Leg Test
- Thomas Test

Reflexes:

- Movement Assessment of Infants (MAI)

Sensory Processing:

- Infant/Toddler Sensory Profile
- Sensory Integration and Praxis Test
- Sensory Profile

Spasticity:

- Modified Ashworth Scale (MAS)⁵
- Modified Tardieu Test

Strength/Muscle Power:

- Manual Muscle Testing
- Dynamometer Measurement²⁹
- Muscle Power¹²
- Selective Control Assessment of the Lower Extremity (SCALE)¹³

Visual Motor/Perception:

- Developmental Test of Visual Motor Integration
- Test of Visual Motor Skills-3 (TVMS-3)

B. ACTIVITY

Gait/Walking:

- Dynamic Gait Index^{28,30}
- Functional Mobility Assessment⁴³
- Observational Gait Scale (OGS)
- Standardized Walking Obstacle Course^{18,23}
- Timed Obstacle Ambulation Test
- Timed Up and Down Stairs test⁵⁶
- Timed "Up & Go" (TUG)⁵⁴

Gross Motor:

- Alberta Infant Motor Scales (AIMS)
- Bruininks-Oseretsky Test of Motor Proficiency (BOTP-2)
- Gross Motor Function Measure (GMFM)^{40,41,46}
- Gross Motor Performance Measure⁶
- High Level Mobility Assessment Tool (HIMAT)⁵⁵
- Motor Function Measure²
- Peabody Developmental Motor

- Scales Second Edition (PDMS-2)
- Test of Gross Motor Development, 2nd Edition (TGMD-2)⁵⁰
- Test of Infant Motor Performance (TIMP)

Fine Motor:

- Bruininks-Oseretsky Test of Motor Proficiency (BOTP-2)
- Jebsen Taylor Test of Hand Function
- Nine-Hole Peg Test
- Peabody Developmental Motor Scales Second Edition (PDMS-2)
- Assisting Hand Assessment
- Shriner's Upper Extremity Assessment
- Melbourne Unilateral Upper Limb Function (MUUL)

Play:

- Preschool Play Scale
- Test of Playfulness (ToP)¹⁷

Developmental Screening Tools:

- Ages & Stages Questionnaires (ASQ-3)
- Assessment, Evaluation, and Programming System for Infants and Children (AEPS)—Second Edition
- Bayley Infant Neurodevelopmental Screener (BINS)
- Carolina Curriculum for Infants and Toddlers with Special Needs, Third Edition
- Carolina Curriculum for Preschoolers with Special Needs
- FirstSTeP: Screening Test for Evaluating Preschoolers
- Motor Skills Acquisition in the First Year and Checklist

B. ACTIVITY *(continued)*

Multidomain:

- Activities Scale for Kids (ASK)
- Battelle Developmental Inventory, Second Edition
- Bayley Scales of Infant Development-III
- Brigance Inventory of Early Development, Revised Edition
- Canadian Occupational Performance Measure (COPM)
- Functional Independence Measure for Children (WeeFIM)
- Harris Infant Motor Test (HINT)
- Hawaii Early Learning Profile (HELP-Strands)
- Merrill-Palmer Scale, Revised
- Miller Assessment of Preschoolers
- Miller Function and Participation Scales
- Movement Assessment Battery for Children (Movement ABC-2)
- Pediatric Evaluation of Disability Inventory (PEDI)
- Pediatric Evaluation of Disability Inventory (PEDI-CAT)¹⁶

- POSNA Pediatric Musculoskeletal Functional Health Questionnaire
- School Function Assessment (SFA)
- Toddler and Infant Motor Evaluation (TIME)
- Transdisciplinary Play-Based Assessment, Second Edition (TPBA2)
- Vineland Adaptive Behavior Scales, Second Edition

C. PARTICIPATION

Multidomain:

- Assessment of Life Habits (LIFE-H)³⁸
- Canadian Occupational Performance Measure (COPM)²⁵
- Children's Assessment of Participation and Enjoyment (CAPE)²¹
- Participation and Environment Measure-Children and Youth (PEM-CY)⁹
- Preferences for Activities of Children (PAC)²¹
- School Function Assessment (SFA)
- Vineland Adaptive

