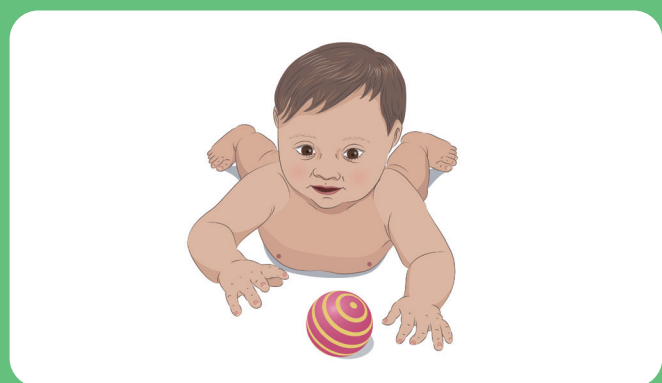
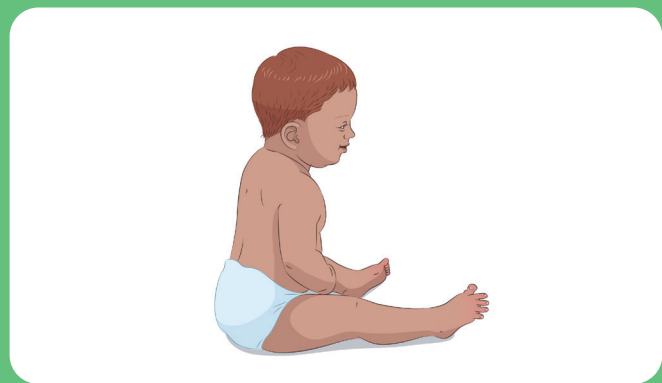
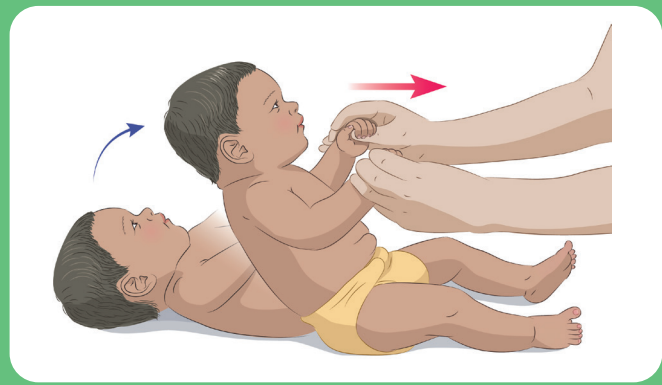
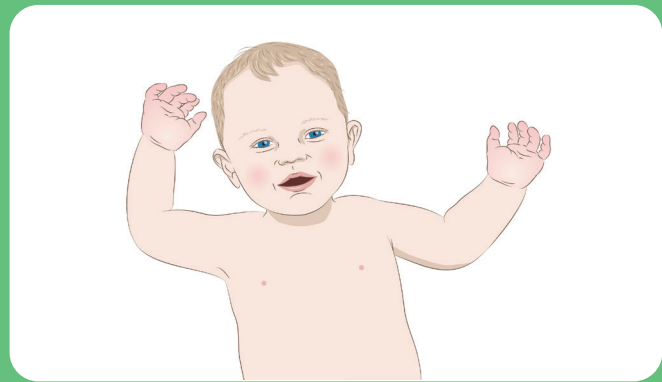
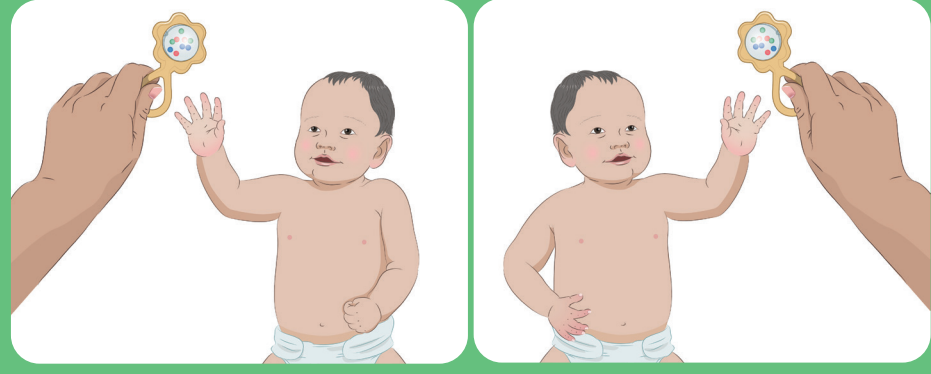


