Developmental Paediatrics

McMaster University Children’s Hospital
Changes to travel routes, parking and drop-off locations at the Chedoke Campus will change starting August 26 to late September due to city road construction.
Resident: ___________________________ Faculty: ___________________________

Date: ___________________________ Rotation/Setting: ___________________________

Please circle the following:

Complexity of clinical case: Low Moderate High

Focus: Data Gathering Physical Examination Counseling

Please circle a number only under skills observed:

1. Medical Interviewing
   1 2 3 4 5 6 7 8 9
   UNSATISFACTORY SATISFACTORY SUPERIOR

2. Physical Examination Skills
   1 2 3 4 5 6 7 8 9
   UNSATISFACTORY SATISFACTORY SUPERIOR

3. Humanistic Qualities/Professionalism
   1 2 3 4 5 6 7 8 9
   UNSATISFACTORY SATISFACTORY SUPERIOR

4. Clinical Judgment
   1 2 3 4 5 6 7 8 9
   UNSATISFACTORY SATISFACTORY SUPERIOR

5. Counseling Skills
   1 2 3 4 5 6 7 8 9
   UNSATISFACTORY SATISFACTORY SUPERIOR

6. Organization/Efficiency
   1 2 3 4 5 6 7 8 9
   UNSATISFACTORY SATISFACTORY SUPERIOR

7. Overall Clinical Competence
   1 2 3 4 5 6 7 8 9
   UNSATISFACTORY SATISFACTORY SUPERIOR

Please give copy to resident! Adapted by PG 12/21/2010
Development is the defining feature of childhood. In any area of medicine, when caring for children, developmental aspects will be important in diagnosis, management and treatment decisions.
Developmental Paediatrics

Development is the defining feature of childhood. In any area of medicine, when caring for children, developmental aspects will be important in diagnosis, management and treatment decisions. In general paediatrics today, more than 20% of patients are referred because of developmental, behavioural and psychosocial issues or so called “new morbidities” (Gunasekera & Buckmaster, 2004). These “new morbidities” are actually becoming the “true morbidities” in many of the patients seen nowadays by paediatricians.
The division of developmental paediatrics cares for patients with a wide variety of developmental disorders including Autism, Acquired Brain Injury, Cerebral Palsy, Cognitive disability, Down Syndrome, Complex Learning and Behavioural Disorders, Language Delay and many more. Many of those patients and their families present with additional psychosocial and behavioural issues that add complexity to those cases.

Besides the general developmental clinics, we run a variety of specialized clinics that are typically multidisciplinary in nature such as the Neuromuscular Clinic, Adolescent Clinic for children with physical disabilities, Spasticity Clinic, Cleft Lip and Palate Clinic, Acquired Brain Injury Clinic, Down Syndrome Clinic, Spina Bifida Clinic and Complex Developmental Care Clinic. The majority of the clinics are located at the Chedoke site, but also at the McMaster site of McMaster Children's Hospital.

The developmental paediatricians work closely with the Developmental Paediatric Rehabilitation and the Autism Spectrum Disorder Services at Chedoke.

Physician input to the latter service is shared with colleagues from child psychiatry, including Dr. Kerry Boyd and Dr. Marc Woodbury-Smith.

The team is involved in several areas of research including Transition to Adulthood, Cerebral palsy, Autism and the International Classification of Functioning, Disability and Health. All of the physicians in the group are dedicated teachers. They participate at the undergraduate, graduate and postgraduate levels of medical education. Dr. Teresa Carter is the associate director of the Paediatric Clerkship program and Dr. Karen Harman is the director of the fellowship program in developmental paediatrics.
Developmental Paediatrics Contacts

Educational Resource Person
Dr. Olaf Kraus de Camargo
krausdc@mcmaster.ca
x74275

Educational Assistant
Lisa Kennedy
lkenne@mcmaster.ca
x73504

Resident Education Resource Person
Andrea Kirou-Mauro
andrea.kirou-mauro@medportal.ca
Chedoke Site

Finding Us at the Chedoke Site

Although some parts of Developmental Paediatrics are located at McMaster, the majority of the clinics are located at the Chedoke Hospital site in the Chedoke Child & Family Centre in the Evel building.

Parking at Chedoke

To park in the Chedoke, Holbrook parking lot you will have to pay $5.00 in loonies and toonies upon exit. Parking permits are available for $54.12 per month. There is a $2.00/day lot if you don’t mind walking a bit further. If you have questions or require a parking permit for the Chedoke site, please contact the parking office at 905-521-2100 x77754. Please check below the site maps and road work maps.

Interactive 1.2 Chedoke Map

Click here to open an interactive GoogleMap!

Interactive 1.1 Chedoke Site Map

Interactive 1.3 Chedoke Roadwork Map
Learner’s Room at Chedoke
The Learner’s room is on the 4th floor of the Evel building, room 448 and contains a work space, computer and telephone for your use. This room will be shared by all of the residents and clinical clerks on rotation at any given time. Coats, backpacks, etc can be left in this room while in clinic but please keep in mind that the door will remain unlocked during the day.
Please be also aware, that this is a working space and there might be colleagues trying to read or dictate and this might require silence from the others in the room.

Coffee Shop at Chedoke
There is a coffee shop which makes light lunches at the Chedoke site on the first floor of the Evel Building. If you prefer to bring your own lunch, please let staff know and they will point out the nearest refrigerator and microwave.

Photocopier at Chedoke
If you require photocopying, faxing, printing or scanning please contact the Educational Assistant for an access code.

Personal Time Off
Any personal time off needs to be applied for through Medportal and approved by Postgraduate Medical Education.

Sick Time Off
If you need to take a sick day please contact Lisa Kennedy as well as the physician’s office that you would be scheduled to be joining that day, either by email or phone.
Meet the Faculty
Dr. Ronit Mesterman is an Associate Professor of Paediatrics at McMaster University and the Division Head of Developmental Paediatrics. She is certified in paediatric neurology and developmental paediatrics. Following her medical training in Munich, Germany, she completed her postgraduate training in paediatrics, paediatric neurology and developmental paediatrics in Israel. She joined the faculty at McMaster University in 2004. Her dual training reflects her philosophy that developmental paediatrics and child neurology go together and as such she is working clinically in both divisions. Her main clinical and research interests are assessment and treatment of Cerebral Palsy. She has established a very busy multi-disciplinary spasticity clinic. Besides her active clinical and educational contributions, Dr. Mesterman is the Medical Director of Developmental Paediatric Rehabilitation and Autism Spectrum Disorders Services.
Dr. Teresa Carter

no photo available

P: 905-521-2100 x 73508
F: 905-524-5707
cartert@mcmaster.ca

Dr. Teresa Carter completed her general paediatric training in London UK in 1990 and undertook a Fellowship in developmental and community paediatrics there, which included obtaining her MSc at the Institute of Child Health. She worked in the UK as a consultant community paediatrician from 1995 until 2000 specializing in Child Protection, Child Public Health and Developmental Paediatrics. She joined the Division of Developmental Paediatrics in the Department of Paediatrics at McMaster University in 2002, where she is now an Associate Professor.

Her clinical interests include neuromuscular diseases, autism, fetal alcohol spectrum disorders and the genetics of disability. Her academic interests focus on undergraduate medical education, inter-professional education and inter-professional working practices.
Dr. Jan Willem Gorter

P: 905-521-2100 x 27855
F: 905-524-0069
gorter@mcmaster.ca
http://www.canchild.ca/
http://www.netchild.nl/

Dr. Jan Willem Gorter, MD, PhD, FRCP(C) is an Associate Professor in the Department of Paediatrics and an associate member in the School of Rehabilitation Science at McMaster University. He is an investigator at CanChild Centre for Childhood Disability Research at McMaster University since 2008 and since 2013 the director of CanChild.

Dr. Gorter has training in rehabilitation medicine (physiatry) with a special clinical and research interest in transition services for youth with developmental disabilities. He completed his post doctoral training at CanChild in 2002 and was co-founder of NetChild Network for Childhood Disability Research in the Netherlands (January 2003).

Dr. Gorter's research at CanChild focuses on the themes of family, function and fitness and includes clinical studies and health services research. Jan Willem currently leads the Stay-FIT program which studies the effects of a physical activity and active lifestyle intervention for youth with cerebral palsy (CP). He is also co-leading the transition study (TRACE) which facilitates youth with chronic health conditions in their transition from paediatrics to the adulthood health care system. He works with a number of undergraduate and graduate students at several universities.
Dr. Karen Harman

P: 905-521-2100 x 73054
F: 905-521-7953
harman@hhsc.ca

Dr. Karen Harman is a developmental paediatrician specializing in cognitive impairments, neurogenetic syndromes and learning problems associated with seizure disorders. She completed clinical fellowship training in child development and clinical genetics at The Hospital for Sick Children in Toronto. Dr. Harman is an Associate Professor in the Department of Paediatrics at McMaster University. She is the Medical Director on the McMaster Children’s Hospital Regional Cleft Lip and Palate Team and the Clinical Director on the Specialized Developmental and Behavioural Team services at McMaster Children’s Hospital (Chedoke Site). She is the Program Director for the Developmental Paediatric Subspecialty Training Program.
Dr. Kassia Johnson

No Photo Available

P: 905-521-2100 x 74275
F: 905-387-7714
kajjean@gmail.com

Dr. Kassia Johnson is an Assistant Professor in the Department of Paediatrics at McMaster University. She completed her medical education and residency at McMaster University. Kassia completed her fellowship at Toronto Sick Kids Hospital in Developmental Paediatrics.

Dr. Johnson is currently working with Developmental Paediatrics at the Chedoke site of McMaster as well as at Bethesda Children’s centre in the Community Developmental Assessment clinic. Kassia has been actively doing research for the Ontario 18th Month Well Baby program.
Dr. Olaf Kraus de Camargo

P: 905-521-2100 x 74275
F: 905-387-7714
krausdc@mcmaster.ca

Dr. Olaf Kraus de Camargo is an Associate Professor in the Department of Paediatrics at McMaster University. He completed his medical education and paediatric training in Brazil, followed by a residency in Germany where he received training in developmental-behavioural paediatrics and child neurology. Prior to joining the faculty at McMaster, Dr. Kraus de Camargo held positions as a Professor of Social Medicine at the University of Applied Sciences Nordhausen and as CEO and Medical Director of Kinderzentrum Pelzerhaken gGmbH in Germany, an inpatient and outpatient facility for children with developmental-behavioural disabilities and chronic neurologic disorders. The centre is also a teaching institute for professionals in developmental paediatrics.

Dr. Kraus de Camargo’s research interests include the assessment of needs of children with disabilities, and the implementation of the International Classification of Functioning, Disability and Health in Developmental Paediatrics. As a developmental paediatrician he is also interested in providing care for children with developmental disorders and associated sleep problems, children from bi-/multilingual families and he runs a complex developmental care clinic supported by nursing, social work and behavioural therapy. Dr. Kraus de Camargo participates in teaching at the undergraduate, graduate and post-graduate levels.
Dr. William Mahoney

P: 905-521-2100 x 77605  F: 905-521-7953  
mahoneyw@mcmaster.ca

Dr. Mahoney received his M.D. from McMaster University in 1976. He then did his core Paediatric training in Ottawa and completed a Fellowship in Developmental Paediatrics at the John F. Kennedy Institute associated with John Hopkins Hospital in Baltimore Maryland. He returned to Ottawa in 1981 and worked as a Developmental Paediatrician in the Child Developmental Clinic at the Children’s Hospital of Eastern Ontario.

Dr. Mahoney came to Hamilton in 1988 and is an Associate Professor of Paediatrics with the Faculty of Health Sciences at McMaster University. Clinically Dr. Mahoney works with children with developmental disabilities, pervasive developmental disorders, language, learning and attentional disorders. Dr. Mahoney served as Medical Director of the Developmental Paediatric and Rehabilitation and Autism Spectrum Disorder Programs at McMaster Children's Hospital until 2008.
Dr. Peter Rosenbaum joined the faculty of McMaster University in 1973 and has been a Professor of Paediatrics since 1984. He is the inaugural chair holder of the Scotiabank Chair in Child Health and the director of the McMaster Child Health Research Institute. He served as the Interim Chair of the Department of Paediatrics during 2009.

