CPUP – Physiotherapists form

National health care program for children with cerebral palsy

Personal ID Number (birth date, client number)_____

Surnamne_____First name_____

County of residence (County, state) _____

Residential District _____

Assessment date (year- month-day)_____

Assessment carried out by _____

Dominating neurological symptom:

Spasticity☐ Dyskinesia ☐ Ataxia ☐ Unclassified/mixed type (Non-classifiable) ☐

Gross Motor Function Classification System I☐ II ☐ III ☐ IV ☐ V☐

Functional Mobility Scale (FMS)

1. How does your child move around for short distances in the house? (5 m)
2. How does your child move in and between classes at school? (50 m)
3. How does your child move around for long distances such as at the shopping center? (500 m)

Ask the child/ parent to rate the child´s most frequent mobility method at all three distances.
FMS is a performance measure, rate what the child actually does. Note one score for each distance.

_____ 5 metres _____ 50 metres _____ 500 metres

N= Does not apply:eg, child does not complete the distance.
C= Crawling: Child crawls for mobility at home (5 m).
1= Uses wheelchair: May stand for transfers, may do some stepping supported by another person or using a walker/frame.
2= Uses a walker or frame: without help from another person.
3= Uses crutches: without help from another person.
4= Uses sticks (one or two): without help from another person.
5= Independent on level surfaces: Does not use walking aids or need help from another person.* Requires rail for stairs. *If uses furniture, walls, fences, shop fronts for support, please use 4 as the appropriate description.
6= Independent on all surfaces: Does not use any walking aids or need any help from another person when walking over all surfaces including uneven ground, curbs etc. and in a crowded environment.

PPAS, postural ability in supine

1 = Unplaceable in an aligned posture
2 = Placeable in an aligned posture but needs support
3 = Able to maintain position when placed but cannot move
4 = Able to initiate flexion/extension of trunk
5 = Able to transfer weight laterally and regain posture
6 = Able to move out of position
7 = Able to move into and out of position

Comments _____

PPAS, quality of posture in suping

Supine, frontal (Yes = 1 point, No = 0 points)	
Head midline	
Trunk symmetrical	
Pelvis neutral	
Legs separated and straight relative to pelvis	
Arms resting by side	
Weight evenly distributed	
Total points	

Supine, sagittal (Yes=1 point, No=0 points)	
Head midline	
Trunk symmetrical	
Pelvis neutral	
Legs straight, hips and knees extended	
Feet resting in normal position	
Weight evenly distributed	
Total points	

Comments _____

PPAS, postural ability in sitting

1 = Unplaceable in an aligned posture
2 = Placeable in an aligned posture but needs support
3 = Able to maintain position when placed but cannot move
4 = Able to move trunk slightly forwards backwards without arching spine
5 = Able to transfer weight laterally and regain posture
6 = Ablew to move out of sitting position (i.e. transfer weight onto feet and lift bottom of seat)
7 = Ablwe to move into and out of sitting position (i.e. into standing and back)

Comments _____

PPAS, quality of posture in sitting

Sitting, frontal (Yes = 1 point, No = 0 points)	
Head midline	
Trunk symmetrical	
Pelvis neutral	
Legs separated and straight relative to pelvis	
Arms resting by side	
Weight evenly distributed	
Total points	

Sitting, sagittal (Yes=1 point, No=0 points)	
Head midline	
Trunk symmetrical	
Pelvis neutral	
Hips mid-position (90°)	
Knees mid-position (90°)	
Feet mid-position/flat on floor	
Total points	

Examined in sitting position: ☐ Without support ☐ With support

Comments _____

Assessment – spine, scoliosis

Scoliosis surgery ☐ No ☐ Yes (if **yes**, assessment below not mandatory)

Assessed in ☐ standing ☐ sitting ☐ lying

Scoliosis present ☐ No ☐ Yes

	Right	**Left**
Thoracic	☐convex	☐convex
Thoracolumbar	☐convex	☐convex
Lumbal	☐convex	☐convex

The scoliosis is ☐ flexible ☐ fixed

☐ mild ☐ moderate ☐ severe

Spinal brace

Uses spinal brace? ☐ No ☐ Yes

Purpose of the brace (several options may be chosen): **Brace has intended effect?**

1. Preventy deformity	☐ No ☐ Yes
2. Stabilize/positioning	☐ No ☐ Yes
3. Improve arm-handfunction	☐ No ☐ Yes
4. Improve head control	☐ No ☐ Yes

Average bracing time (hours/day):