Quality of Life:

- Child Health Index of Life with Disabilities³⁶
- Kidscreen
- Pediatric Quality of Life Inventory (Peds QL)
- Pediatric Outcomes Data Collection Instrument (PODCI)
- Quality of Well Being Scale (QWB)

Health Status:

- Child Health and Illness Profile-Adolescent Edition (CHIP-E)
- Child Health Questionnaire (CHQ)
- Child Health Assessment Questionnaire (CHAQ)
- Health Utilities Index-Mark 3

D. PERSONAL/CONTEXTUAL

- Child Occupational Self Assessment²⁴
- Early Coping Inventory
- Devereux Early Childhood Assessment (DECA)

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FOR MORE INFORMATION

If you have additional questions, would like to order additional copies of this fact sheet, or would like to join the Section on Pediatrics, please contact the Executive Office of the Section on Pediatrics of the American Physical Therapy Association at: APTA Section on Pediatrics, 1111 North Fairfax Street, Alexandria, VA 22314, 800/999-2782, ext 3254. Or visit the Section’s website at www.pediatricapta.org.

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Kinesiology Tape Caregiver Information

- Description: Kinesiology tape is a therapeutic tape which is elastic and about the thickness of the skin. It is latex free and has an acrylic adhesive. There are various types and brands of kinesiology tape. The brand/type that will be used is: _____
- Purpose: The tape stretches and is applied for many purposes. For your child it is used to:
 - Help muscles to work and get stronger
 - Help muscles to relax for increased flexibility
 - Help posture to improve alignment
 - Help increase awareness of this area of the body
 - Help function: _____
 - Help decrease: pain swelling bruising scarring
 - _____
- Application/Maintenance:
 - ** Please let ALL caregivers (family, friends, daycare/nursery/sitters, teachers, etc.) know that the kinesiology tape should be left in place and **not ripped off**. If it is removed and irritation occurs treat the area as you would a mild sunburn and consult therapist or physician as needed.
 - This is a test patch to check for allergy or skin irritation. It should be **monitored closely** especially for the first 12 to 24 hours. Please remove it (see below) immediately if any swelling, redness, or itching occurs. It can fall off on its own if there are no issues. If it has been more than 10 days it should be removed (see below).
 - This is a therapeutic application to help as indicated above. Please watch for irritation and remove (see below) if needed.
 - Tape can remain on until it falls off on its own. If it has been more than 10 days or is over 30-50% off it can be removed (see below).
 - Tape should be kept on for _____ days if possible before removing.
 - Carefully trim any tape that rolls or peels up so it does not catch on clothing. Do NOT pull up on the tape as you trim. There is skin stuck to the tape so just trim what is hanging off. Child's scissors with blunt tips might help decrease risk of injury.
 - The tape can get wet with baths, swimming, etc. starting at least an hour after application. Pat instead of rubbing to wash and dry the tape. Do NOT use a hair dryer as this will make the tape difficult to remove.
- Safe Removal:
 - The tape is not like a Band-Aid and should NOT be ripped off. Take your time as safe removal is key to decreasing irritation of the skin and thus allowing re-application.
 - Apply oil (vegetable oil, baby oil) or adhesive remover to all of the tape and let it soak in for about 10 minutes. Alternatively apply conditioner in the bathtub and let it sit a few minutes. Then rub the tape off starting at one end, working the skin off the tape gradually. Try to avoid pinching the tape between your fingers and pulling it off. Move in the direction of hair growth, typically away from the center of the body.
 - Apply lotion, oils, etc. as you typically would to hydrate the skin between applications. However, do not apply within a couple hours of re-application of the tape. At least 24 hours between applications helps to decrease risk of skin irritation.