With Dr. Mary Law, Dr. Rosenbaum was the co-founder in 1989 of the award-winning CanChild Centre for Childhood Disability Research, a health system-linked research unit funded 1989 to 2009 by the Ontario Ministry of Health and Long-Term Care. CanChild is now recognized internationally for its research and dissemination activities in the field of childhood disability.

Dr. Rosenbaum holds one of the original Canada Research Chairs, first awarded in January 2001 to leading Canadian researchers. Dr. Rosenbaum has been president of the American Academy for Cerebral Palsy and Developmental Medicine from 1996-1998 (the first Canadian so honoured). He was also the first Canadian to be invited to Sweden as the Folke Bernadotte Stipendiate, in 1995.

Dr. Rosenbaum has been a principal or co-investigator for more than 80 peer-reviewed research grants and is a contributing author to more than 260 peer-reviewed scientific papers and book chapters on a variety of topics concerning childhood disability. In June, 2000, Dr. Rosenbaum received the Ross Award from the Canadian Paediatric Society, the Society's most prestigious peer recognition. In 2002, he was awarded the United Cerebral Palsy Research and Educational Foundation Weinstein-Goldenson Scientific Award.
Dr. Ben Klein

completed medical school at the University of Western Ontario, paediatrics residency at McMaster University, and developmental paediatrics subspecialty residency at McMaster University. He currently works at Lansdowne Children's Centre in Brantford as developmental paediatrician and Medical Director, and has a part-time assistant clinical professor appointment at McMaster University. His academic

P: 519-753-3153/3154 x 220
F: 519-753-5927

benjamin.klein@medportal.ca

http://lansdownecentre.ca/

2005 he was awarded an honorary doctorate by Université Laval.
interests include child welfare aspects of child development and early childhood education.

The developmental paediatricians work closely with the Autism Spectrum Disorder Services at Chedoke. Physician input is shared with colleagues from child psychiatry, including Dr. Kerry Boyd and Dr. Marc Woodbury Smith.

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**Dr. Kerry Boyd**

P: 905-521-2100 x 74275  
F: 905-387-7714  
[Email](mailto:kboyd@bethesdaservices.com)

Dr. Kerry Boyd is a Psychiatrist who has worked for over a decade in the field of intellectual disabilities and autism across the lifespan. She is an Assistant Clinical Professor for the Department of Psychiatry and Behavioural Neurosciences at McMaster University. Dr. Boyd works with the Autism Spectrum Disorder Team at McMaster Children’s Hospital and is Chief Clinical Officer for Bethesda.
Dr. Marc Woodbury-Smith

P: 905-521-2100 x 73054
F: 905-521-7953
woodbur@mcmaster.ca

Dr. Marc Woodbury-Smith is Assistant Professor in the Department of Psychiatry/Behavioural Neurosciences at McMaster University, and carries out clinical work with children with autism, and adults with developmental disabilities. Before coming to Canada he trained in Medicine in Scotland, and Psychiatry in Cambridge UK, where he also undertook his PhD examining law breaking behaviours among adults with Asperger Syndrome. Following this he was a postdoctoral fellow at Yale University College of Medicine before returning to Cambridge. He has worked with children and adults with ASDs both clinically and in research for the last 10 years.
We are lucky to have excellent colleagues who support us and our learners during our clinics. Please don’t hesitate to ask them for their advise and help if you have any questions. On the following pages you can see their pictures and read some information about their roles and how to contact them:
Joanne Urban is a Registered Nurse working in the ASD program.

She joined the clinic team in June of 2013 after almost 20yrs at the Hamilton Health Science McMaster Hospital where she worked in a variety of inpatient acute care settings.

Joanne Urban supports Dr. Boyd, Dr. Harman, Dr. John-son, Dr. Kraus de Camargo, Dr. Mahoney and Dr. Wood-bury Smith.

She sees children (and their families) who are diag- nosed with a Autism Spectrum Disorder and meets with children and their supports at the clinic and at times out in the community.

Part of her practice includes what is referred as “tele-health” practice; she makes and receives calls providing assessments, evaluations and health teaching over the phone.

Joanne Urban is located at the Holbrook Building, Office A 125

Phone:(905) 521-2100, ext 77592
Email: jurban@HHSC.CA

More to come in the next edition….
Developmental Paediatrics & Rehabilitation Services at the Chedoke Site

Developmental Paediatrics and Rehabilitation Services at Chedoke provide outpatient care, teaching and support to children and families with developmental, behavioural, physical or communication needs. There are many types of DPR services offered at the Chedoke Site of McMaster Children’s Hospital. These services may be provided by one or more of the following: Audiologist, Behaviour Therapist, Biomedical Technologist, Communication Disorders Assistant, Developmental Paediatrician, Early Childhood Resource Specialist, Infant Parent Therapist, Occupational Therapist, Psychologist, Psychometrist, Physiotherapist, Registered Nurse, Social Worker, Speech Language Pathologist, and Therapeutic Recreationist. You will have the opportunity to work with our Allied Health Professionals and learn their various roles within Developmental Paediatrics. Seeing children in other settings adds to one’s appreciation of their functioning and needs.
All learners are expected to attend the clinics assigned in their schedules. You will see a variety of both new consultations and follow-up patients during these clinics. It is recommended that you observe at least one full developmental exam prior to seeing patients independently (depending on your level of comfort and training). You should also have a complete observed history and physical examination at some point during your rotation. If you do not feel comfortable with the assigned consult, based on your level of training, please inform the assigned Developmental Paediatrician.

When seeing patients it is very important to make a note of the assessment start and finish times. This is necessary for billing purposes as much of the billing is time based and the times are a necessary part of the health record.
The follow up instructions, testing to be ordered and recommendations from the assessment are to be clearly written on a Hamilton Health Sciences Doctor’s Order sheet and given to the business clerk in room 455 for processing.

You are expected to complete and submit any requisition/referral forms required for the patients that you have seen in clinic. Please drop off all forms at the registration desk in room 455 on the 4th floor of the Evel building. It is your responsibility that these forms are fully and appropriately completed.

Please feel free to advise us at any time of concerns or questions you may have regarding your rotation with Developmental Paediatrics. These questions can be sent to Lisa Kennedy at: lkenne@mcmaster.ca who will direct them to the appropriate party. Your concerns will be addressed as soon as possible to ensure the remainder of your rotation is a comfortable one.

**Evaluation and Feedback:**
Part way through your rotation we will send you an email asking you if you have any concerns. If you do, a prompt reply to this notice will ensure the situation will be evaluated as soon as possible and corrected to ensure a comfortable rotation for everyone involved.

Also part way through your rotation, Dr. Kraus de Camargo will provide feedback directly to you if there are concerns by any of the faculty members, or if the rotation objectives have not been met.

It is expected that you complete at least one mini-CEX (Clinical Evaluation Exercise) with one of the faculty members of the division. We recommend doing one at the beginning of your rotation as this might give you the opportunity to receive feedback and work on your clinical skills after that. You can then do a second mini-CEX towards the end of your rotation. Please approach the faculty of your choice to do the mini-CEX.

A final evaluation meeting will be scheduled to discuss your rotation and to give and receive feedback. The date of your final evaluation will be posted in the top Interactive 1.4 Mini-CEX Form

Email it to the faculty from here!
right hand corner of your schedule. Please advise ASAP if this date is not good for you. Residents are also asked to complete Confidential Faculty Evaluations on our staff paediatricians. We kindly ask you to fill out these evaluations for all the faculty you have worked with to be able to continuously improve our teaching efforts. All of the staff hope the learning experience during your rotation is a positive one and meets your personal objectives. Please do not hesitate to discuss any questions or concerns along the way.
Focus on Function!

You have the opportunity to work with our Allied Health Professionals and learn their various roles during your rotation. Seeing children in other settings adds to one’s appreciation of their functioning and needs. We are fortunate to be provided this opportunity. Although these visits are sure to enhance your learning please note these professionals have no formal resident training obligation and are providing this service on a strictly voluntary basis. Please advise the Educational Resource Assistant of the areas that are of interest to you.
On the next table are the various rehabilitation/motor function related clinics/rounds with our physicians and allied health professionals available to attend while on this rotation. If there are specific clinics you would be interested in attending that are not included in your schedule please contact the Education Resource Assistant.

<table>
<thead>
<tr>
<th>Placement</th>
<th>Contact Name</th>
<th>Ext</th>
<th>Weekday</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spasticty/Botot Clinic Dr. R. Mesterman/Dr. J.W. Gorter MUMC 2G</td>
<td>Lisa Kennedy</td>
<td>73504</td>
<td>Wednesday 8am-1pm</td>
<td><a href="mailto:lkenne@mcmaster.ca">lkenne@mcmaster.ca</a></td>
</tr>
<tr>
<td>Spina Bifida Clinic Dr. J. W. Gorter-MUMC 2G</td>
<td>Lisa Kennedy</td>
<td>73504</td>
<td>3rd Friday monthly 1-5pm</td>
<td><a href="mailto:lkenne@mcmaster.ca">lkenne@mcmaster.ca</a></td>
</tr>
<tr>
<td>Pediatric Physical Medicine &amp; Rehab Clinic-J. W. Gorter MUMC 2G</td>
<td>Lisa Kennedy</td>
<td>73504</td>
<td>4th Friday monthly 1-5pm</td>
<td><a href="mailto:lkenne@mcmaster.ca">lkenne@mcmaster.ca</a></td>
</tr>
<tr>
<td>Neuromuscular Clinic Dr. T. Carter-MUMC 3A</td>
<td>Lisa Kennedy</td>
<td>73504</td>
<td>Every other Monday 930am-5pm</td>
<td><a href="mailto:lkenne@mcmaster.ca">lkenne@mcmaster.ca</a></td>
</tr>
<tr>
<td>Paediatric Head Injury Clinic Carol DeMatteo-MUMC 2G</td>
<td>Lisa Kennedy</td>
<td>73504</td>
<td>1st and 2nd Friday 9am-5pm</td>
<td><a href="mailto:lkenne@mcmaster.ca">lkenne@mcmaster.ca</a></td>
</tr>
<tr>
<td>Nuromuscular Clinic Dr. M. Tarnopolsky-MUMC 2H</td>
<td>Dale Johnston</td>
<td>76377</td>
<td>Monday 830am-5pm Tuesday 830am-12noon</td>
<td><a href="mailto:johnstond@hhsc.ca">johnstond@hhsc.ca</a></td>
</tr>
<tr>
<td>Orthopedic Clinic Dr. S. Burrow/Dr. D. Peterson MUMC 2G</td>
<td>Danielle Gilbert</td>
<td>73177</td>
<td>Wednesday/Thursday am</td>
<td><a href="mailto:gilberdas@hhsc.ca">gilberdas@hhsc.ca</a></td>
</tr>
<tr>
<td>Paediatric Rheumatology Clinic Dr. P. Dent/Dr. M. Larche/Dr. T. Cellucci REQUEST 2 WEEKS PRIOR, PLEASE!</td>
<td>Dr. T. Cellucci &amp; Lisa Villeneuve</td>
<td>73582</td>
<td>Mondays all day Fridays 9am-5pm</td>
<td><a href="mailto:celluct@mcmaster.ca">celluct@mcmaster.ca</a></td>
</tr>
<tr>
<td>Motion Lab-Dr. J. W. Gorter McMaster CRL Bldg next to MUMC</td>
<td>Marilyn Wright/Donna Twose</td>
<td>74477, 74478</td>
<td>Wednesday am or pm</td>
<td><a href="mailto:wrightm@hhsc.ca">wrightm@hhsc.ca</a></td>
</tr>
<tr>
<td>Prosthetics &amp; Orthotics Chedoke Holbrook Bldg Basement</td>
<td>Christa Orschel</td>
<td>77571</td>
<td>Various</td>
<td><a href="mailto:orschel@hhsc.ca">orschel@hhsc.ca</a></td>
</tr>
<tr>
<td>CDRP Children’s Development &amp; Rehabilitation Program Chedoke Holbrook Building Seating Clinic</td>
<td>Diana Gold Therapists: Eric Ferguson</td>
<td>77479</td>
<td>Various</td>
<td><a href="mailto:gold@goldhsc.ca">gold@goldhsc.ca</a></td>
</tr>
<tr>
<td>Adolescent Transition Clinic Chedoke Holbrook Bldg B-102A</td>
<td>Sandy Stewart</td>
<td>77415</td>
<td>Select Mondays 830am-430pm</td>
<td><a href="mailto:stewart@hhsc.ca">stewart@hhsc.ca</a></td>
</tr>
<tr>
<td>Swallowing Clinic-MUMC 3E</td>
<td>Elyanne Ratcliffe</td>
<td>75614</td>
<td>Friday am</td>
<td><a href="mailto:ratcliffe@mcmaster.ca">ratcliffe@mcmaster.ca</a></td>
</tr>
<tr>
<td>Video Swallowing Assessment MUMC Radiology</td>
<td>Angela Bladon</td>
<td>73857</td>
<td>Thursday pm</td>
<td><a href="mailto:bladon@hhsc.ca">bladon@hhsc.ca</a></td>
</tr>
<tr>
<td>Eating and Feeding Consult Team Rounds-Holbrook A122</td>
<td>Michelle Ritter</td>
<td>77481</td>
<td>3rd Thursday 2:30pm-4:30pm</td>
<td><a href="mailto:ritterm@hhsc.ca">ritterm@hhsc.ca</a></td>
</tr>
<tr>
<td>Acquired Brain Injury Rounds MUMC 3C Conference Room</td>
<td>Bill Ratz</td>
<td>76339</td>
<td>Fridays 1100am-1200noon</td>
<td><a href="mailto:ratz@hhsc.ca">ratz@hhsc.ca</a></td>
</tr>
</tbody>
</table>