PROMPTS

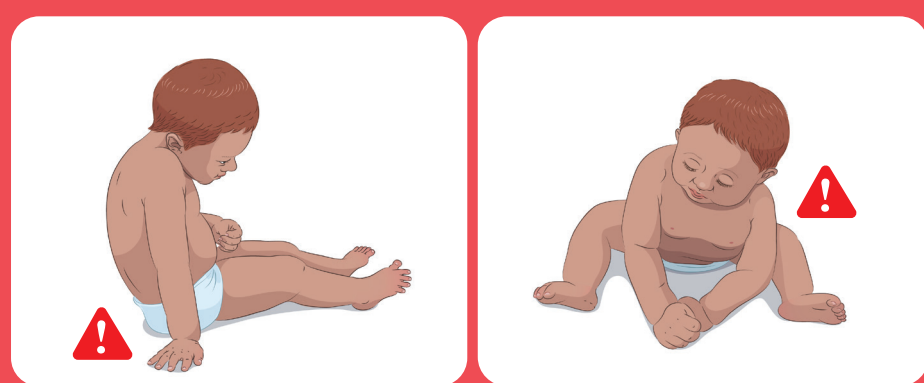
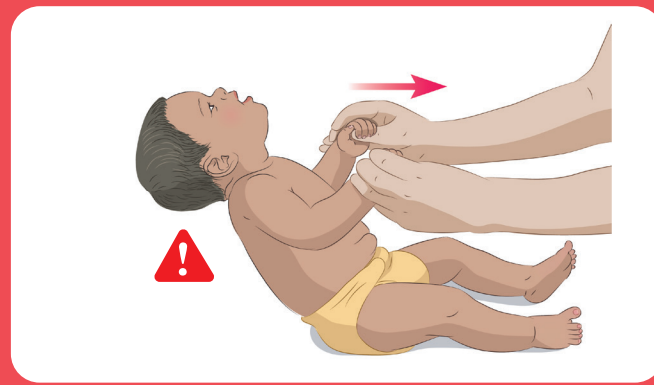
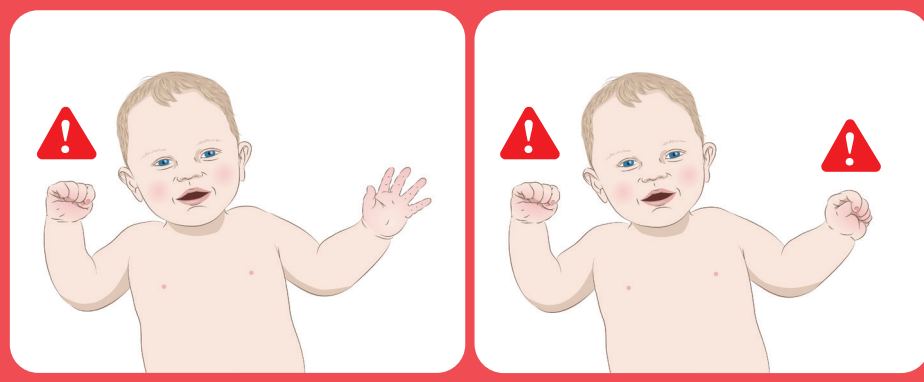
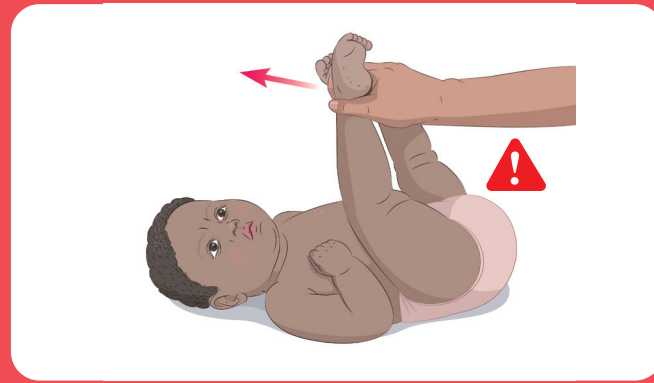
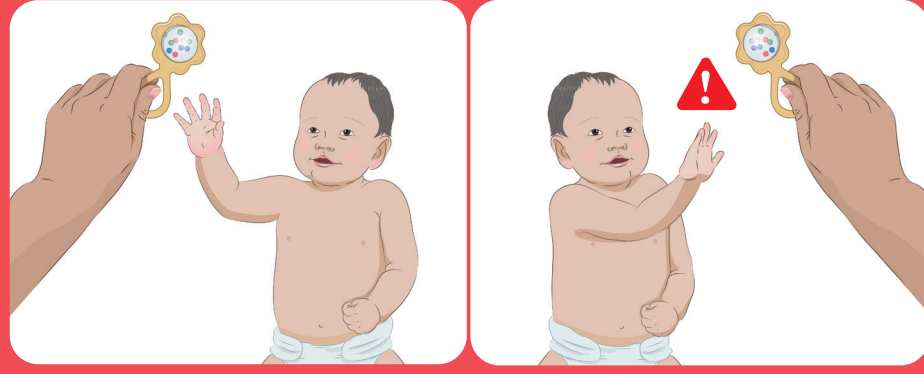
for

