EARLY DIAGNOSIS – CEREBRAL PALSY

Cerebral palsy early diagnosis interpretation quick reference

CLINICAL FACT SHEET

General Movements Assessment

General Movements Assessment, to identify motor dysfunction (95-98% predictive of cerebral palsy); combined with neuroimaging.

STANDARDISED MOTOR

SCREENING TIME PERIOD	NORMAL RESULT	ABNORMAL RESULT
'Writhing' Up to 6–9 weeks post-term age	**Normal** Continue ongoing development follow up including motor and cognitive development	'Poor repertoire' (not predictive cerebral palsy)
		'Cramped synchronous' (predictive if persistent)
		'Chaotic' (rare and non predictive)
'Fidgety' Seen from 6–9 weeks post-term age up to 20 weeks Best assessed between 12-16 weeks post-term age Two recordings in the 'fidgety' period are recommended	**Low risk for cerebral palsy** Continue ongoing developmental follow up including motor and cognitive development	'Absent fidgety' (F-) High-risk cerebral palsy Referral for early intervention and parent supports
		'Abnormal fidgety' (AF) Less common. Possible increased risk of neurological condition Ongoing developmental follow up and consider referral for early intervention

Prediction of motor type and topography[1]

PRE-TERM GMs	'WRITHING' GMs (TERM-8 WEEKS)	'FIDGETY' GMs (3-5 MONTHS)	OUTCOME
'Poor repertoire' OR normal	'Poor repertoire' OR normal	Normal	Normal
'Poor repertoire' or 'cramped synchronised' GMs	'Cramped synchronise' GMs	'Absent fidgety' + abnormal neuro exam	Bilateral spastic cerebral palsy
'Poor repertoire' or 'cramped synchronised' GMs	'Poor repertoire' or 'cramped synchronised' GMs	'Absent fidgety' GMs + asymetrical segemental movements +/- abn neuro exam	Unilateral spastic cerebral palsy
'Poor repertoire' GMs	'Poor repertoire' GMs; circular arm movements and finger spreading	'Absent fidgety'; absence of foot-to-foot contact; circular arm movements and finger spreading	Dyskenetic cerebral palsy

1. Einspieker et al 2012

Adapted with permission from: Novak et al 2017. Early, Accurate Diagnosis and Early Intervention in Cerebral Palsy. *JAMA Pediatr.* 2017;171(9):897-907. doi:10. 1001/jamapediatrics.2017.1689
Available from: http://jamanetwork.com/journals/jamapediatrics/article-abstract/2636588

Cerebral Palsy ALLIANCE

CENTRE OF RESEARCH EXCELLENCE Cerebral Palsy