Below are the various communication & learning clinics/visits with our physicians and allied health professionals available to attend while on this rotation. If there are specific clinics you would be interested in attending that are not included in your schedule please contact the Education Resource Assistant.

<table>
<thead>
<tr>
<th>Clinic/Allied Health Professional/ Location</th>
<th>Contact Name</th>
<th>Ext</th>
<th>Weekday</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paediatric Head Injury Clinic Carol Dematteo-MUMC 2G</td>
<td>Lisa Kennedy</td>
<td>73504</td>
<td>1st or 3rd Friday 0900-1700</td>
<td><a href="mailto:lkenne@mcmaster.ca">lkenne@mcmaster.ca</a></td>
</tr>
<tr>
<td>Down Syndrome Clinic Dr. K. Harman-Chedoke</td>
<td>Lisa Kennedy</td>
<td>73504</td>
<td>1st Tuesday of each month 1230-1700</td>
<td><a href="mailto:lkenne@mcmaster.ca">lkenne@mcmaster.ca</a></td>
</tr>
<tr>
<td>Complex Developmental Care Clinic Dr. K. Harman/Dr. O. Kraus de Camargo</td>
<td>Lisa Kennedy</td>
<td>73504</td>
<td>Harman 3rd Tuesday pm Kraus de Camargo 4th Wednesday pm</td>
<td><a href="mailto:lkenne@mcmaster.ca">lkenne@mcmaster.ca</a></td>
</tr>
<tr>
<td>Early Words Clinic Dr. W. Mahoney</td>
<td>Lisa Kennedy</td>
<td>73504</td>
<td>Every other Wednesday</td>
<td><a href="mailto:lkenne@mcmaster.ca">lkenne@mcmaster.ca</a></td>
</tr>
<tr>
<td>General Developmental/Medication Clinic Dr. K. Harman</td>
<td>Lisa Kennedy</td>
<td>73504</td>
<td>Every other Thursday</td>
<td><a href="mailto:lkenne@mcmaster.ca">lkenne@mcmaster.ca</a></td>
</tr>
<tr>
<td>General Developmental Clinic Dr. O. Kraus de Camargo</td>
<td>Lisa Kennedy</td>
<td>73504</td>
<td>Monday, Wednesday and Thursdays</td>
<td><a href="mailto:lkenne@mcmaster.ca">lkenne@mcmaster.ca</a></td>
</tr>
<tr>
<td>General Developmental Clinic Dr. K. Johnson</td>
<td>Lisa Kennedy</td>
<td>73504</td>
<td>Thursdays</td>
<td><a href="mailto:lkenne@mcmaster.ca">lkenne@mcmaster.ca</a></td>
</tr>
<tr>
<td>General Developmental Clinic Dr. R. Mesterman</td>
<td>Lisa Kennedy</td>
<td>73504</td>
<td>Every other Tuesday</td>
<td><a href="mailto:lkenne@mcmaster.ca">lkenne@mcmaster.ca</a></td>
</tr>
<tr>
<td>Growth and Development Clinic Dr. P. Rosenbaum</td>
<td>Lisa Kennedy</td>
<td>73504</td>
<td>Wednesday pm</td>
<td><a href="mailto:lkenne@mcmaster.ca">lkenne@mcmaster.ca</a></td>
</tr>
<tr>
<td>General Developmental Clinic 39 Mount Pleasant Street, Brantford Dr. Ben Klein</td>
<td>Ben Klein or Lynda Lacroix</td>
<td>519 753 3153</td>
<td>Various days</td>
<td><a href="mailto:Benjaminklein@medport.ca">Benjaminklein@medport.ca</a> or <a href="mailto:blacroix@lansdowneccc.ca">blacroix@lansdowneccc.ca</a></td>
</tr>
<tr>
<td>Psychometric Assessment Chedoke Evel Rm 309</td>
<td>Nez Elik Shelley Apro</td>
<td>77228, 77214</td>
<td>Monday, Tuesdays &amp; Thursdays</td>
<td><a href="mailto:elik@hhsc.ca">elik@hhsc.ca</a></td>
</tr>
<tr>
<td>ASD Psychometric Assessment Chedoke Empire Bldg Room 132</td>
<td>Lorraine Hout</td>
<td>77424</td>
<td>Various</td>
<td><a href="mailto:houtl@hhsc.ca">houtl@hhsc.ca</a></td>
</tr>
<tr>
<td>Audiological Assessment Chedoke Evel 1</td>
<td>Carrie Peddie</td>
<td>77854</td>
<td>Various</td>
<td><a href="mailto:peddie@hhsc.ca">peddie@hhsc.ca</a></td>
</tr>
<tr>
<td>Speech &amp; Language Assessment Chedoke Evel 3</td>
<td>Amber Cauwenbergs Kathleen Dekker</td>
<td>74259, 74436</td>
<td>Various</td>
<td><a href="mailto:Cauwenbergs@hhsc.ca">Cauwenbergs@hhsc.ca</a></td>
</tr>
<tr>
<td>Infant Parent Program- Psychometric Chedoke Holbrook</td>
<td>Carmen Calimesco</td>
<td>77092</td>
<td>Monday and Tuesday</td>
<td><a href="mailto:calimesco@hhsc.ca">calimesco@hhsc.ca</a></td>
</tr>
<tr>
<td>Cleft Lip &amp; Palate Clinic Dr. K. Harman</td>
<td>Lisa Kennedy</td>
<td>73504</td>
<td>Wednesdays, one Friday each month</td>
<td><a href="mailto:lkenne@mcmaster.ca">lkenne@mcmaster.ca</a></td>
</tr>
<tr>
<td>Cleft Lip &amp; Palate Speech Pathologists Chedoke Evel 452</td>
<td>Brenda Murphy-Anderson Christina Mellies</td>
<td>77237, 77207</td>
<td>Various</td>
<td><a href="mailto:andmurphy@hhsc.ca">andmurphy@hhsc.ca</a></td>
</tr>
<tr>
<td>IAC (Technology Access Clinic) Chedoke Holbrook Rm C201</td>
<td>Shelley Deegan</td>
<td>74423</td>
<td>Various</td>
<td><a href="mailto:Deegan@hhsc.ca">Deegan@hhsc.ca</a></td>
</tr>
<tr>
<td>Paediatric Inpatient School MUMC 3D15 (between red elevators &amp; Ped lounge)</td>
<td>Laura Dowling</td>
<td>76130</td>
<td>Tuesday, Wednesday Friday am</td>
<td><a href="mailto:lara.dowling@hwdsb.on.ca">lara.dowling@hwdsb.on.ca</a></td>
</tr>
</tbody>
</table>
Below are the various social/behavioural functioning clinics/visits with our physicians and allied health professionals available to attend while on this rotation. If there are specific clinics you would be interested in attending that are not included in your schedule please contact the Education Resource Assistant.

<table>
<thead>
<tr>
<th>Clinic/Allied Health Professional/Location</th>
<th>Contact Name</th>
<th>Ext</th>
<th>Weekday</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pervasive Developmental Disorder (PDD) Clinic-Dr. W. Mahoney</td>
<td>Lisa Kennedy</td>
<td>X73504</td>
<td>1st Wednesday of each month</td>
<td><a href="mailto:lkenne@mcmaster.ca">lkenne@mcmaster.ca</a></td>
</tr>
<tr>
<td>Psychiatrists in Developmental Paediatrics Autism Spectrum Disorders (ASD) Dr Marc Woodbury Smith Dr. Kerry Boyd</td>
<td>Lisa Kennedy</td>
<td>X73504</td>
<td>MWS- 1st Thursday every month Boyd-2nd &amp; 4th Tuesdays</td>
<td><a href="mailto:lkenne@mcmaster.ca">lkenne@mcmaster.ca</a></td>
</tr>
<tr>
<td>Pervasive Developmental Disorder (PDD) Team Community Visits Chedoke Holbrook A121A</td>
<td>Sue Robertson</td>
<td>X77758</td>
<td>Various</td>
<td><a href="mailto:robersue@hhsc.ca">robersue@hhsc.ca</a></td>
</tr>
<tr>
<td>Specialized Developmental Behavioural Services (SDBS) Early Childhood Educator Chedoke Evel 312 &amp; 313</td>
<td>Linda Drysdale Nancy Dingwall</td>
<td>x74692 x77885</td>
<td>Various</td>
<td><a href="mailto:drysdale@hhsc.ca">drysdale@hhsc.ca</a> <a href="mailto:dingwall@hhsc.ca">dingwall@hhsc.ca</a></td>
</tr>
<tr>
<td>Intensive Behavioural Intervention (IBI) Program- Chedoke Holbrook Bldg Room 132A</td>
<td>Lorraine Hoult</td>
<td>x77424</td>
<td>Eligibility sessions Tues pm &amp; Fri am</td>
<td><a href="mailto:hoult@hhsc.ca">hoult@hhsc.ca</a></td>
</tr>
<tr>
<td>Child &amp; Youth Mental Health (CYMH) Referral System</td>
<td>Emily Stein</td>
<td>X74227</td>
<td></td>
<td><a href="mailto:steine@hhsc.ca">steine@hhsc.ca</a></td>
</tr>
<tr>
<td>Specialized Development &amp; Behaviour Service (SDBS) Dr. J. Summers</td>
<td>Jane Summers</td>
<td>74380</td>
<td>Various</td>
<td><a href="mailto:jsomers@hhsc.ca">jsomers@hhsc.ca</a></td>
</tr>
<tr>
<td>Child &amp; Youth Mental Health (CYMH) Referral System</td>
<td>Emily Stein</td>
<td>X74227</td>
<td></td>
<td><a href="mailto:steine@hhsc.ca">steine@hhsc.ca</a></td>
</tr>
<tr>
<td>Specialized Development &amp; Behaviour Service (SDBS) Dr. J. Summers</td>
<td>Jane Summers</td>
<td>74380</td>
<td>Various</td>
<td><a href="mailto:jsomers@hhsc.ca">jsomers@hhsc.ca</a></td>
</tr>
</tbody>
</table>

Interactive 1.5 Clinic schedules

Download the tables here!
Directions to:
The Human Movement Lab (HML) in the Communications Research Laboratory (CRL) Building at McMaster University

Legend
#43 CRL Bldg
#37 Hospital
Parking spots for HML
Accessible entrance with intercom

Instructions: The HML is in the CRL building (#43), which is adjacent to the kiosk at the Main St. entrance to the university campus. 2 parking spots (as indicated in the map) are reserved for HML clients. Clients should park, then buzz the HML using the intercom at the entrance. Someone will answer and bring you a parking pass, which must be displayed in your windshield. The HML is in the basement, in room # B117.