☐ **<6** ☐ **6-10** ☐ **11-20** ☐ **>20**

Comments _____

Seating aids

Use of supportive seating ☐ No ☐ Yes

Type of supportive seating

- ☐ Activity chair
- ☐ Wheelchair (without tilt in space)
- ☐ Wheelchair (with tilt in space)
- ☐ Seating system
- ☐ Moulded seat

Other option – what _____

Hours / day spent in sitting

- ☐ < 3 hours
- ☐ 3-7 hours
- ☐ 8-12 hours
- ☐ > 12 hours

Seating aids are used toghether with

☐ Orthoses lower extremities ☐ Spinal brace

Comments _____

Sit to stand and stand to sit – performance (most common)

Without support (includes support against the child's own body, such as hands on knees). With support (includes all external support or assisstance such as walls, furniture, persons).

	Withoutsupport	With support	Cannot
Floor-sitting to standing	☐	☐	☐
Standing to floor-sitting	☐	☐	☐
Chair-sitting to standing	☐	☐	☐

Standing

☐ Not standing
☐ Standing with aids/support (includes support from furniture or walls)
☐ Standing without aids (includes support against the child's own body)

Standing aids

Uses standing aids	☐ No	☐ Yes		
Days per week:	☐ 1-2	☐ 3-4	☐ 5-6	☐ 7
Times per day:	☐ 1	☐ 2	☐ 3	☐ >3
Hours per day:	☐ <1	☐ 1-2	☐ 3-4	☐ >4

Type of standing aid (several options may be chosen
☐ Tilt table /Standing frame ☐ Standing brace ☐ Standing wheelchair

Standing widht, degree of abduction per leg
☐ 0-10° ☐ 11-20° ☐ 21-30°

Verticality
☐ 0-10° (close to vertical) ☐ >10° (further from vertical)

Standing aids used together with
☐ Orthoses (lower extr) ☐ Spinal brace

PPAS, postural ability in standing

1 = Unplacable in ana ligned standing posture
2 = Placeable in an aligned standing posture but needs support
3 = Able to maintain standing when placed but cannot move
4 = Able to move trunk slightly forwards-backwards over base without arching spine
5 = Able to transfer weight laterally and regain posture
6 = Able to move out of standing position
7 = Able to move inbto and out of standing position

Comments: _____

PPAS, quality of posture in standing

Standing, frontal (Yes =1point, No=0 points)	
Head midline	
Trunk symmetrical	
Pelvis neutral	
Legs separated and straight relative to pelvis	
Arms resting by side	
Weight evenly distributed	
Total points	

Standing, sagittal (Yes=1 point, No=0 points)	
Head midline	
Trunk symmetrical	
Pelvis neutral	
Legs straight, hips & knees extended	
Feet mid-position/flat on floor	
Pelvis neutral	
Total points	

Assessed in: ☐ Unsupported standing ☐ Supported standing ☐ In stander

Comments: _____

Wheelchair indoors – performance, most common (complementary to the FMS)

Manual wheelchair: ☐ Do not use ☐ Attendant pushed ☐ Self-propels
Powered wheelchair: ☐ Do not use ☐ Attendant pushed ☐ Self-propels

Wheelchair outdoors - performance, most common (complementary to the FMS)

Manual wheelchair: ☐ Do not use ☐ Attendant pushed ☐ Self-propels
Powered wheelchair: ☐ Do not use ☐ Attendant pushed ☐ Self-propels

Biking (All kinds of biking independent or with support on a bicycle, tricycle, tandem, armbike etc)

☐ Frequently (daily) ☐ Sometimes (once a week)) ☐ Rarely (once a month) ☐ Never

Stair climbing

Moves independently up the stairs
☐ No
☐ Jumps, crawls
☐ Walks

Moves independently down the stairs
☐ No
☐ Jumps, crawls
☐ Walks

Walks up the stairs
☐ Person assisting + handrail
☐ Person assisting
☐ Handrail
☐ Without support

Walks down the stairs
☐ Person assisting + handrail
☐ Person assisting
☐ Handrail
☐ Without support

Pain

Reported by: ☐ The child ☐ Proxy

Does the person or a proxy experience that the person has pain? ☐ No ☐ Yes

If yes, **where and how much** aich or pain did you have during the last four weeks?

	None	Very mild	Mild	Moderate	Severe	Very severe
Head	☐	☐	☐	☐	☐	☐
Neck	☐	☐	☐	☐	☐	☐
Back	☐	☐	☐	☐	☐	☐
Shoulders	☐	☐	☐	☐	☐	☐
Arms, hands	☐	☐	☐	☐	☐	☐
Hips, thigh	☐	☐	☐	☐	☐	☐
Knee	☐	☐	☐	☐	☐	☐
Feet, lower leg	☐	☐	☐	☐	☐	☐
Teeth	☐	☐	☐	☐	☐	☐
Stomach	☐	☐	☐	☐	☐	☐
Skin, pressure	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐

If other, please specify _____

If yes: How much did your aich and pain **affect your normal activities and sleep** during the last four weeks?