Client's Name: _____

Therapist's Name: _____

Date: _____

Phone Number: _____

Información para el cuidador sobre la cinta kinesiológica

- Descripción: la cinta kinesiológica es una cinta terapéutica elástica y aproximadamente del grosor de la piel. No contiene látex y tiene un adhesivo acrílico. Existen varios tipos y marcas de la cinta kinesiológica. La marca/tipo que se usará es: _____
- Propósito: la cinta se estira y aplica para muchos propósitos. Con su hijo(a) se usa para:
 - Ayudar a los músculos a trabajar y ser más fuertes
 - Ayuda en relajar a los músculos para incrementar la flexibilidad
 - Ayuda en mejorar la alineación de la postura
 - Ayuda en incrementar la conciencia de esta área del cuerpo
 - Ayuda a la función: _____
 - Ayuda a disminuir: dolor, inflamación, contusiones, cicatrización
 - _____
- Aplicación/Mantenimiento:

****Por favor, informe a TODOS las personas que contribuyen al cuidado (familia, amigos, guardería, cuidado neonatal/niñeras, maestros, etc.) que la cinta de kinesiológica debe dejarse en su lugar y **no deberá despegarse**. Si se remueve y causa irritación trata el área como si cuidará una quemadura de sol y si es necesario consulte al terapeuta o médico.**

 - Esta es una prueba con parche para revisar si tiene alergia o irritación en la piel. Deberá supervisarse de cerca, especialmente por las primeras 12 a 24 horas. Por favor, remuévala (consulte más adelante) de inmediato en caso de inflamación, enrojecimientos o comezón. Se puede despegar solo si no hay problemas. Si han pasado más de 10 días, deberá removerse (consulte más adelante).
 - Esta es una aplicación terapéutica para ayudar según se indicó anteriormente. Por favor, revise en caso de irritación y remueva si es necesario (consulte más adelante).
 - La cinta puede permanecer hasta que se caiga sola. Si han pasado más de 7 días o si se puede remover más del 50% (consulte más adelante).
 - La cinta debe dejarse por _____ días, si es posible antes de removerlo.
 - Cuidadosamente corte cualquier cinta que se haga rollo o despegue para que no se atore en la ropa. NO hale la cinta al cortarla. La piel está pegada a la cinta por lo tanto solo corte lo que esté sobrando. Las tijeras de niños(as) con punta redonda puede disminuir el riesgo de lesión.
 - La cinta puede mojarse cuando se baña, nada, etc., empezando al menos una hora después de la aplicación. De una palmadita en vez de frotar para lavar y secar la cinta. NO use la secadora de cabello ya que esto dificultará remover la cinta.
- Remoción con seguridad:
 - La cinta no es como un curita (*Band-Aid*) y NO debe arrancarse. Tome su tiempo, ya que la clave es la remoción segura para disminuir la irritación de la piel y por consiguiente permite una segunda aplicación.
 - Aplique aceite (aceite vegetal, aceite de bebé) o loción limpiadora para adhesivo para toda la cinta y deje remojarlo por 10 minutos. Aplique el acondicionador alternativamente en la tina de baño y déjelo así por algunos minutos. Evite apretar la cinta entre sus dedos y halarla. Muévelo en la dirección al crecimiento del pelo, típicamente lejos del centro del cuerpo.
 - Aplique loción, aceites, etc., como lo haría típicamente para hidratar la piel entre las aplicaciones. Sin embargo, no aplique dentro del par de horas para volver a aplicar la cinta. Al menos 24 horas entre aplicaciones ayuda a disminuir el riesgo de irritación cutánea.

Nombre del cliente: _____ Nombre del terapeuta: _____

Fecha: _____ Número telefónico: _____

Kinesiology Tape Permission Form

Child's Name: _____

Date: _____

Therapist's Name: _____

Phone #: _____

Dear Parent/Caregiver,

After therapeutic assessment and considering your child's goals, I determined that your child might benefit from kinesiology tape application.

☐ Please see the attached **Kinesiology Tape Caregiver Information**.

☐ Please feel free to try the attached sample of kinesiology tape on yourself.

In order to use kinesiology tape, first we need to test for an adverse or allergic reaction. Please monitor the test patch carefully and follow the instructions for removal in the **Kinesiology Tape Caregiver Information** sheet if there is irritation. I will also check on the test patch during therapy sessions. With your permission (see below), the test patch will be applied to child's:

If the test patch does not cause irritation, the therapeutic application recommended would be to your child's: _____
for the purpose of: _____

Please complete the below permissions and feel free to contact me with any questions or concerns. Please return this form to me as soon as possible.