HML phone number 905-521-2100 x 24174 (on day of appointment only).
General Expectations, Rounds and Teaching

An individual schedule will be emailed to you prior to the start of your rotation. Please read over this schedule carefully and address any changes, questions, or concerns as soon as possible. We understand changes may be required to these schedules for personal or work related reasons. Please contact the Educational Assistant to address these changes. On-call, post-call, vacation, conferences, and exam dates (that have been pre approved by post grad) will be requested from you prior to preparation of the schedules and are to be sent as soon as possible.

Learners rotating through Developmental Paediatrics should be accessible by pager generally from 8:30 am–
5:00 pm. On your first day, please ensure that our Educational Assistant has your pager number.

Learners are expected to attend the rounds/teaching sessions on the table at the end of this section. In the case you have the opportunity to attend a clinic during these sessions and would prefer to do this, please let Lisa Kennedy know ahead of time.

Academic Hour Presentation: Each learner will give a 30 minute presentation on a topic of your choice at the Developmental Paediatrics Academic Hour followed by a discussion period. The date and time of this mandatory presentation will be located at the top of your schedule. Please contact the Educational Assistant ASAP if you need to change this date. The topic you choose can relate to a patient you have seen or to an area of interest related to child development or disability. Include learning objectives, ensure your recommendations are evidence-based, and include a clinical “take-home-message”. One goal is to demonstrate your clinical appraisal skills of relevant literature in the topic of your choosing. Select your topic and inform the Educational Assistant of the title, a short description and your CanMEDs objectives the Thursday before your Tuesday presentation in order for this information to be added to the Paediatric Digest email notice. An LCD projector for presentations will be provided, however you must provide your own laptop. In case you use an Apple computer, please remember to bring also an video adapter for VGA. Please speak to Dr. Kraus de Camargo if you have any questions or wish advice about the presentation. Staff may ask to have you share your presentation on the Developmental Paediatrics website http://www.macpeds.com/developmental_pediatrics.html.

Below are examples of outstanding presentations:

Interactive 1.6 Transition Presentation
Interactive 1.7 Rett Syndrome Presentation

Interactive 1.8 Social Media Presentation
<table>
<thead>
<tr>
<th>Rounds/Teaching Sessions</th>
<th>Date</th>
<th>Time</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chedoke Grand Rounds</td>
<td>Mondays</td>
<td>1200-1300</td>
<td>Chedoke Ewart Auditorium (VC to 3G Conference Rm)</td>
</tr>
<tr>
<td>Paediatric Grand Rounds</td>
<td>Thursdays</td>
<td>0800-0900</td>
<td>MUMC 4E20 (V/C to Chedoke Ewart)</td>
</tr>
<tr>
<td>Developmental Genetics Grand Rounds</td>
<td>Tuesdays</td>
<td>0800-0900</td>
<td>MUMC TBA (1st Tuesday of every even month)</td>
</tr>
<tr>
<td>Paediatric Resident Clinical Teaching Rounds</td>
<td>Tuesdays</td>
<td>0800-0900</td>
<td>MDCL3020 (VC to Chedoke Ewart)</td>
</tr>
<tr>
<td>Dev Peds PBL Teaching Sessions</td>
<td>Tuesdays</td>
<td>1445-1530</td>
<td>MUMC 3A14 (room may change check weekly email for update)</td>
</tr>
<tr>
<td>Dev Peds Academic Hour</td>
<td>Tuesdays</td>
<td>1530-1630</td>
<td>MUMC 3A14 (room may change check weekly email for update)</td>
</tr>
<tr>
<td>Combined Case Rounds with Psychiatry, Neurology and Developmental</td>
<td>Thursday</td>
<td>1200-1300</td>
<td>MUMC TBA (1st Thursday of every month, VC to Chedoke Ewart)</td>
</tr>
<tr>
<td>Invite to Select Fellow’s Academic Half Day</td>
<td>Thursdays</td>
<td>0900-1200</td>
<td>Chedoke Evel 323</td>
</tr>
<tr>
<td>Paediatric Neurology Rounds “Brain Hour”</td>
<td>Fridays</td>
<td>0930-1030</td>
<td>MUMC Room 3A2</td>
</tr>
<tr>
<td>Paediatric Acquired Brain Injury Rounds</td>
<td>Fridays</td>
<td>1100-1200</td>
<td>MUMC 3C conference room</td>
</tr>
<tr>
<td>Social Paediatrics PBL Teaching</td>
<td>Fridays</td>
<td>0930-1130</td>
<td>MUMC, once per month, see schedule and location until June 2014 below</td>
</tr>
</tbody>
</table>

**Interactive 1.9 Social Paediatric Teaching**
Dictated Notes

For each consult and follow up you are responsible for a written consultation note as well as a formal dictation. These should both be completed within 24 hours of seeing the patient. When dictating Chedoke reports, it is imperative to verbally add the correct Meditech ID# prior to beginning the body of your report. The ID Number can be found on the Meditech outpatient record or progress note, which will be clipped to the front of the patient chart. Be sure to include the site number, report type, chart number, and patient type when dictating. If you need to discuss a dictation with one of the doctors please use the priority (#6) report type to speed up the wait time. Charts MUST remain
in the building to ensure security of the personal health information.

X5000 to enter, (905) 575-2550 externally
Enter Author ID #
Enter Site (13 MUMC, 14 Chedoke)
Enter Report Type (1 Consultation, 5 Clinic Note) (Do NOT use 9, as these reports will not show up on the eCHN network)
Enter Chart Number (the ID# after the M-MUMC or K-Chedoke)
Enter Patient Type (4-Child & Family)
Press 2 to dictate, *5 to disconnect

1. Hold
2. Pause/Continue
3. Skip-back/Play
4. Fast Forward (44 to move to end)
5. Disconnect
6. Prioritize
7. Rewind (77 rewind to beginning)
8. End Report

For each report:
- your name, patient name (spelling if difficult)
- chart number, work type, copies to (parents, FD, pediatrician, consultants, MRP, etc)
Effective Consultation Letters

Role of Letters
Letters may have multiple readers (referring physician, consultant, patient and family, lawyers, educators, therapists, insurance companies) and therefore these different individuals need to be considered.

Assume both parents and lawyers could read a letter at some point.
Avoid comments on the quality of care by other healthcare professionals.
To promote continuity of care the letters need to be received in a timely fashion.
The referring physician needs the letter to contain recommendations regarding investigations, treatment and follow up.

The consultant uses the letter as a record of the assessment during follow-up and during the interpretation of investigation results.

**Important Content Elements**

Primary care physicians and specialists have rated the following elements as essential or important:

- Date of assessment
- Clinical Findings
- Test Results
- Diagnosis or Impression
- Suggested investigations and who will be arranging Management options, benefits and risks and recommendations
- Medication changes and rationale for these changes
- Prognosis
- What the patient and family were told.
- If a cross referral was made.
- Educational “pearl” for the referring physician
- When follow-up planned

**Basic Elements for Dictations**

- Use a template if available
- Identify yourself, speak clearly
- Spell long or difficult words or unusual drug names
- Indicate punctuation, paragraphs and headings
- Indicate who should receive copies

**Elements to Increase ‘Readability’**

To make relevant information easily identifiable the following visual elements can be utilized:

- Headings-1-4 per page, in bold or underlined
- Paragraphs- 4-5 sentences long
- Sentences- short, one idea per sentence, limit words >3 syllables, remove redundancies
- Consider- point form, bullets, lists or tables

**Developmental Paediatric Consultation Template**

**Introduction/ Concerns**

- Date of Assessment
- Date of last visit (if applicable)
- Referring physician name
- Patient name
- Age
- Other People attending appointment and role
- Areas of Concern
Developmental History
Communication skills
Expressive language
Receptive language
Articulation/Resonance
Social/Pragmatics
Socialization skills
Motor skills
Gross motor
Fine motor
Adaptive (self help) skills
Feeding
Toileting
Dressing
Household skills
Behaviors (frequency, severity, precipitating factors, alleviating factors, interventions)
Stereotypic
Attention
Internalizing
Externalizing
Play skills
Visual-motor skills
Academic

School name and board
Class placement
Special Education supports
Language based skills
Mathematic based skills
Community supports
Previous assessments and results

Mental Health symptoms
Anxiety
Depression
Mania
Obsessions/compulsions
Psychotic features
Tics

Medical History

Neonatal/Perinatal
Hospitalizations
Surgeries
Seizures
Regression
Hearing
Vision
Feeding/Nutrition
Sleep
Medications
Allergies
Immunizations
Review of Systems
Previous investigation results

**Family History (draw pedigree)**

*Observations/Neurodevelopmental assessment results:*

*Physical examination:*
- Weight: ___________percentile
- Height: ___________percentile
- Head circumference: ___________percentile
- Heart rate
- Respiratory rate
- Blood pressure
- Head and Neck
- Chest
- CVS
- Abdominal
- Neurological

**Summary and Recommendations:**

Diagnostic Impression and what was explained to family
Suggested medical investigations and who will complete
Suggested other medical referrals and who will do
Suggested therapies, resources, team referrals, other assessments
Suggested community resources
Follow up Plans

**Interactive 1.10 Consultation Template**
INTRODUCTION
A strong foundation in child development and behaviour is essential for promoting optimal health in children. At the completion of paediatric residency program, the resident should be able to:

- Assess and manage common developmental behavioural problems of childhood and adolescence.
- Act as a consultant to family physicians and other agencies with regard to these problems.
• Make appropriate referrals to other subspecialties, professional and community agencies.

MEDICAL EXPERT

To develop knowledge of the spectra of development: gross motor, fine motor, speech-language, person-social, behavioural, play and temperament.

To develop appropriate skills in gathering information from history taking, family interview and from other sources (e.g. school personnel) to assess children with developmental problems consistent with principles of family-centered care, with special attention to the family’s priorities.

To develop skills for age appropriate physical examination and neurodevelopmental assessment with special attention to neurological examination and dysmorphic features.

To recognize and develop an approach to the assessment and diagnosis of children with the following conditions:

• Intellectual Disability
• Autism Spectrum Disorders
• Attention Deficit Disorder
• Learning Disabilities
• Developmental Language Disorders
• Cerebral Palsy
• Spina Bifida
• Neuromuscular Disorders
• Cleft Lip and Palate
• Hearing and Visual Impairment

Develop an appropriate knowledge of indications and use of psychopharmacological agents (stimulants, anxiolytics, neuroleptics, anti-spasticity medications).

Have an understanding of the developmental services for children in the community.

To understand the types of developmental and psychoeducational tools available.
To understand the indications for specific neuroimaging, genetic, and biochemical tests as part of investigation for children with Neurodevelopmental Disorders.

To develop knowledge and skills in the management of the above conditions. This should include the ability to formulate an appropriate management plan.

To develop skills in assessing children and counseling parents in regard to the management of common behavioral challenges (e.g. sleep problems, tantrums, aggression, oppositional behavior and anxiety).

COMMUNICATOR

To develop the skills required to communicate appropriately with children who have special needs and their families.

Develop the skills required to communicate feedback to culturally and socially diverse families.

Develop the ability to report concisely and efficiently (verbally and in writing), the assessment of children with developmental disorders.

Understand and follow a family centered approach to decision making.

COLLABORATOR

To understand the role of community agencies and programs providing developmental services.

To understand the role and expertise of members of an interdisciplinary team who provide support to children with developmental problems.

To develop the skills to effectively communicate with the members of an interdisciplinary team and collaborate in shared decision-making.

MANAGER

Prioritize and manage multiple simultaneous clinical demands.

Delegate and supervise effectively.
Show an awareness of cost-benefit considerations in patient care decisions.

HEALTH ADVOCATE

Recognize the advocacy needs of children with developmental disabilities and their families.

Assist children and their caregivers in navigating health care and community systems.

SCHOLAR

Set learning objectives based on clinical encounters and identified knowledge gaps.

Enhance the learning experience of other trainees by sharing knowledge, providing supervision, and constructive feedback.

