

# Selective Dorsal Rhizotomy & Intrathecal Baclofen Assessment Form

Mr John Goodden, Consultant Paediatric Neurosurgeon & Dr Raj Lodh, Consultant in Paediatric Neurorehabilitation

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

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

**Address:** .....

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

**Home Phone:** ..... **Mobile:** ..... **Fax:** .....

**E-Mail Address:**.....

**Sex:** Male / Female

**Height:** ..... (cm)

**Weight:** ..... (kg)

## MEDICAL HISTORY

**Pregnancy**                      **Duration:** .....weeks                      **Birth Weight:** .....kg .....gm

**Problems in Pregnancy?:** .....

**Delivery**                      **Normal vaginal delivery:** Yes / No      **Forceps** Yes / No      **Caesarian section:** Yes / No

Other .....

**Neonatal problems**      Was your child admitted to a **Neonatal Unit?**      Yes / No

**Ventilator:**                      Yes / No      If yes, how long? .....

**Brain haemorrhage:**      Yes / No      If yes, what grade? .....

**Hydrocephalus:**              Yes / No      **Was shunt placed?** Yes / No      When?.....

**Shunt revisions?**              Yes / No      Dates: .....

**Seizures:**                      Yes / No      Medication? .....

**Age cerebral palsy diagnosed:** .....

**Type of cerebral palsy:**      Spastic diplegia / Quadriplegia / Triplegia / Hemiplegia (*delete as applicable*)

**CT brain scan:**      Yes / No      Date: .....                      **MRI Brain scan:**      Yes / No      Date: .....

**Oral Baclofen:**      Currently / Tried in past / Never tried      **Dose (if applicable)** .....

**Other medication:** .....

**Medical problems, including allergies:** .....

**Surgery (Month / Year)**              Gastrocnemius/heelcord .....      Derotation osteotomy.....

Adductors .....      Hamstrings .....

**Other operations** .....

Has your child had **Botulinum Toxin** injections in the last six months? Yes / No

*If yes*, when was last injection .....

Is your child currently receiving physiotherapy? Yes / No  
How Many times / week? .....

Does your child have any **contractures / limited joint movements**? Yes / No

If yes, where? .....

Are you willing to keep post-operative follow-up appointments for at least three years? Yes / No

***Please indicate if your child has been diagnosed with any of the following illnesses.***

**Problems with Anaesthetic** Yes / No

**Heart Problems** Congenital Heart Defect Yes / No  
Heart Murmur Yes / No

**Lung Problems** Asthma/Wheezing Yes / No  
Pneumonia Yes / No  
Broncho Pulmonary Dysplasia (BPD) Yes / No

**Hormone Problems** Thyroid Yes / No  
Diabetes Yes / No  
Growth Delay Yes / No

**Gastrointestinal Problems** Reflux Yes / No

**Kidney / Bladder Problems** Renal Dysfunction Yes / No  
Kidney Infections Yes / No  
Urinary Tract Infections Yes / No

**Blood Problems** Bleeding Problems Yes / No  
Anaemia Yes / No

**Other** ADD/ADHD Yes / No  
Learning Disability Yes / No

***Please comment on any "Yes" answers:*** .....

.....  
.....  
.....  
.....  
.....  
.....

**General Development** (tester's observation, parent report, medical records)

<b>Speech</b>	Age appropriate?	Yes / No
<b>Intelligence</b>	Age appropriate?	Yes / No
<b>Hearing Normal?</b>		Yes / No
<b>Vision Normal?</b>		Yes / No
<b>Family will provide additional therapy</b>		Yes / No

**Comments** .....

.....

**Developmental History** (parent report, medical or school records, other)

**At what age did the child first:**

Sit alone on the floor	.....	Sit alone on bench	.....
Crawl on hands and knees	.....	Get into sitting	.....
Pull to stand up	.....	Stand alone	.....
Walk with assistive device	.....	Walk alone	.....

