

Selective Dorsal Rhizotomy Pre-Clinic Information Form

Leeds MDT Spasticity Service

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:kggm

Problems in Pregnancy?:

Delivery: Normal vaginal delivery: Yes / No Forceps Yes / No Caesarean section: Yes / No

Other

Neonatal problems

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

Ventilator: Yes / No If yes, how long?

Was your child discharged home on oxygen & for how long?

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

Hydrocephalus: Yes / No

Was shunt placed? Yes / No When?

Shunt revisions? Yes / No Dates:

Epilepsy / Seizures: Yes / No

Feeding problems: Were there any feeding problems at discharge? Yes / No

Cerebral Palsy

Age cerebral palsy diagnosed:

Why was the diagnosis made? (eg delayed milestones)

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

Baclofen Dose (*if applicable*)

Any other Medicines (eg pain-relief, seizure medication, meds for constipation / reflux / asthma etc)

Please list names of medications:

.....

.....

Any medication allergies? Yes / No Please list:

Botulinum Toxin Therapy?

Has your child had Botulinum Toxin therapy Yes / No

When did they have this? (approx. dates)

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What difference did it make? (eg change in pain / stiffness / ease of movement / sleep)

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Physiotherapy

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

What is your child working on in therapy at present?

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.....

Does your child participate in other therapeutic type activities? (ie swimming/horseriding):

Please Detail

.....

Does your child use any of the equipment listed below?

Please detail the equipment type / brand, when it is used and how it is tolerated

Walking aid

Orthotics(splints)

Night splints or positioning in bed

Specialist seating

Wheelchair

Standing frame

Orthopaedic Surgery – Has your child had any muscle / bone surgery? Yes / No

Please list (& include removal of metalwork too):

.....

Any Other operations

When was your child’s last Hip x-ray?

.....

Does your child have any problems with their spine (eg scoliosis) or posture?

.....
.....

General Development

Speech Age appropriate? Yes / No

Learning Age appropriate? Yes / No

Hearing Normal? Yes / No

Vision Normal? Yes / No

Does your child attend: mainstream school / nursery or specialist school or nursery?

Do they have an educational health care plan / statement of special educational needs? Yes / No

Is your child's hand control / dexterity normal for age? Yes / No

Are there any things that your child used to be able to do that they cannot do now?

If Yes, please detail: (eg loss of hand function)

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Does your child have any problems with bladder / bowel control? Yes / No

If Yes, please detail: (eg constipation / still in nappies)

.....

Developmental History

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 this questionnaire

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

Does your child have epilepsy? & how often are fits?		Yes / No
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
	Do they have gastrostomy?	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:

.....

How does muscle stiffness / spasticity interfere with your child's life?

Problems with Physical activity? (eg standing, stepping, sitting)

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.....
.....
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Problems with Pain?

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Problems with Sleep?

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What are your child's Hobbies / interests? What activities do they enjoy?

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What are your Goals for your child? What would you like to improve?

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:

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SDR Follow-up

SDR is a complex treatment and requires careful follow-up. Post-SDR appointments are made in Leeds at 6-months, 1-year, 2-years, 5-years & 10-years.

Are you willing to keep post-operative follow-up appointments as above? Yes / No

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

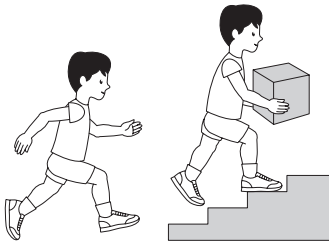
Name
Address:
City: County: Postcode:
Phone: Fax:

Please return this completed form to:

Nicola Shackleton
SDR MDT Coordinator,
Paediatric Neurology, Room 35,
F Floor, Martin Wing,
Leeds General Infirmary,
Great George Street
Leeds, LS1 3EX
Tel 0113 392 6193
Email: nicola.shackleton@nhs.net

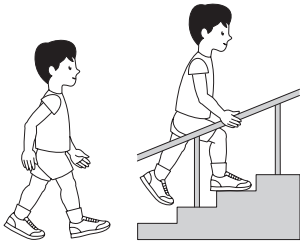
**If you have reports or CDs of X-rays or MRI scans,
please send us copies.
If you don't have copies, please let us know and we can
contact the hospital to request them.
Please phone us with the details.**

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



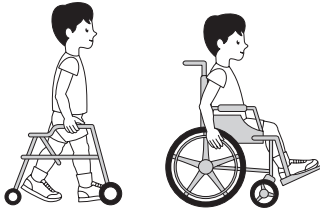
GMFCS Level I

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.



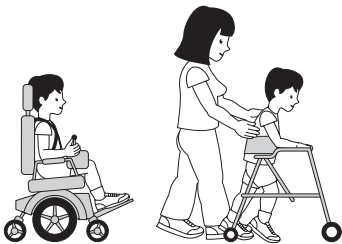
GMFCS Level II

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.



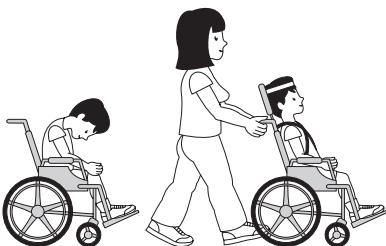
GMFCS Level III

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.