Present in a clear, comprehensive and critical synthesis of a developmental topic at a lunchtime seminar.

PROFESSIONAL

Prompt and consistent attendance at scheduled clinics, complete reports in a timely fashion, follow up on phone calls and investigations, respect issues of confidentiality, take initiative in scheduling learning experiences.

Develops an understanding of bioethical issues involved in developmental care (e.g. implications of genetic testing, the social implication of labeling, controversy regarding alternative therapies).

Feedback to:
Dr. Olaf Kraus de Camargo, MD, PhD, FRCP, (C)
Developmental Paediatrics and Rehabilitation Services
McMaster Children’s Hospital-Chedoke Site
Hamilton Health Sciences
Hamilton, ON, L8N 3Z5
905-521-2100 ext 74275
Canadian Pediatric Residency Objectives for Developmental Paediatrics

A detailed description of the Objectives for Specialty Training can be found at the homepage of the Royal College of Physicians and Surgeons:
http://www.royalcollege.ca

Interactive 1.11 Open the Royal College page here:
A strong foundation in normal child development and behaviour is essential for promoting optimal health in children. At the completion of the Developmental Pediatric rotation the Physiatry resident should be able to:

- Assess and manage common rehabilitation problems of childhood and adolescence.
- Act as a consultant to family physicians and other agencies with regard to these problems.
• Make appropriate referrals to other subspecialties, professional and community agencies.

MEDICAL EXPERT
To develop knowledge of the spectra of normal development: gross motor, fine motor, speech-language, person-social, behavioural, play and temperament, including the timing of various milestones in each of these domains.
To develop appropriate skills in gathering information from history taking, family interview and from other sources (e.g. school personnel) to assess children with developmental problems. Clinical assessment to be consistent with principles of family-centered care, with special attention to the family’s priorities.
To develop skills for age appropriate physical examination and Neurodevelopmental assessment with special attention to neurological examination and dysmorphic features.
To recognize and develop an approach to the assessment and diagnosis of children with the following disorders:
  • Cerebral Palsy
  • Spina Bifida
  • Neuromuscular disorders
  • Acquired Brain Injury
  • Disorders affecting musculoskeletal systems

As well as identify and learn how to deal with questions of rehabilitation in the context of other developmental disorders such as:
  • Mental retardation syndromes
  • Pervasive developmental disorder / autism
  • Attention deficit disorder
  • Learning disabilities
  • Developmental language disorders
  • Cleft lip and palate
  • Hearing and visual impairment

To develop knowledge in the use of gait assessment including formal gait lab assessment.
Develop an appropriate knowledge of use of pharmacological agents relevant to Pediatric rehabilitation.
Have an understanding of the developmental services for children in the community.
To understand the types of developmental and psychoeducational tools available to assess children with developmental disorders (e.g. parent-completed questionnaires for emotional and behavioural symptoms, Canadian Pediatric Society Manual of learning and academic skills, measures of language and cognitive development used by speech and language pathologists and psychologists).

To understand the indications for specific neuroimaging, genetic, and biochemical tests as part of investigation for children with Neurodevelopmental disorders.

To develop knowledge and skills in the management of the above conditions. This should include the ability to formulate an appropriate management plan, which includes counseling, Pharmacotherapy (stimulants, anxiolytics, neuroleptics, antispasticity), behavioural therapy, physiotherapy, occupational therapy, speech and language therapy, and educational interventions.

To develop skills in assessing children and counseling parents in regard to the management of common behavioral challenges (e.g. sleep problems, tantrums, aggression, oppositional behaviour and anxiety).

COMMUNICATOR
To develop the skills required to communicate appropriately with children who have special needs and their families.
Develops the skills required to communicate feedback to culturally and socially diverse families.
Develops the ability to report concisely and efficiently (verbally and in writing), the assessment of children with developmental disorders.
Understands and follows a family centered approach to decision making.

COLLABORATOR
To understand the role of community agencies and programs providing developmental services.
To understand the role and expertise of members of an interdisciplinary team who provide support to children with developmental problems (including physiotherapy, occupational therapy, speech pathology, psychology, audiology, early intervention, behavior therapy, public health nurse, etc).
To develop the skills to effectively communicate with the members of an interdisciplinary team and collaborate in shared decision-making.

**MANAGER**  
Prioritizes and manages multiple simultaneous clinical demands  
Delegates and supervises effectively  
Shows an awareness of cost-benefit considerations inpatient care decisions

**HEALTH ADVOCATE**  
Recognizes the advocacy needs of children with developmental disabilities and their families  
Assists children and their caregivers in navigating health care and community systems

**SCHOLAR**  
Sets learning objectives based on clinical encounters and identified knowledge gaps, uses various resources (including the scientific literature) to increase knowledge base, critical appraisal or reviewed material  
Enhances the learning experience of other trainees (medical students, other residents) by sharing knowledge, providing supervision, and constructive feedback  
進め in a clear, comprehensive and critical synthesis of a developmental topic at a lunchtime seminar

**PROFESSIONAL**  
Prompt and consistent attendance at scheduled clinics, completes reports in a timely fashion, follows up on phone calls and investigations, respects issues of confidentiality, takes initiative in scheduling learning experiences  
Develops an understanding of bioethical issues involved in developmental care (e.g. implications of genetic testing, the social implication of labeling, controversy regarding alternative therapies).
Neurology Learner Rotation

Contacts
Dr. Olaf Kraus de Camargo-Educational Resource Person – krausdc@mcmaster.ca
Lisa Kennedy-Educational Resource Assistant – lkenne@mcmaster.ca

General Information
Unlike many rotations, this rotation will be focussed less on interactions and instruction from faculty, and more on interactions and instruction from Allied Health professionals.

The goal of the rotation is to understand the role that each member plays in the multidisciplinary team that
looks after the complex children with developmental disabilities

The rotation structure will be divided into 4 week blocks focussing on major concepts in Developmental Pediatrics (outlined below)

For those choosing to spend only 8 weeks in Developmental Pediatrics, 2 of the 3 blocks should be selected

**Conceptual Spheres**

**Neuromotor Function**

Spasticity/Botox Clinic

Spina Bifida Clinic

Neuromuscular Clinic with Dr. Carter/Tarnopolsky

Orthopedic Clinic with Dr. Burrow/Dr. Peterson

Ped Rheumatology Clinic with Dr. Dent/Larche

Acquired Brain Injury Clinic-Carol Dematteo

Growth and Development Clinic-Peter Rosenbaum

Motion Lab with Dr. Gorter

Prosthetics and Orthotics

CDRP Program (Children’s Development & Rehabilitation Program)

CDRP Seating Clinic

Swallowing Clinic with Dr. Ratcliffe

Video Swallowing Assessments with Angela Bladon

Adolescent Transition Clinic with Dr. Gorter

Eating and Feeding Consult Team Rounds

Acquired Brain Injury Rounds

**Communication/Learning**

Acquired Brain Injury Clinic-Carol Dematteo

Down Syndrome Clinic-Dr. K. Harman

Complex Developmental Care Clinic-Dr. K. Harman, Dr. O. Kraus de Camargo

Early Words Clinic-Dr. Mahoney

General Developmental Pediatrics Clinics-Dr. Kraus de Camargo, Dr. Harman, Dr. Johnson, Dr. Mesterman,

Growth and Development Clinic-Dr. Rosenbaum
SDBS Program (Specialized Development & Behavioural Service)

Psychometric Assessment
ASD Psychometric Assessment
Audiology
Speech & Language Assessments
Cleft Lip & Palate Clinics – Dr. Harman
Cleft Lip & Palate Speech Pathologists
TAC (Technology Access Clinic)
Pediatric Inpatient Schoolroom

Social/Behavioural Function
Dr. Kraus de Camargo’s Clinic
Dr. Mahoney’s PDD Clinics
Developmental Psychiatrist/Child Psychiatrist – Dr. Marc Woodbury-Smith, Dr. Kerry Boyd
Dr. Harman’s Clinic
IBI Program (Intensive Behavioural Intervention)
You will be expected to perform ongoing reading according to your individual learning needs throughout the rotation. This should be guided by the Goals and Objectives of the rotation. Literature searches should also be performed when appropriate for patient needs or as directed by the attending developmental paediatrician. Resource materials are available on the MacPeds website under the topic “Interesting articles” in a shared RefWorks folder http://www.macpeds.com/
developmental_paediatrics.html. This collection is being updated continuously. The following are selected articles which we find helpful and informative about the broad field of developmental paediatrics. You can access these articles also in the RefShare folder on the link above or directly from the MacPeds website. The list of articles will be revised every two years (last revision summer 2013).

Podcasts:
Developmental assessment by Stollery Children’s Hospital

Reading suggestions:

Books (mainly fiction) about disability issues:

Loving every child - wisdom for parents by Janusz Korczak (quotes in this package were taken out from this book)

The memory keeper’s daughter: a novel by Kim Edwards
Topics are: Down Syndrome, advocacy for Disability Policies, a systemic view on family dynamics, transition, professional ethics, spans from the 60s to the late 80s.

The poisonwood bible by Barbara Kingsolver

The Girls by Lori Lansens
Topics are: physical disability, chronic health conditions and dependency, bedside manners, family dynamics, southern Ontario geography and history.
Black Swan Green by David Mitchell
Excellent reading with a tone and language from the 80s in UK. Topics include the self-consciousness about one's disability, peer groups and pressure, family dynamics.

The Boy in the Moon by Ian Brown
A Father's search for his disabled son. This book by a Canadian author discusses the impact of disability on the family by showing how difficult it is to navigate the existing systems of care.

Born Twice by Giuseppe Pontiggia
Situated in Italy it describes the live of a couple with a son with CP. It describes mostly the tensions and dynamics within the family/couple to cope with unmet expectations and lost dreams. It also gives a critical view of the medical model trying to "fix" things as well as the despair of parents in looking for cures.

Far from the Tree by Andrew Solomon
This book written by a journalist who accompanied families with children different from their parents’ expectations (disability, transgender, gifted, criminal, rape) over ten years is a long reading but an excellent description of the similarities of civil right movement and disability rights. It also gives a good insight in the different coping processes of parents and adolescents and has a dedicated homepage at http://www.farfromthetree.com where some of the families can be seen on video.

In the Sanctuary of Outcasts by Neil White
is a non-fiction accounting of white collar criminal who spends a year in a minimum security prison in Carville, LA which is the same facility for residents of the Carville facility for individuals living with Hanson’s Disease. The comparison of the prison residents and the “patient” residents is unique.

Crashing Through by Robert Kurson
It is about Mike May’s journey of regaining some vision as an adult since being blinded in a chemical explosion since the age of 3. The importance of actively engaging with one’s environment comes through large and clear.

Animal’s People by Indra Sinha, about a bright 19-year old deformed as a result of the Bhopal chemical disaster
in India, and his efforts to find and express his humanity. Fascinating!

*Books about the philosophy of medicine/science:*

The book is an answer to the questions posed to the author: “There are primary care physicians in every hospital who speak with great sensitivity and concern, and their longtime patients love them, but clinically they are incompetent—how is a patient to know this?”

In this book the author describes the most common thinking errors, ranging from cognitive biases to elements like envy and social distortions.

Written by the only Nobel Prize winner of Economy who is not an economist, this book provides a deeper understanding of different cognitive biases. A denser reading than the “Art of Thinking” which cites many of Kahneman’s ideas.

*Handbooks:*

Andrews and Mahoney (2012): *Children with School Problems* covers areas such as child development, school readiness, diagnosing different types of learning problems (including data gathering, screening and assessment, and physical examination), management (medication, behavioral management, and educational interventions), and prevention (including literacy promotion). CPS Focus issue - [http://www.cps.ca/en/issues-questions/children-with-school-problems](http://www.cps.ca/en/issues-questions/children-with-school-problems)


Ronen and Rosenbaum (eds) (2013). *Life Quality Outcomes in Children and Young People with neurolog-


Note that Mac Keith Press has over 200 titles in their “Clinics in Developmental Medicine” series (http://www.mackeith.co.uk/cdmlist.html), as well as handbooks (http://www.mackeith.co.uk/guides.html)

Movies:

Les Intouchables (2011) by Olivier Nakache and Eric Toledano
This movie defines participation and how much it can be influenced by the attitudes and supports of the environment. And it is good for many healthy laughs! Based on a true story.