**Please also complete the GMFCS assessment at end of questionnaire**

**Goals**

What are your goals for your child? Please explain in your own words what improvements you hope to see in your child, how you hope that we may help you and specific questions you may have:

*Continue overleaf if necessary*

### General Practitioner (GP)

Name .....

Address: .....

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

Phone: ..... Fax: .....

### Paediatrician / Neurologist

Name .....

Address: .....

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

Phone: ..... Fax: .....

### Orthopaedic Surgeon

Name .....

Address: .....

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

Phone: ..... Fax: .....

### Physiotherapist

Name .....

Address: .....

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

Phone: ..... Fax: .....

### Occupational Therapist

Name .....

Address: .....

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

Phone: ..... Fax: .....

***Please return this completed form to:***

Mrs V Allerton  
Secretary to Mr J Goodden  
Department of Neurosurgery,  
Leeds General Infirmary,  
Great George Street  
Leeds, LS1 3EX  
Tel 0113 392 8413  
[Valerie.Allerton@nhs.net](mailto:Valerie.Allerton@nhs.net)

**If you have reports or CDs of X-rays or MRI scans,  
please send us copies.  
If you don't have copies, please let us know and we can  
contact the hospital to request them.  
*Please phone us with the details.***

*Questionnaire adapted with kind permission from Dr Park, St Louis Children's Hospital*

**GMFCS Family Report Questionnaire:**  
**Children Aged 2 to 4 Years**

Please read the following and mark **only one box** beside the description that best represents your child's movement abilities.

My child...

---

**Has difficulty controlling head and trunk posture in most positions**

and uses specially adapted seating to sit comfortably

and has to be lifted by another person to move about

---

**Can sit on own when placed on the floor and can move within a room**

and uses hands for support to maintain sitting balance

and usually uses adaptive equipment for sitting and standing

and moves by rolling, creeping on stomach or crawling

---

**Can sit on own and walk short distances with a walking aid** (such as a walker, rollator, crutches, canes, etc.)

and may need help from an adult for steering and turning when walking with an aid

and usually sits on floor in a "W-sitting" position and may need help from an adult to get into sitting

and may pull to stand and cruise short distances

and prefers to move by creeping and crawling

---

**Can sit on own and usually moves by walking with a walking aid**

and may have difficulty with sitting balance when using both hands to play

and can get in and out of sitting positions on own

and can pull to stand and cruise holding onto furniture

and can crawl, but prefers to move by walking

---

**Can sit on own and moves by walking without a walking aid**

and is able to balance in sitting when using both hands to play

and can move in and out of sitting and standing positions without help from an adult

and prefers to move by walking

---

© Amy Dietrich, Kristen Abercrombie, Jamie Fanning, and Doreen Bartlett, 2007

Available from *CanChild* Centre for Childhood Disability Research ([www.canchild.ca](http://www.canchild.ca)), McMaster University

GMFCS modified with permission from Palisano et al. (1997) *Dev Med Child Neurol*, 39, 214-223.

**GMFCS Family Report Questionnaire:**  
**Children Aged 4 to 6 Years**

Please read the following and mark **only one box** beside the description that best represents your child's movement abilities.

My child...

---

**Has difficulty sitting on their own and controlling their head and body posture in most positions**

and has difficulty achieving any voluntary control of movement  
and needs a specially-adapted supportive chair to sit comfortably  
and has to be lifted or hoisted by another person to move

---

**Can sit on their own but does not stand or walk without significant support and adult supervision**

and may need extra body / trunk support to improve arm and hand function  
and usually needs adult assistance to get in and out of a chair  
and may achieve self-mobility using a powered wheelchair or is transported in the community

---

**Can walk on their own using a walking aid (such as a walker, rollator, crutches, canes, etc.)**

and can usually get in and out of a chair without adult assistance  
and may use a wheelchair when travelling long distances or outside  
and finds it difficult to climb stairs or walk on an uneven surface without considerable help

