Section on Pediatrics

List of Assessment Tools Used in Pediatric Physical Therapy
Created by the Practice Committee 05/04

This list of assessment and evaluation tools and measures is NOT exhaustive. The Practice Committee has attempted to compile a list of the tools that are most commonly used by pediatric physical therapists. There are many other tools, as well as many Web sites, with additional information. This list should serve as a starting point for anyone seeking information on assessment and evaluation tools and measures. The Practice Committee suggests the following Web site as one source of additional information: http://nieer.org/assessment/. If you have additional tools or measures that you believe should be added to this list, please complete the form at the end of this document and submit it to the Section on Pediatrics at cindysliwa@apta.org.

Assessment Tools

ALBERTA INFANT MOTOR SCALE (AIMS)
Author: Martha C. Piper and Johanna Darrah
Purpose: To identify infants and toddlers with gross motor delay and to evaluate gross motor skill maturation over time
Age Range: Birth – 18 months
Areas Tested: Fifty-eight gross motor skill items divided among four positions: prone, supine, sitting, standing
Each item observed for the components of: weight bearing, posture, and anti-gravity movement

ASSESSMENT, EVALUATION, AND PROGRAMMING SYSTEM FOR INFANTS AND CHILDREN (AEPS)
Volume 1: Measurement for Birth to Three Years
Author: Diane Bricker
Purpose: To determine level of skill attainment, assist in the development of programmatic outcomes, goals and objectives, and monitor progress toward attainment of outcomes over time
Age Range: Developmental skill range from one to 36 months of age
Areas Tested: Two hundred twenty-eight items divided among six domains which are further divided into strands:
Fine motor: reach, grasp, release, functional use; Gross motor: movement in prone and supine, balance in sitting, standing and walking, and play; Adaptive: feeding, hygiene, undressing; Cognitive: sensory causality, problem-solving, preacademic interaction with objects; Social: interaction with adults, peers, and environment; Communication: prelinguistic, expressive, receptive
Each strand is further divided into goals and objectives. Goals and objectives are assessed and are arranged hierarchically

AGES & STAGES QUESTIONNAIRES (ASQ) – Second Edition
Authors: Diane Bricker, Jane Squires
Purpose: To determine the developmental level of a child through parent report
Age Range: Four to sixty months (4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, 60)
Areas Tested: 19 questionnaires each containing thirty items covering five areas of development: -Communication Gross motor, Fine motor, Problem solving, Personal-social

AGES & STAGES QUESTIONNAIRES: Social Emotional (ASQ:SE)
Authors: Jane Squires, Diane Bricker, and Elizabeth Twombly
Purpose: To help identify young children at risk for social emotional difficulties.
Age Range: six to sixty months (6, 12, 18, 24, 30, 36, 48, and 60)
Area Tested: Social and emotional behavior

BATTTELLE DEVELOPMENTAL INVENTORY (BDI)
Authors: Newborg J, Stock JR, Wnek L., Guidubaldi J, Svinicki J.
Purpose: Judgment or performance based measure administered through structured format, interviews with caregivers or naturalistic observations. Norm referenced
Age Range: Birth to 8 years
Areas Tested: GM, FM personal-social, language and cognitive skills,
BAYLEY INFANT NEURODEVELOPMENTAL SCREENER (BINS)
Author: Glen P. Aylward
Purpose: To identify infants who are at risk for delays or neurological impairments
Age Range: Three to twenty-four months
Areas Tested: Seventy-two items divided among six age sets (3, 6, 9, 12, 18, 24 months) each containing 11-13 items. Items are categorized into four “conceptual areas of ability”: Basic neurological functions/intactness: tone, reflexes, abnormal signs: Receptive functions: visual, auditory, verbal: Expressive functions: gross motor, fine motor, vocalizations: Cognitive processes; memory, problem solving, object permanence, attention