The Diving Bell and the Butterfly (2007) by Julian Schnabel is based on a true story of a Frenchman with locked-in syndrome after a stroke... and what he and a caring and insightful speech therapist accomplish.

Rust and Bone (2012) (“De rouille et d’os”) by Jacques Audiard is a romantic drama dealing with what shapes us in life and how we react in the face of adversity.

The Sessions (2012) by Ben Lewin addresses the discussion of sexuality and disability describing the story of a man in an iron lung who wishes to lose his virginity.
Articles:

**Chronic Health Conditions – How to care?**


**Disability and Developmental Disorders - Overview:**


**Screening:**


Classification:


http://www.dsm5.org/Documents/changes%20from%20dsm-iv-tr%20to%20dsms-5.pdf
Etiology:


Most common Diagnoses:
ADHD:

ASD:


**CP (read those before Spasticity Clinic):**


**Intellectual Disability:**

Payne, J., S. Hyman, et al. (2011). "Assessment of executive function and attention in children with neurofibromatosis type 1: relationships between cognitive meas-


Spina bifida (read those before Spina bifida Clinic):


Cleft Lip and Palate:

FASD:


**Down Syndrome:**


**Neurofibromatosis**

**Common Functional Problems:**

**Sleep:**


Iglowstein, I., O. G. Jenni, et al. (2003) "Sleep duration from infancy to adolescence: reference values and gen-
Eating & Feeding:

Communication:


Behaviour:


**Participation and Environment:**

**Family:**


Stirling, J. and the Joint Committee of Child Abuse, et al. (2007). "Beyond Munchausen Syndrome by Proxy:

Society:

Leisure and Play:

Transition:


Systems of Care:


Working in a Team:


If you like Developmental Paediatrics you can stay informed by liking our facebook page at:
http://facebook.com/DevPeds

Encyclopedia of Early Childhood:

Child and Youth Mental Health Toolkit:
http://shared-care.ca/toolkits
Free tools in Child Psychiatry:
http://psychiatry.pitt.edu/research/tools-research/assessment-instruments

Child Neurology Differential Diagnosis:
http://www.simulconsult.com

Lectures regarding Child Development and Early Intervention:

Spina Bifida resources:
http://www.sbhao.on.ca is Ontario based, a great resource for parents and children with a special corner for teenagers
http://www.spinabifidaassociation.org is US based, a great resource for families and professionals and offers an online educational platform

Community Education Service: Information for Parents
http://www.communityed.ca/parent.cfm

Coordinated Access for Child Care (CCAC)
http://www.cafcc.on.ca/

Behavioural problems and how to manage them or how to counsel parents about them can be found at this site:

Dr. Ross Green (“The Explosive Child”) also maintains a non-profit homepage with good suggestions:
http://www.livesinthebalance.org

A list of helpful strategies for various academic, cognitive, and social-emotional difficulties commonly seen in children with ADHD and learning disabilities can be found at:
http://www.adhdld.com/resources/index.shtml

Information about the school system:
http://www.peopleforeducation.com/

Special Education Handbook from the Ministry of Education of Ontario:
Learning Disabilities: the Learning Disabilities Association of Ontario has excellent resources for parents, students and professionals [http://www.ldao.ca](http://www.ldao.ca)

Bilingualism: [http://www.bpl.bc.ca/kids/embracing-diversity/bilingual-families](http://www.bpl.bc.ca/kids/embracing-diversity/bilingual-families) here you find handouts in different languages for bilingual families, explaining the importance of maintaining their first language with their kids.

Academic Interventions:
Writing and Math: [http://www.spellcity.com](http://www.spellcity.com) [http://www.coolmath.com](http://www.coolmath.com)

Social Skills: [http://www.socialthinking.com](http://www.socialthinking.com)

Parent Books in Canada: [http://www.parentbooks.ca](http://www.parentbooks.ca)


Autism Spectrum Disorders: Canadian Websites: [http://www.autismontario.com](http://www.autismontario.com)

Provides information and education, supporting research, and advocating for programs and services for the autism community. Increases public awareness about autism and the everyday issues faces by individuals with an autism spectrum disorder, their families, and professionals.

[http://www.cairn-site.com](http://www.cairn-site.com)

CAIRN - Canadian Autism Intervention Research Network. A source of the latest and best evidence on autism for parents and others looking for quality information that they can trust.


Geneva Centre for Autism - Offers education and training for parents and professionals. Also offers clinical services by a multi-disciplinary team.

[http://www.autism.ca](http://www.autism.ca)

Autism Treatment Services of Canada - is a national affiliation of organizations that provides treatment, educa-
tional, management and consultative services to people with autism and related disorders across Canada.

American Web Sites:

http://www.patientcenters.com/autism
Provides a listing of books, articles, tips for daily life, and parenting information.

http://www.autism-society.org
Autism Society of America - Provides information regarding Autism Spectrum Disorders, first hand perspectives, research informations, advocacy, treatment and education.

http://www.aspennj.org
Provides information regarding Asperger Syndrome, advocacy, education and support.

http://www.udel.edu/bkirby/asperger
Information regarding Asperger Syndrome, research and articles, recommended reading, social skills, adult issues and kids corner.
In this chapter you find links to templates for documentation as well as some tools used in assessing children in Developmental and Behavioural Paediatrics. You can download and print them for your use.
Interactive 2.1 Manual Ability Classification System - MACS

click on the link below or the icon on the right


Interactive 2.2 Gross Motor Function Classification System - GMFCS

click on the link below or the icon on the right

http://www.macpeds.com/documents/GMFCSER.pdf
Informal developmental testing for preschoolers

During the consult you might be able to observe the following skills:

**VISUAL/MOTOR**

- Peg board (16m)
- Cause and Effect (pop up toy) (18m)
- Form board, no help (2y)

- Throws ball (18m), overhand (3y)

- Functional (car) (18m), Pretend/Symbolic (2-2.5y), Imaginative (3y)

- Line (2y), Circle (3y), Cross (3.5y), Square (4.5y) (imitate less 0.5y)

Observing children play at different ages will give you the best idea, what they “usually” do at certain ages.
Draws- ✔person 3 parts (4y) ✔face with mouth/ nose/ eyes (5y)

✔Copy letters (non-diagonal) (4y)

✔Prints name/ few capital letters (5y)

Pencil grip- ✔fist (12m), ✔palm (2y), ✔thumb/fingers (2.5y), ✔thumb/index/middle (3.5y), ✔thumb/pad of index/ joint of middle (4.5y)

Uses Scissors- ✔continuous(3y), ✔straight cut (4y), ✔well (5y)

Copy blocks- ✔tower of 3 (18m), ✔train (2y), ✔bridge (3y), ✔stairs (4y)

**RECEPTIVE LANGUAGE**

✔Identifies objects (card) 2/5 (15m); ✔4/5 (17m)

✔Identifies 2 articles of clothing (18m)

✔Identifies 3/8 body parts of doll (20m)

✔Identifies 4/6 body parts on self (29m)

✔Shows understanding of 3/5 verbs with doll (jump, sit, lie down, fall down) (22m)

✔Identifies “one” block (2/3) (24m); ✔“two” blocks (2/3) (34m)

✔Prepositions 2/4 (in, in front, behind, under) (31m)

✔Identify object by function (eat, draw, play) (38m)

✔Identify colours 8/8 red, yellow, orange, blue, purple, green, brown, black (41m)

**EXPRESSION LANGUAGE**

✔Uses 3 different words (15m); 6 words (19m); 2 word sentence (21m); 3 word sentence (26m); plurals (30m)

✔Uses words to identify wants (18m)

✔Knows name, age, sex (3y)

✔Uses pronouns, prepositions, past tense (3y)

✔tells stories/links sentences (4y)

**SOCIAL COMMUNICATION**

✔Responds to name; ✔smiles

✔Shows; ✔Gives; ✔Shares
Points; References using eye contact; Joint attention

Gestures

Functional Play; Symbolic Play; Pretend Play

**Interactive 2.3 Informal Testing**
A good way to start the developmental consult is to ask the children themselves why they are coming to the consult. Many are not told the reasons for the consult and as they mostly feel quite healthy, do not understand why they need to see a doctor.

It might be a good icebreaker and help you to get the kid on your side to ask the parents on behalf of the child why they are coming to see you and how you might help the child and them.

The developmental history needs to include the different environments and people the child interacts with. Behaviours might present in different ways in different environments, including the medical consult. Sometimes observations in the daycare or school environment can be helpful.
Name: __________________________   Age: ___________   Date: ___________

Time start: ___________   Time stop: ___________

Hx Source: ___________   Others present: ___________

Referral Source: ___________   MDs: ___________

Source Reason for referral: ___________

Parental Impressions and Concerns: ___________

Family and Social History ___________

“Overall” Impression: ___________

Previous Assessments, Diagnoses: ___________

Therapy History: ___________

Devices: ___________

OT: ___________   PT: ___________

SLP: ___________   Early Intervention: ___________

Resource ECE: ___________

RL: ___________

EL: ___________

GM: ___________

FM: ___________

NV: ___________

Soc: ___________

Behaviour, Adaptive, MH Review: ___________

School (Name, Type, Class, IEP, EA, academic, beh.) Current: ___________

Past: ___________
PMH:
Pregnancy: conditions, Mediations, Tobacco, EtOH, Drugs, Consanguinity.

Delivery:

Neonatal:

Feeding:

Growth:

Hearing: assessed? no□ yes□ when_______ result_______

Vision: assessed? no□ yes□ when_______ result_______

Allergies:

Imms:

ROS:

Medical Conditions:

Investigations:

Current/Past Medications:

O/E: H_______ W_______ HC_______

Dysmorphology:

Neuro:

General:

Social Communication History

How much, how often, spontaneous or prompted?

Parent: peer; alone, stranger... greet, play, communicate [V+NV]

Sensory hx behaviour hx

- uses word appropriately to situation
- how indicate wants/needs
- what things make him happy
- how show happy (gestures: clap, flap)
- what makes him upset
- how show upset
- look at you for your attention?
- what facial expressions, when, appropriate? laugh?
- look at you like he’s knows he’s being naughty?
- respond when someone is sad, upset, hurt?
- copy things you do at home (cook, clean, fix, phone)
- spontaneously offer to show, give, share
- use gestures to communicate (point, nod, wave)
- point at things to show interest, share excitement
- look at something, look at you, look at something, with pointing?
- respond when family member comes home (look? happy? neutral?)
- respond/turn head when spoken to
- smile spontaneously in greeting
- respond when sees children own age
- play alone, with peers, adults (functional, pretend, imaginative, anticipatory)
- rituals or obsessions in play
- what toys does he like? how does he play?
- do in free time at home?
- spontaneously offer to share?
- conversation:- spontaneously initiate just to talk
- conversation:- tell you things for approval
- conversation:- ask others about their interests
- conversation:- get Jokes, sarcasm, metaphor
- speech:- odd word choice, repeating, tone
It is also useful to ask what are the ideas and explanations of the parents or others (grandparents, friends, relatives) for the child’s difficulties.