---

**Can walk on their own without using a walking aid, but has difficulty walking long distances or on uneven surfaces**

and can sit in a normal adult chair and use both hands freely  
and can move from the floor to standing without adult assistance  
and needs to hold the handrail when going up or down stairs  
and is not yet able to run and jump

---

**Can walk on their own without using a walking aid, including fairly long distances, outdoors and on uneven surfaces**

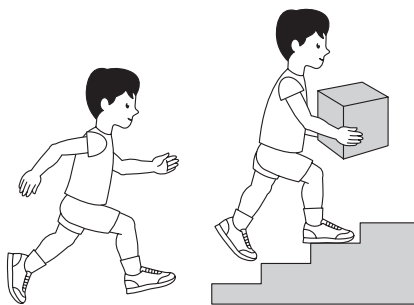
and can move from the floor or a chair to standing without using their hands for support  
and can go up and down stairs without needing to hold the handrail  
and is beginning to run and jump

---

© Claire Kerr and Brona McDowell, 2007

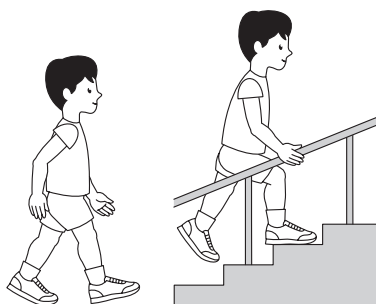
Available from *CanChild* Centre for Childhood Disability Research ([www.canchild.ca](http://www.canchild.ca)), McMaster University  
GMFCS modified with permission from Palisano et al. (1997) *Dev Med Child Neurol*, 39, 214-223.

# GMFCS for children aged 6-12 years: Descriptors and illustrations



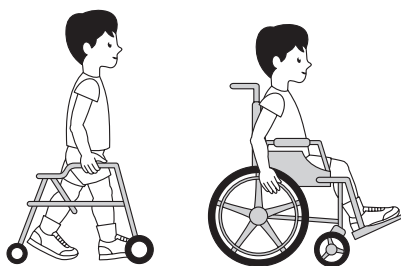
## GMFCS Level I

Children walk indoors and outdoors and climb stairs without limitation. Children perform gross motor skills including running and jumping, but speed, balance and coordination are impaired.



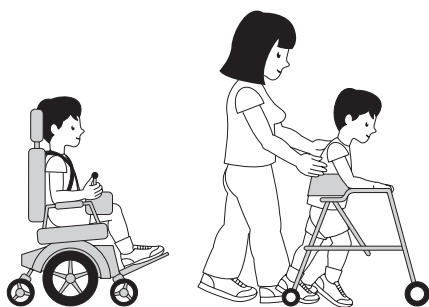
## GMFCS Level II

Children walk indoors and outdoors and climb stairs holding onto a railing but experience limitations walking on uneven surfaces and inclines and walking in crowds or confined spaces and with long distances.



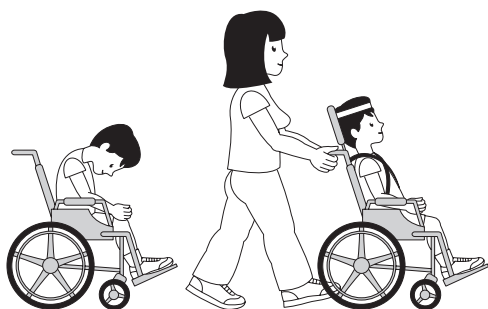
## GMFCS Level III

Children walk indoors or outdoors on a level surface with an assistive mobility device and may climb stairs holding onto a railing. Children may use wheelchair mobility when traveling for long distances or outdoors on uneven terrain.



## GMFCS Level IV

Children use methods of mobility that usually require adult assistance. They may continue to walk for short distances with physical assistance at home but rely more on wheeled mobility (pushed by an adult or operate a powered chair) outdoors, at school and in the community.



## GMFCS Level V

Physical impairment restricts voluntary control of movement and the ability to maintain antigravity head and trunk postures. All areas of motor function are limited. Children have no means of independent mobility and are transported by an adult.