Your normal activities?

☐ Not at all
☐ Slightly
☐ Moderately
☐ Considerably

Your sleep?

☐ Not at all
☐ Slightly
☐ Moderately
☐ Considerably

Comments: _____

Surgery, treatment to reduce spasticity and serial casting

Has the person had any **surgery** since the last assessment? ☐ No ☐ Yes

If yes, please specify what surgery? Date

_____ _____

_____ _____

Has the person received any **Botulinum toxin injections** since the last assessment? ☐ No ☐ Yes

If yes, please specify which muscles? Date

_____ _____

_____ _____

Has the person been treated with medicine to reduce spasticity?

☐ No ☐ Yes If yes: ☐ by intratecal pump ☐ oral

Has the person been operated with rhizotomy?

☐ No ☐ Yes

Has the person been treated with **serial casting** since the last assessment? ☐ No ☐ Yes

If yes, what muscles? Date of cast removal (month+year)

_____ _____

Duration of treatment (weeks)_____

Fracture

Has the person had any fractures since the last assessment? ☐ No ☐ Yes

If yes, where? _____

Orthoses lower extremities (Several options may be reported)

Does the person use orthoses? ☐No ☐Yes

Orthoses to prevent contrctures/deformities:

	Right	Left	Average use hours/day < 6	6-10	11-20	>20
AFO	☐	☐	☐	☐	☐	☐
KAFO	☐	☐	☐	☐	☐	☐
KO	☐	☐	☐	☐	☐	☐
HO	☐	☐	☐	☐	☐	☐

Orthoses for function: **Aim** (several options may be chosen):

	Right	Left	1.Improve walking ability	2.Improve balance/ provide stability	3.Facilitate training	4. Other
FO (inserts)	☐	☐	☐	☐	☐	☐
Goal achieved (no, yes, don´t know)			1._____	2._____	3._____	4._____
AFO	☐	☐	☐	☐	☐	☐
Goal achieved (no, yes, don´t know)			1._____	2._____	3._____	4._____
KAFO	☐	☐	☐	☐	☐	☐
Goal achieved (no, yes, don´t know)			1._____	2._____	3._____	4._____
KO	☐	☐	☐	☐	☐	☐
Goal achieved (no, yes, don´t know)			1._____	2._____	3._____	4._____
HO	☐	☐	☐	☐	☐	☐
Goal achieved (no, yes, don´t know)			1._____	2._____	3._____	4._____

Assessment - feet (see manual)

Able to put weight onto both feet: ☐ No ☐ Yes

If Yes:

Right heel, when weight bearing: ☐ Normal ☐ Varus ☐ Valgus

Left heel, when weight bearing: ☐ Normal ☐ Varus ☐ Valgus

Spasticity / Muscle tone

Scissoring when walking/during activity? ☐ none ☐ mild ☐ severe

Scissoring at rest ☐ none ☐ mild ☐ severe

Foot clonus **Right** ☐ No ☐ Yes **Left** ☐ No ☐ Yes

Assessment of muscle tone at rest according to the Modified Ashworth Scale (see manual)

0 = No increase in muscle tone.
1 = Slight increase in tone with a catch and release or minimal resistance at end of range.
1+ = As 1 but with minimal resistance through range following catch.
2 = More marked increase tone through ROM.
3 = Considerable increase in tone, passive movement difficult.
4 = Affected part rigid.

	Right						Left					
	0	**1**	**+1**	**2**	**3**	**4**	**0**	**1**	**+1**	**2**	**3**	**4**
Hip flexors	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hip extensors	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hip adductors	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Knee flexors	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Knee extensors	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Plantar flexors	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments: _____

Joint Range of Movement – (for standardised positions, see the manual)

Supine lying	**Right**	**Left**	**Differs from standardised position**	
Hip				
Abduktion (obligatory) Lower legs outside the plinth, extended hips, flexed knees	_____o	_____o	☐ No	☐ Yes
Abduktion (optional) Extended hips and knees.	_____o	_____o	☐No	☐Yes
Flexion Contralateral hip extended	_____o	_____o	☐No	☐Yes
Knee				
Popliteal angle 90° hip flexion (full knee extension = 180°)	_____o	_____o	☐No	☐Yes
Extension Extended hip (full knee extension = 0°)	_____o	_____o	☐No	☐Yes
Ankle				
Dorsiflexion (flexed knee).	_____o	_____o	☐No	☐Yes
Dorsiflexion (extended knee)	_____o	_____o	☐No	☐Yes