**Interactive 2.4 History**
Gross Motor Milestones

<table>
<thead>
<tr>
<th>GROSS MOTOR</th>
<th>average</th>
<th>upper limit of normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>reach</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>roll</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>head control</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>supports weight</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>walk</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>run</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>mature run</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>stoop and recover</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>jump two feet</td>
<td>24</td>
<td>30</td>
</tr>
<tr>
<td>up stairs one foot</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>up stairs alt feet</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>down stairs alt feet</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>tricycle</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>broad jump</td>
<td>36</td>
<td>48</td>
</tr>
<tr>
<td>balance 1 foot 2 sec</td>
<td>36</td>
<td>48</td>
</tr>
<tr>
<td>hopping on one foot twice</td>
<td>42</td>
<td>60</td>
</tr>
</tbody>
</table>

“When is the proper time for a child to start walking? When she does. When should her teeth start cutting? When they do. How many hours should a baby sleep? As long as she needs to.” Janusz Korczak

compiled by Dr. Ben Klein
# Fine Motor Milestones

<table>
<thead>
<tr>
<th>FINE MOTOR</th>
<th>average</th>
<th>upper limit of normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>mature pincer grasp</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>stack 3 blocks</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>stack 7 blocks</td>
<td>24</td>
<td>36</td>
</tr>
<tr>
<td>spoon and fork</td>
<td>24</td>
<td>36</td>
</tr>
<tr>
<td>dressing (- shoelaces)</td>
<td>36</td>
<td>48</td>
</tr>
<tr>
<td>buttons</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>scribble</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>circle scribble</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>copy circle</td>
<td>36</td>
<td>48</td>
</tr>
<tr>
<td>copy cross</td>
<td>40</td>
<td>60</td>
</tr>
<tr>
<td>copy square</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>copy triangle</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>turn pages one at time</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>mature pencil grasp</td>
<td>36</td>
<td>48</td>
</tr>
</tbody>
</table>

compiled by Dr. Ben Klein
# Expressive language

<table>
<thead>
<tr>
<th>EXPRESSIVE LANGUAGE</th>
<th>average</th>
<th>upper limit of normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>alerts to sound</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>turns to sound</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>vocal play (squeal, raspberry)</td>
<td>4-6</td>
<td></td>
</tr>
<tr>
<td>reduplicated babbling (bababababa)</td>
<td>6-8</td>
<td></td>
</tr>
<tr>
<td>jargoning</td>
<td>8-12</td>
<td></td>
</tr>
<tr>
<td>2 to 3 words</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>gestures</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>2 words besides mama</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>dada</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>&quot;Hi&quot;</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>25 to 50 words</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>&quot;me&quot;</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>2 word phrase</td>
<td>21</td>
<td>24</td>
</tr>
<tr>
<td>name a picture</td>
<td>18</td>
<td>27</td>
</tr>
<tr>
<td>150 to 200 words</td>
<td>24</td>
<td>27</td>
</tr>
<tr>
<td>3 to 4 word sentences</td>
<td>24</td>
<td>36</td>
</tr>
<tr>
<td>pronouns</td>
<td>24</td>
<td>30</td>
</tr>
<tr>
<td>over/under</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>past tense</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>name use of common objects</td>
<td>30</td>
<td>36</td>
</tr>
<tr>
<td>name 2 colours</td>
<td>36</td>
<td>48</td>
</tr>
<tr>
<td>intelligibility to stranger</td>
<td>36</td>
<td>48</td>
</tr>
<tr>
<td>conversations</td>
<td></td>
<td>60</td>
</tr>
<tr>
<td>tells stories (discourses)</td>
<td>48</td>
<td>60</td>
</tr>
<tr>
<td>asks questions &quot;what?&quot;</td>
<td></td>
<td>48</td>
</tr>
<tr>
<td>functional definition of words</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mastered rules of language</td>
<td>60</td>
<td></td>
</tr>
</tbody>
</table>
| compiled by Dr. Ben Klein
# Receptive language

<table>
<thead>
<tr>
<th>RECEPTIVE LANGUAGE</th>
<th>average</th>
<th>upper limit of normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>turns to name</td>
<td>6-9</td>
<td>10</td>
</tr>
<tr>
<td>motor response to verbal (wave bye)</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>single receptive words in context</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>understands &quot;no&quot;</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>150-200 receptive words</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>2 follow step command</td>
<td>18</td>
<td>27</td>
</tr>
<tr>
<td>6 point to body parts/common objects</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>point to colours</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>follow 3 step command</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>identify 5-10 numbers</td>
<td>48</td>
<td></td>
</tr>
</tbody>
</table>

“The child is honest. When he does not answer, he answers. For he doesn’t want to lie and he cannot say the truth. Sometimes, silence is the highest expression of honesty.” Janusz Korczak

compiled by Dr. Ben Klein
## Cognitive Social Milestones

<table>
<thead>
<tr>
<th>COGNITIVE/SOCIAL</th>
<th>average</th>
<th>upper limit of normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>smiles reciprocally</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>causality (kicking object)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>visual tracking</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>stranger anxiety/object permanence</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>nonverbal interactions (pointing, pick-me-up gestures)</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>imitates simple acts</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>&quot;no&quot; head-shake</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>hugs</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>functional play</td>
<td>18</td>
<td>24</td>
</tr>
<tr>
<td>cause and effect toys</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>simple shape puzzle</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>copying/reenacting familiar activities</td>
<td>18</td>
<td>30</td>
</tr>
<tr>
<td>pretend object</td>
<td>18</td>
<td>30</td>
</tr>
<tr>
<td>&quot;mine&quot;</td>
<td>18</td>
<td>36</td>
</tr>
<tr>
<td>parallel play</td>
<td>24</td>
<td>36</td>
</tr>
<tr>
<td>knows name, age, sex</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>identify feelings in self</td>
<td>36</td>
<td>48</td>
</tr>
<tr>
<td>turns/sharing/group play</td>
<td>36</td>
<td>48</td>
</tr>
<tr>
<td>imaginary object</td>
<td>36</td>
<td>48</td>
</tr>
<tr>
<td>draw a face</td>
<td>36</td>
<td>48</td>
</tr>
<tr>
<td>toileting</td>
<td>36</td>
<td>48</td>
</tr>
<tr>
<td>games with rules</td>
<td>48</td>
<td>60</td>
</tr>
<tr>
<td>knows alphabet</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>asks what words mean</td>
<td>60</td>
<td></td>
</tr>
</tbody>
</table>

compiled by Dr. Ben Klein
## Adaptive Functioning

**ADAPTIVE Functioning BY 6 years**

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is responsible for 1 weekly household task and does it upon request</td>
<td></td>
</tr>
<tr>
<td>Selects appropriate clothing for temperature and occasion</td>
<td></td>
</tr>
<tr>
<td>Stops at curb, looks both ways, crosses street without verbal reminders</td>
<td></td>
</tr>
<tr>
<td>Serves self at table and passes serving dish</td>
<td></td>
</tr>
<tr>
<td>Prepares own cold cereal</td>
<td></td>
</tr>
<tr>
<td>Is responsible for 1 daily household task (i.e., setting table, taking out trash)</td>
<td></td>
</tr>
<tr>
<td>Adjusts water temperature for shower or bath</td>
<td></td>
</tr>
<tr>
<td>Prepares own sandwich</td>
<td></td>
</tr>
<tr>
<td>Walks to school, playground, or store within 2 blocks of home independently</td>
<td></td>
</tr>
<tr>
<td>Cuts soft foods with knife</td>
<td></td>
</tr>
<tr>
<td>Finds correct bathroom in public place</td>
<td></td>
</tr>
<tr>
<td>Opens 1/2 pint milk carton</td>
<td></td>
</tr>
<tr>
<td>Picks up, carries, sets down cafeteria tray</td>
<td></td>
</tr>
<tr>
<td>Ties hood strings</td>
<td></td>
</tr>
<tr>
<td>Buckles own seat belt in car</td>
<td></td>
</tr>
</tbody>
</table>

compiled by Dr. Ben Klein

“A child hungry for advice and direction will absorb it, digest it, and assimilate it. Overfed with moral rules the child will suffer from nausea” — Janusz Korczak
ADHD Medication Guide

### Methylphenidate Derivatives – Long Acting/Extended Release

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>1 Bottle:</th>
<th>1 Bottle:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quillivant XR® (8mg/20mg)</td>
<td>10mg 20mg</td>
<td>60mg 80mg</td>
<td>40mg 60mg</td>
</tr>
<tr>
<td>Concerta®</td>
<td>18mg</td>
<td>27mg</td>
<td>36mg</td>
</tr>
<tr>
<td>Focalin® XR (20mg/80mg)</td>
<td>5mg</td>
<td>15mg</td>
<td>30mg</td>
</tr>
<tr>
<td>Ritalin® LA</td>
<td>10mg</td>
<td>15mg</td>
<td>20mg</td>
</tr>
<tr>
<td>Metadate® CD</td>
<td>10mg</td>
<td>15mg</td>
<td>20mg</td>
</tr>
<tr>
<td>Methyl® ER</td>
<td>10mg</td>
<td>15mg</td>
<td>20mg</td>
</tr>
<tr>
<td>Ritalin® SR</td>
<td>20mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daytrana®</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Methylphenidate Derivatives – Short Acting/Immediate Release

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Focalin® (5mg/20mg)</td>
<td>2.5mg</td>
<td>5mg</td>
</tr>
<tr>
<td>Ritalin®</td>
<td>5mg</td>
<td>10mg</td>
</tr>
<tr>
<td>Methyl® (10mg)</td>
<td>5mg</td>
<td>10mg</td>
</tr>
<tr>
<td>Methyl® Chewable (10mg)</td>
<td>2.5mg</td>
<td>5mg</td>
</tr>
<tr>
<td>Methyl® Solution (8mg/30mg)</td>
<td></td>
<td>10mg/30mg</td>
</tr>
</tbody>
</table>

*Disclaimer: The ADHD Medication Guide was created by Dr. Anders Ackerman of the North Shore-LIJ Health System. The North Shore-LI Health System is not affiliated with the owner of any of the brands referenced in this Guide.

This Guide should be used as an exclusive basis for decision-making. The user understands and accepts that if the health system were to accept the risk of harm to the user from use of this Guide, it would not be able to make the Guide available because the cost to cover the risk of harm to all users would be too great. Thus, use of this ADHD Medication Guide is strictly voluntary and at the user’s sole risk.

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**ADHD Medication Guide**

### Amphetamine Derivatives – Long Acting/Extended Release

<table>
<thead>
<tr>
<th><strong>Medication</strong></th>
<th>5mg</th>
<th>10mg</th>
<th>15mg</th>
<th>20mg</th>
<th>30mg</th>
<th>40mg</th>
<th>50mg</th>
<th>60mg</th>
<th>70mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vyvanse® Y (long-acting)</td>
<td>20mg</td>
<td>30mg</td>
<td>40mg</td>
<td>50mg</td>
<td>60mg</td>
<td>70mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adderall XR®</td>
<td>5mg</td>
<td>10mg</td>
<td>15mg</td>
<td>20mg</td>
<td>25mg</td>
<td>30mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adderall 5mg (short-acting)</td>
<td>5mg</td>
<td>10mg</td>
<td>15mg</td>
<td>20mg</td>
<td>25mg</td>
<td>30mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dextroamphetamine</td>
<td>5mg</td>
<td>10mg</td>
<td>15mg</td>
<td>20mg</td>
<td>30mg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ProCentra® (bupropion/norepinephrine)</td>
<td>5mg</td>
<td>10mg</td>
<td>15mg</td>
<td>20mg</td>
<td>30mg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Amphetamine Derivatives – Short Acting/Immediate Release

<table>
<thead>
<tr>
<th><strong>Medication</strong></th>
<th>5mg</th>
<th>10mg</th>
<th>15mg</th>
<th>20mg</th>
<th>30mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adderall®</td>
<td>7.5mg</td>
<td>10mg</td>
<td>12.5mg</td>
<td>15mg</td>
<td>20mg</td>
</tr>
<tr>
<td>Dextroamphetamine</td>
<td>5mg</td>
<td>10mg</td>
<td>15mg</td>
<td>20mg</td>
<td>30mg</td>
</tr>
<tr>
<td>ProCentra® (bupropion/norepinephrine)</td>
<td>5mg</td>
<td>10mg</td>
<td>15mg</td>
<td>20mg</td>
<td>30mg</td>
</tr>
</tbody>
</table>

### Non-Stimulants

<table>
<thead>
<tr>
<th><strong>Medication</strong></th>
<th>1mg</th>
<th>2mg</th>
<th>3mg</th>
<th>4mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intuniv® XE (intuniv, extended release)</td>
<td>1mg</td>
<td>2mg</td>
<td>3mg</td>
<td>4mg</td>
</tr>
<tr>
<td>Kapvay® (optional, extended release)</td>
<td>0.1mg</td>
<td>0.2mg</td>
<td>0.3mg</td>
<td>0.4mg</td>
</tr>
<tr>
<td>Strattera® (preservative)</td>
<td>10mg</td>
<td>18mg</td>
<td>25mg</td>
<td>30mg</td>
</tr>
</tbody>
</table>

**Disclaimer:** The ADHD Medication Guide was created by Dr. Andrew Adelman of the North Shore-LIJ Health System. North Shore-Long Island Jewish Health System is not affiliated with the owner of any of the brands referenced in this Guide.

