

## Physiotherapy Information Gathering Form – Selective Dorsal Rhizotomy Candidates

*To be completed by Physiotherapist please*

**Patient:** ..... **Date of Birth:** ...../...../.....(dd/mm/yyyy)

**Parents/guardians:** .....

**Address:** .....

**City:** ..... **County:** ..... **Postcode:** .....

**Child's diagnosis:** include distribution/severity of spasticity, GMFCS level, MRI results, deformities/contractures

Physiotherapist Name:

Base & Contact No.:

Email:

Current Level of Physiotherapy Input & Compliance:

Occupational Therapist's name:

Base & Contact No.:

Email:

### Equipment

Mobility devices:

Orthotics:

Seating:

Standing:

What is Your opinion on suitability for SDR surgery?

## Child's current functional abilities:

		Independent	Assisted	Unable to Do
<b>Rolling</b>	Supine to Side lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Supine to Prone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prone to Supine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Needs Trunk Support	3 Secs	Arms Free For: 5 Secs	Indefinite
<b>Sitting</b>	Cross-legged on floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Long-legged on floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	On a bench	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Independent	Assisted	Unable to Do	Can reach with one hand
<b>Kneeling</b>	Four-Point Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	High Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Half-Kneeling Left leg up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Half-Kneeling Right leg up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

		Independent	Assisted	Unable to Do
<b>Crawling</b>	Reciprocally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Commando	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Requires full support	3 Sec	Hands Free For: 5 Sec	Indefinite	Squats to pick up toys
<b>Standing</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Mobility</b>	Mainly crawls	<input type="checkbox"/>
	Cruises round furniture	<input type="checkbox"/>
	Uses assistive device indoors and outdoors	<input type="checkbox"/>
	Walks independently indoors but assistive device outdoors	<input type="checkbox"/>
	Walks independently but W/C for long distances	<input type="checkbox"/>
	No limitation to walking	<input type="checkbox"/>
	Able to run independently	<input type="checkbox"/>
	Can jump with both feet off floor	<input type="checkbox"/>

		Independent no bannister	Independent with bannister	Needs assistance	On Hands & Knees
<b>Stairs</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Independent	Assisted	Unable to Do
<b>Transitions</b>	Supine to sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sitting to Four-point kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Four-point to High-kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	High-kneeling to standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sitting on chair to standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Signature:**

**Grade:**

**Date:**

**Please return completed form to:**

Kate McCune, Specialist Children's Physiotherapist, Child Therapy Department, A-floor Clarendon Wing, Leeds General Infirmary, Great George St, Leeds, LS1 3EX

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