Prone lying	**Right**	**Left**	**Differs from standardised position**	
Hip				
Internal rotation Extended hip, flexed knee	_____o	_____o	☐No	☐Yes
External rotation Extended hip, flexed knee	_____o	_____o	☐No	☐Yes
Elys test (length of rectus) Pelvis fixed, flex the knee.	_____o	_____o	☐No	☐Yes
Extension Legs outside the plinth, extend one leg, secure the pelvis with the other hand.	_____o	_____o	☐No	☐Yes

Physiotherapy

Has the person recieved physiotherapy interventions
apart from the CPUP assessment, since the last assessment? ☐ No ☐ Yes

If yes, how often?

☐ <1 time/month ☐ 1-3 time/months ☐ 1 - 2 times/week ☐ 3 - 5 times/week ☐ > 5 times/week

How often has the physiotherapist been present at these occasions?

☐ <1 time/month ☐ 1-3 time/months ☐ 1 - 2 times/week ☐ 3 - 5 times/week ☐ > 5 times/week

Are there formulated goals for physiotherapy interventinos? ☐ No ☐ Yes

Are the goal / goals achieved? ☐ No ☐ Yes

Has the person had one or several periods of intense training, since the last asssessment?

☐ No ☐Yes

Duration of training period:	☐ 1week	☐ 2-6 ws	☐ 7-12ws	☐ >12ws
Training intensity:	☐1time/w	☐1-2 t/w	☐3-5 t/w	☐ dayly

Physical activity

Has the **person** participated and performed physical activities/sports in school/preeschool, since the last assessment? ☐ No ☐ Yes

If yes, how often?

☐ < 1 time/ week ☐ 1-2 times/week ☐ 3-5 times/week

Has the **person** participated and performed physical leisure activities/sports, since the last assessment? ☐ No ☐ Yes

If yes, how often?

☐ < 1 time/ week ☐ 1-2 times/week ☐ 3-5 times/week

What activities?

☐ Swimming ☐ Boule ☐ Soccer ☐ Dance ☐ Strength training

☐ Gymnastics ☐ Skiing ☐ Skating ☐ Basket ☐ Horseback riding

☐ Archery ☐ Sledge hockey Other_____

If no, state the main reason why the person does not participate in physical leisure activities:

☐ Offers not available ☐ Not intereseted ☐ Lack of energy

☐ Lack of assistance ☐ Lack of adaptation Annat_____

Bodyfunctions and Bodystructures

Has the person received physiotherapy interventions to improve and affect the following movement related functions and structures, since the last assessment?

	No	Yes
Muscle power (force)	☐	☐
Muscle tone	☐	☐
Joint range of movement	☐	☐
Postural ability(balance, stability)	☐	☐
Oxygen uptake /Endurance	☐	☐
Body image	☐	☐
Respiration	☐	☐
Pain	☐	☐

Physiotherapy
Maintain body position – change body position – mobility
Has the child been training the following activities since the last assessment?

Maintain body position (lying, sitting, kneeling, standing)	☐ No	☐ Yes
Change position (from lying to sitting to standing)	☐ No	☐ Yes
Mobility (bottom shuffling, rolling, crawling, walking, running, jumping, mobility with wheelchair or other means of transportation)	☐ No	☐ Yes

Physiotherapy
Activities, Participation – Self-care
Has the child been training any activities/participation towards self-care, since the last assessment?

	No	Yes
Eating and drinking	☐	☐
Personal hygien/washing	☐	☐
Toiletting	☐	☐
Dressing - undressing	☐	☐

Did the CPUP-assessment lead to any suggested interventions? (Please specify)

Other comments

GMFM performed (year–month-day)_____
If the following assessment tools have been used, the results may be recorded here:

GMFM – 66
GMFM-66 points_____ SE_____ 95% CI_____ - _____

GMFM - 88
Total (%)____ Target score (%)____

Dimension score (%) A_____ B_____ C_____ D_____ E_____

Definite target areas: □A □B □C □D □E

PEDI Performed (year – month-day)_____

Part I Functional skills	Scale score	SE	**Part II** Need for assistance	Scale score	SE
Personal care			Personal care		
Mobility			Mobility		
Social ability			Social ability		

Del III Presence of number of adaptations	None	General	Assistive devices	Extensive
Personal care				
Mobility				
Social ability				