The ADHD Medication Guide is a visual aid for professionals caring for individuals with ADHD. The Guide includes only medications indicated for the treatment of ADHD by the FDA. In clinical practice, this guide may be used to assist patients in identifying medications previously tried, and may allow clinicians to identify ADHD medication options for the future. Medications have been arranged on the card for ease of display and comparison, but dosing equivalence cannot be assumed. Practitioners should refer to the FDA-approved product information to learn more about each medication. Although every effort has been made to depict each medication in its actual size and color, we cannot guarantee that there are not minor distortions in the final image. This Guide is accurate as of July 1, 2013.

- Updated versions of the ADHD Medication Guide can be viewed at: [www.ADHDMedicationGuide.com](http://www.ADHDMedicationGuide.com)
- Laminated copies of the ADHD Medication Guide can be obtained at: [www.ADHDMedicationGuide.com](http://www.ADHDMedicationGuide.com)
- Contact Dr. Andrew Adelman at ADHDMedGuide@NHSliu.edu with any questions, suggestions or comments
During physiatry clinics allied health care providers frequently are present and it is helpful to be familiar with the instruments used (GFMCS, MACS) as well with the templates for history taking and dictation (see example on next pages).
Developmental Pediatrics Rehabilitation Learner Orientation Package

Spasticity Clinic Follow Up Assessment Template

This letter should be directed to the family, and copied to the involved family physician, any specialists that are involved of the care and also the relevant treatment center. (Not send to schools).

Dear ___________ Family:

This is a summary of our meeting in spasticity clinic on _________________.

__________ (Child’s name) arrived to the appointment accompanied by ____________.

(Mention all the names and relationship of family members). Also attending the meeting was/were __________________. (List all the names of staff with their profession i.e. PT/OT/Nurse; residents and students and potential additional professional that care for the child such as personal nurse, CAS worker).

Diagnosis:

List all diagnosis one below the other start with the relevant diagnosis for our clinic. Cerebral Palsy, type (spastic, dyskinetic or ataxic), distribution pattern (uni or bilateral), GMFCS level, MACS level.

Co-Morbidity:

Global developmental delay

Epilepsy (if dealt by another specialist name in brackets i.e. Dr. Meaney)

Visual Impairment

Hydrocephalus treated with VP-Shunt

G-Tube fed

Current Weight:

Example: 50kg

When giving dosage of antiepileptic medications put calculated mg/kg/day in brackets

Current Medication:

List all the meds one below the other with doses

Example:

Baclofen 20 mg tid

Valproic Acid 500 mg Bid (20mg/kg)

Current Intervention:

Botox injection, total amount 400 U

Injected muscles: Hamstrings bil 100 U, rt Adductor 50 U, Lt Adductor 100U, Lt Gastrocnemius muscle 100U, Lt Tibialis posterior muscle 50U

Plan:

Example:

1. Reinjection with Botox in 4 months, total amount to be ordered 400U.

2. Increase of Valproic Acid to 600 mg bid

Interval History:

(Child’s name)__________ has been last seen in Spasticity Clinic on ________date. At this point he received Botox injections to ________________ (list all the muscles and amounts).

The family (and if available) the therapists report ________ (details the positive and negative effects and gains). No side effects have been reported (if yes, then list). The goals were ________ and they were fully/partially/not reached.

If the child has multiple medical/social issues than separate each with a title i.e.

Start then with an introductory sentence. (Child’s name)__________ has been last seen in clinic on ________ As (Child’s name) is presenting with several issues I will report them separately.

1. Spasticity management: (Child’s name)__________ has been last receiving botox on ________ date. The family (and if available) the therapists report ________ (details the positive and negative effects and gains). No side effects have been reported (if yes, then list). The goals were... According to our plan the family has pursued the increase in treatment with Baclofen from 15 mg tid to 20 mg tid and finds (child’s name)__________ more relaxed. He is sleeping better through the night but is also slightly more drooling during daytime.

2. Epilepsy: on our last meeting we decided to increase the Valproic Acid from 400 mg to 500 mg twice daily as (child’s name) is still experiencing intermittent seizures. He has typically two types: he has daily staring episodes that are very brief. They occur up to 10 times a day. They seem to not interfere with his daily activities. In addition the family is reporting that (Child’s name)__________ has every few days events that present with a head turning, followed by a stiffening of the right arm and right leg, after a few seconds (child’s name)__________ goes into rhythmic tonic clonic movements that typically last for about 1-3 min. Afterwards (Child’s name)__________ is typically tired for about 15-30 min. since the last increase of VPA the short seizures have not changed, but the second type, have become less frequent. There are no side effects noted with the increase of medication.
Developmental Pediatrics Rehabilitation Learner Orientation Package

3. Services: 
   (Child’s name) ________ continues to be seen on a regular basis at ________ (school, CDRP, Kids’ Ability) and receives currently ________ (every other week OT and PT and). He is visiting currently grade ________ at (name of school) _________. In a fully integrated class. He has a full time EA.

4. Equipment and functions: 
   (Child’s name) ________ is using a walker (posterior) for ambulation. He also is using a manual wheelchair at school for time efficiency purposes and for longer distances. He wears on a daily basis bilateral AFOs. During night time he is wearing an alternating fashion gaiters. He is using a stander at school, and is able to stay in it for 45 min twice.

5. Social/behavioural: 
   at our last appointment (child’s name) ________ shared with us his concerns about interactions with friends. He is at times very anxious. We therefore had initiated a referral to our social worker at CDRP. Child’s name ________ has since then met with our social worker and felt that these meetings are helpful.

(other potential chapters that might be worth having as a title are: sleep; feeding; )

Investigations:

(If relevant) might contain summaries and reports of EEG, MRI, metabolic work up...

Examination:

Start with a general description of behaviour and interaction during the meeting followed by a functional description, then general neurological exam and if done in the end the developmental assessment.

(Child’s name) ________ was very anxious and quiet throughout the assessment but was still cooperative. (Child’s name) ________ is able to run and jump. He has an asymmetric gait with heel contact on the right side, but lands on the toes of his left foot.

He has increased tone in the left side of his body, more prominent in the leg. His DTRs are increased (4+) on the left leg (Achilles and patella) with a prolonged ankle clonus. Low tone in trunk and neck.

Range of motion as measured:

(One can dictate as a table than it is easier to view it in the printed version)

<table>
<thead>
<tr>
<th>Right side</th>
<th>Left side</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastrocnemius with knee extended</td>
<td>R1 - 10/ R2 +10</td>
</tr>
<tr>
<td>Gastrocnemius with flexed knee</td>
<td>R1 0/ R2 +15</td>
</tr>
<tr>
<td>Popliteal angle (Hamstrings)</td>
<td>R1 60/R2 30</td>
</tr>
<tr>
<td>Knee extension with straight leg</td>
<td>R1 50/R2 30</td>
</tr>
</tbody>
</table>

Developmental Pediatrics Rehabilitation Learner Orientation Package

Hip abduction with extended legs (Gracilis)

Hip abduction with flexed hips (adductor muscles)

Thomas test (ileopsoas)

Ely Duncan test (rectus femoris)

Elbow flexion

Wrist flexion

Ulnar wrist deviation

Assessment of hand. (thumb in palm most of the time, can intermittently open hand

Sensation (neglect)

Strength pattern

Developmental assessment:

Summary and plan:

If there was mainly one issue than just do a regular summary and plan. Have there been a variety of distinct issues that were mentioned in the interval history then split also in the summary the different issues.

Example for a complex history with different issues:

Child’s Name ________ came to fill appointment to spasticity clinic on ________.

1. Spasticity management: the report of the parents and clinicians as well as our assessment today confirmed the positive results of our intervention with Botox. On repeat assessment we decided to pursue a repeat injection in the same pattern as 4 months ago. (Child’s name) ________ received a total amount of ________ Botox to follow muscles ________ (write name, amount and dilution. A consent form was signed by the parents after review of the possible effects and side effects. We decided to also further increase the night time dosage of Baclofen to ________.)

2. Epilepsy: with an increasing dosage of VPA it seems that there is a mild improvement of his focal seizures with secondary generalization. We discussed that the dosage of VPA is still low at 20 mg/kg and it is advisable to increase by 5 mg/kg to a dosage of 600 mg bid. Further increases can be possible. The family is supposed to call Nancy Goldie for further seizures persist for guidance about further increases.

3. Equipment: We advised Child ________ to continue to wear his AFOS regularly. We strongly recommend a combination of AFOS with gaitors at night to enhance the stretching of the Hamstrings muscles.
Interactive 3.1 Spasticity Clinic Template

Plan:
Increase VPA to 600 mg bid
Referral to orthopedic surgery
Review for possible Botox injection in 4 months. Order 400 U – first assessment. (this is very important to write exactly if we for sure will inject or first assess.)

Developmental Pediatrics Rehabilitation Learner Orientation Package

Spasticity Clinic Follow Up Assessment-Short Version Template
Letter should be directed to the family, and copied to the involved family physician, any specialists that are involved of the care and also the relevant treatment center. (Do not send to schools).

Dear ____________ Family,

This is summary of our meeting in Spasticity Clinic on ______________.
__________________________ (Child’s name) arrived to the appointment accompanied by __________________________ (mention all the names and relationship of family members). Also attending the meeting was/were __________________________ (list all the names of staff with their profession i.e. PT/OT/Nurse; residents and students and potential additional professional that care for the child such as personal nurse, CAS worker.)

Diagnosis:

Current Weight:

Current Medication: (when giving dosage of antiepileptic medications put calculated mg/kg/day in brackets)

Current Intervention:

Botox total amount:

Distributed to following muscles:

Plan:

Interval History:

Current Services/School:

Equipment:

Investigations:

Examination:

Developmental assessment:

Summary and Discussion: (if complex separate according to issues)

Plan:
On the following pages you will find handouts in pdf-files that can be emailed or downloaded for use in clinic with parents and for your own reference.
Intake questionnaires:

- **Interactive 4.1** Preschool-Kindergarten Questionnaire
- **Interactive 4.2** School Questionnaire 6 - 18 years
- **Interactive 4.3** Parent Questionnaire

Developmental Screening Tools:

- Rourke Baby Record and Nipissing Screen online resources:
  - [http://www.rourkebabyrecord.ca/default.asp](http://www.rourkebabyrecord.ca/default.asp)
  - [http://www.ndds.ca](http://www.ndds.ca)
- **Interactive 4.4** Rourke Baby Record - English
- **Interactive 4.5** Rourke Baby Record - French
- **Interactive 4.6** Nipissing Screen
Handouts for Health Supervision:

Cleft Lip and Palate - more information on this site:

http://kidshealth.org/parent/medical/ears/cleft_lip_palate.html

Interactive 4.7 Cleft Lip and Palate Handout

Interactive 4.8 Down Syndrome Health Supervision Table


These guidelines are designed to assist the pediatrician in caring for the child in whom a diagnosis of Down syndrome has been confirmed by chromosome analysis. Although a pediatrician’s initial contact with the child is usually during infancy, occasionally the pregnant woman who has been given a prenatal diagnosis of Down syndrome will be referred for review of the condition and the genetic counseling provided. Therefore, this report offers guidance for this situation as well.

Interactive 4.9 Neurofibromatosis Type 1 Health Supervision Table

Autism Spectrum Disorders:

Physician Handbook by Autism Canada - here you find a good description of the main features and what to be prepared for when consulting patients with ASD with tips to make the consult beneficial for everyone.

http://www.autismcanada.org/index.html

**Interactive 4.10 ASD Physician Handbook**


http://www.autismcanada.org/aboutautism/screeningtools.html

“Ten Things Every Child with Autism Wishes You Knew” - this brochure is very helpful especially for relatives of the parents who might have their own interpretations regarding the child’s behaviour.

**Interactive 4.11 10 Things About ASD**