Cerebral Palsy Referral

TYPICAL Development



ATYPICAL Development



CLINICAL FEATURES



If "YES" to any ONE of these ATYPICAL SIGNS, refer to a child neurologist or a developmental pediatrician for diagnostic assessment

The child consistently demonstrates a **hand preference** before 12 months of age

The child demonstrates **stiffness or tightness in the legs** between 6–12 months of age (e.g. unable to bring their toes to mouth when having their diaper/nappy changed)

The child consistently keeps their **hands fisted (closed/clenched)** after the age of 4 months

The child demonstrates a **persistent head lag** beyond 4 months of age

The child is **not able to sit without support** beyond 9 months of age

The child demonstrates **consistent asymmetry of posture and movements** after the age of 4 months

WARNING SIGNS

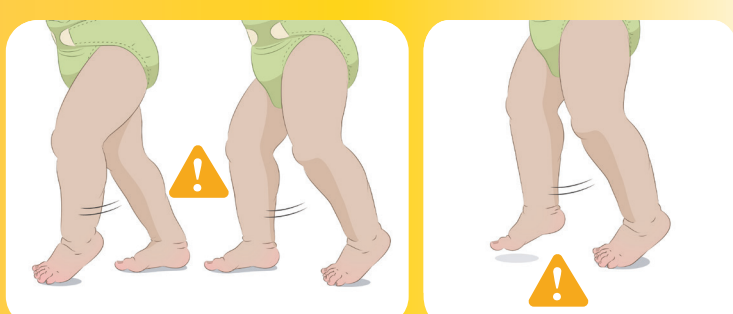


If "YES" to EITHER of these signs, monitor rather than immediately refer for diagnostic assessment

Abnormal if this persists beyond 6 months:



The child demonstrates a **persistent Moro reflex** beyond 6 months of age



The child demonstrates **consistent toe-walking or asymmetric-walking** beyond 12 months of age

REFERRAL RECOMMENDATIONS

When referring to a medical specialist for diagnostic assessment, also refer to:

- All children should be referred to a **motor intervention specialist** (e.g. pediatric occupational therapist and/or pediatric physical therapist)
- If the child manifests a delay in communication, they should be referred to a **speech-language pathologist**
- If the child manifests hearing concerns, a referral should be made to an **audiologist**
- If the child manifests vision difficulties (e.g. not fixating, following, and/or tracking), a referral should be made to an **optometrist** or an **ophthalmologist**, and to a **functional vision specialist** (e.g. occupational therapist with expertise in pediatric vision; early childhood vision consultants)
- If the child manifests feeding difficulties (e.g. poor sucking, swallowing, choking, not gaining weight), a referral should be made to a **feeding specialist** (e.g. occupational therapist or speech-language pathologist)