Please initial beside all applicable statements and fill in information:

____ I do NOT give permission for a test patch of kinesiology tape to be applied to my child.

OR

____ I give permission for a test patch of kinesiology tape to be applied to my child.

My child has: ☐ a known allergy to adhesives

☐ experienced difficulties in the past with tape, band-aides, etc

☐ frequent skin irritations

☐ rashes, eczema, etc. on (parts of the body): _____

____ I give permission for the therapist to apply kinesiology tape for therapeutic benefit if there is no adverse reaction to the test patch.

OR

____ I prefer to discuss the kinesiology tape **before** therapist applies it for therapeutic benefit.

Please ☐ Call me: _____ ☐ Email me: _____

Parent/Caregiver Signature: _____ **Date:** _____

Formulario de permiso sobre la cinta kinesiológica

Nombre del niño(a): _____

Fecha: _____

Nombre del terapeuta: _____

Número telefónico: _____

Estimados padre/niñera:

Después de la evaluación terapéutica y considerando los objetivos de su hijo(a), he determinado que su hijo(a) podría beneficiarse de la aplicación de la cinta kinesiológica.

☐ Por favor, revise la **información para el encargado sobre la cinta kinesiológica** adjunta.

☐ Por favor, no dude en intentar usar la cinta kinesiológica que se adjunta como muestra.

Para usar la cinta kinesiológica, primero necesitamos ponerle a prueba para en caso de una reacción adversa o alérgica. Por favor, supervise el parche muestra cuidadosamente y remuévalos según las instrucciones en la hoja de **información sobre la cinta kinesiológica** en caso de irritación. También revisaré el parche muestra durante las sesiones de terapia. Con su permiso (ver a continuación), el parche muestra se aplicará al niño(a): _____

Si el parche muestra no causa irritación, la aplicación terapéutica recomendada sería para su hijo(a): _____ con el propósito de: _____

Por favor, complete los siguientes permisos y no dude en comunicarse conmigo en caso que tenga preguntas o inquietudes. Por favor, regrese este formulario lo más pronto posible.

Por favor, firme su inicial a un lado de todas las declaraciones que se apliquen y complete la información:

____ NO concedo permiso para la aplicación del parche muestra de la cinta kinesiológica a mi hijo(a).

O

____ Concedo permiso para la aplicación del parche muestra de la cinta kinesiológica a mi hijo(a).

Mi hijo(a) tiene: ☐ Una alergia conocida al adhesivo

☐ Previa dificultades en el pasado con la cinta, los curitas, etc.

☐ Irritaciones cutáneas frecuentes

☐ Sarpullidos, eczema, etc., en (partes del cuerpo): _____

____ Concedo permiso al terapeuta de aplicar la cinta kinesiológica para el beneficio terapéutico, si no hay reacción adversa al parche muestra.

O

____ Prefiero hablar sobre la cinta kinesiológica **antes** que el terapeuta la aplique para beneficio terapéutico. Por favor: ☐ Comuníquese conmigo al número: _____

☐ Envíeme correo electrónico a: _____

Firma de padre/niñera: _____ Fecha: _____

Questionnaire Elastic Tape application Excessive Drooling QETED-A

A= questionnaire used before initiating tape application

B= questionnaire after 1 month of tape application

C= questionnaire after 3 months of tape application

D= questionnaire after 6/7 months of tape application

E= questionnaire after 1 year of using tape

I. Initials child or adult

II. Date of Birth

II. Diagnosis

IV. GMFCS Gross Motor Function Classification System. www.canchild.ca

Level 1 II, III, IV, V & unknown

Questionnaire QETED

1. Drooling frequency: Average over the past week

- 1. no drooling – dry
- 2. occasional drooling - not every day
- 3. frequent drooling - every day but not all day
- 4. constant drooling - always wet

2. Drooling severity: Average over the past week

- 1. dry - never drools
- 2. mild - only the lips are wet
- 3. moderate - wet on lips and the chin
- 4. severe - drools so much that clothes and/or objects get wet
- 5. profuse - clothing, hands and objects become very wet

