

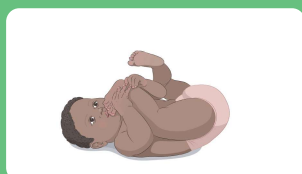
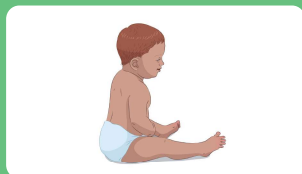
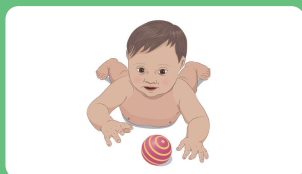
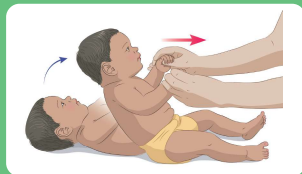
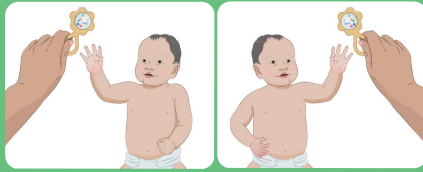
# PROMPTs for Cerebral Palsy Referral

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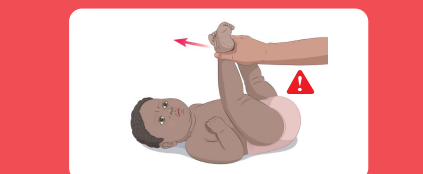
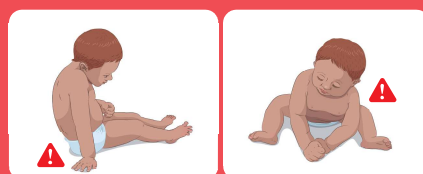
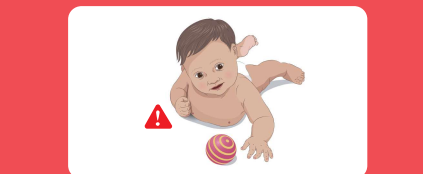
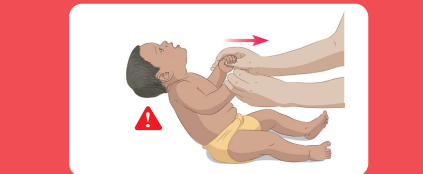
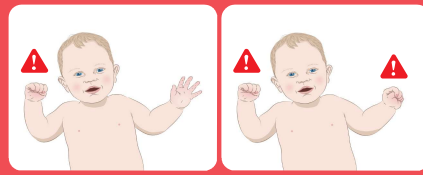
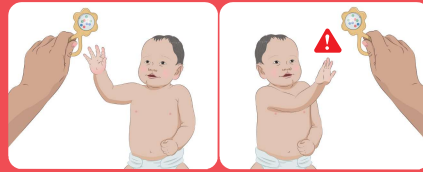
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## TYPICAL Development



## ATYPICAL Development



## CLINICAL FEATURES

If "YES" to any ONE of these ATYPICAL SIGNS, (if premature, use corrected age), refer to a developmental pediatrician, a child neurologist, or a physiatrist for diagnostic assessment.

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

The child consistently keeps 1 or 2 **hands fisted (closed/clenched)** after the age of 4 months

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

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

The child is **not able to sit without support** beyond 9 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)

## WARNING SIGNS

If "YES" to EITHER of these signs, monitor and plan for a follow-up visit with your patient 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 or nutritionist)