3. How many bibs have been changed on average per day (home or Institution)?

Scale 1, 2, 3, 4, 5, 6, 7, 8 times

4. How many changes of clothes have been necessary per day (home or Institution)?

Scale 1, 2, 3, 4, 5 times

5. How offensive was the smell of the saliva?

Scale: 0 = not offensive 10 = very offensive

6. Are there problems with rashes around the mouth or chin?

Scale 0 not at all - 10 all the time

7. Is your child/are you embarrassed because of the drooling?

Scale 0 = not at all - 10 = all the time

8. How frequently do you have to wipe your child's/your mouth?

Scale 0 = not at all - 10 = all the time

9. How frequently do you have to wipe saliva from toys or other items?

Scale 0 = not at all - 10 = all the time

10. Does your child/do you have a problem with coughing or choking on the saliva?

Scale 0 = not at all - 10 = all the time

V. Informed consent to use information from this study for educational purposes. Parents/patients declare that they know and consent to the above information being used for educational purposes and possible publication. Full anonymity will be warranted by Esther de Ru

Yes / No

VI. Please leave your comments about the treatment and effects here.

VII. Did you receive a tape application information sheet?

Yes / No

VIII. Did you receive the tape satisfaction questionnaire?

Yes/No

IX. Email address for further contact and/or questions.

Thanking you for your help.

Esther de Ru

Cuestionario de salivación excesiva A.B.C.D.E.

A= cuestionario antes de la utilización del tape

B= cuestionario después de 1 mes del uso del tape

C= cuestionario a los 3 meses después de la primera aplicación

D= cuestionario a los 6 o 7 meses después de la primera aplicación

E= cuestionario a el 1 año después de la primera aplicación

I. Iniciales del niño o adultos

II. Fecha de nacimiento

III. Diagnósis

IV. GMFCS Gross Motor Function Classification System www.canchild.ca

nivel: I, II, III, IV, V o Desconocido

Cuestionario QETED

1. Frecuencia: promedio durante semanas pasado

- 1. No babeo – seco
- 2. Babeo ocasional - no todos los días
- 3. Babeo frecuente - todo los días per no todo el día
- 4. Babeo constante - siempre húmedo

2. Severidad: promedio durante semanas pasado

- 1. Seco (cero/nada) - nunca salivar
- 2. Leve - sólo los labios están húmedos
- 3. Moderado - húmedo en los labios y la barbilla
- 4. Severo - saliva tanto que la ropa y/o los objetos se mantiene húmedo
- 5. Profundo - la ropa, manos y objetos se ponen muy húmedos

3. En el promedio de días de la semana pasada en la casa. ¿cuántos baberos o petos han sido cambiados (ha utilizado) por día?

Escala: 1, 2, 3, 4, 5, 6, 7, 8 veces

4. En el promedio de días de la semana pasada en la casa: ¿Cuántos cambios de ropa han sido necesarios por día (cuantos veces ha cambiado de ropa en el día?

Escala: 1, 2, 3, 4 veces

5. ¿Qué tan desagradable es el olor de la saliva?

0 = inoloro 10 = muy desagradable

6. ¿Tiene problemas de salpullidos en la piel (roncha, erupción cutánea) alrededor de la barbilla y boca?

0 = nada 10 = siempre

7. ¿Es usted, (su hijo) se siente molesto por el babeo?

0 = nunca 10 = siempre

8. ¿Con que frecuencia ha tenido que retirar la saliva de su boca?

0 = nunca 10 = continuamente

9. ¿Con qué frecuencia limpia el salivado de los juguetes y otros objetos?

0 = nunca 10 = todo el tiempo

10. ¿Tiene usted (su hijo) tiene problemas con la saliva o ahogamiento saliva?

0 = no problemas 10 = problemas enormes

.....

V. Consentimiento informado para utilización la informacion para fines educacional. Los padres / pacientes declaran que conocen y consentimiento a la información anterior se utilizan para los propósitos educativos y su posible publicación. Anonimato completo será garantizado por Esther de Ru Si/No

VI. Comentarios: Por favor deje algún comentario en el tratamiento y los efectos aquí abajo

VII. ¿Ha recibido usted la hoja sobre la aplicación del tape? Si/No

VIII. ¿Ha recibido el cuestionario del tape?

IX: Dirección de correo electrónico para futuros contactos y / o preguntas.

Muchos gracias por su asistencia.

Esther de Ru