BAYLEY SCALES OF INFANT DEVELOPMENT-II
Author: Nancy Bayley
Purpose: To identify developmental delay and to monitor a child's developmental progress
Age Range: One to 42 months
Areas Tested: Consists of three scales: Mental: cognition, object permanence, memory, manipulation, problem solving, verbal communication, and comprehension; Motor: gross and fine motor development/ skill acquisition; Behavior: qualitative aspects of child's behavior during administration of mental and motor scale

BERG BALANCE TEST
Authors:
Purpose: Measures balance during movement activities
Age Range: 5 years and older
Areas Tested: 14 items including common movement activities such as picking an object up from the floor, walking and turning

Bruininks-Oseretsky Test of Motor Proficiency (BOTMP)[
Author: Robert Bruininks, ----Oseretsky
Purpose: Developmental motor skills
Age Range: 4.5 –14.5 years
Areas Tested: Balance, strength, coordination, running speed and agility, upper limb coordination (ball skills), dexterity, fine motor control, visual-motor

CANADIAN OCCUPATIONAL PERFORMANCE MEASURE
Author: Mary Law
Purpose: To detect changes in parent or child’s self-perception of performance over time..
Age Range: Any
Areas Tested: Satisfaction and disability rating of daily activities and routines, which are, identified by the child and family as important part of daily life

CHILD HEALTH QUESTIONNAIRE (CHQ)
Author: Landgraf
Purpose: Measures physical and psychosocial health concepts
Age Range: 2 months – 17 years
Areas Tested: Judgment based quality of life instrument, completed by parent or child.

CHILD HEALTH ASSESSMENT QUESTIONNAIRE (CHAQ)
Author: Len
Purpose: Judgment based quality of life measure; developed primarily for children with arthritis but has been used for children with other physical disabilities
Age Range: Any age
Areas Tested: Performance of activities of daily living and assistance required.

THE CAPUTE SCALES: CAT/CLAMS
Author: Arnold J. Capute
Purpose: To quantify delay in language and problem solving
Age Range: One to 36 months
Areas Tested: Cognitive Adaptive Test (CAT): visual-motor skills, problem solving
Clinical Linguistic and Auditory Milestone Scale (CLAMS): receptive and expressive language

THE CAROLINA CURRICULUM FOR INFANTS AND TODDLERS WITH SPECIAL NEEDS, SECOND EDITION (CCITSN)
Authors: Nancy M. Johnson-Martin, Kenneth G. Jens, Susan M. Attermeier, and Bonnie J. Hacker
Purpose: Curriculum based assessment used to determine approximate developmental level of children and programming strategies
Age Range: Birth to twenty-four month developmental range
Areas Tested: Three hundred fifty-nine items and curricula content covering twenty-six areas of development (sequences) divided among five developmental domains: -Cognition-Communication-Social/adaptation-Fine motor- Gross motor

CAROLINA CURRICULUM FOR PRESCHOOLERS WITH SPECIAL NEEDS (CCPSN)
Authors: Nancy M. Johnson-Martin, Susan M. Attermeier, and Bonnie Hacker
Purpose: Curriculum based assessment used to determine approximate developmental level of children and programming strategies
Age Range: Two and five years developmentally
Areas Tested: Five hundred and eighteen items and curriculum content covering twenty-five sequences divided among five domains of development: - Cognition- Communication- Social Adaptation- Fine Motor- Gross Motor

DENVER-II
Author: William K. Frankenburg, Josiah Dodds, Phillip Archer, Beverly Bresnick, Patrick Maschka, Norman Edelman, and Howard Shapiro
Purpose: To detect potential developmental problems in young children and monitor children at-risk for developmental problems
Age Range: One week to six years, six months of age
Areas Tested: One hundred twenty-five items divided among four areas of function: Personal-social: behavior, caring for self: Fine motor-adaptive: eye-hand coordination, manipulation of small objects, problem solving Language: hearing, speaking, understanding: Gross motor: sitting, walking, jumping. Also, five subjective "Test Behavior" items assessing overall test behavior

DEVELOPMENTAL PROGRAMMING FOR INFANTS AND YOUNG CHILDREN - REVISED (DPIYC)
Author: D. Sue Schafer, Martha S. Moersch, and Diane B. D'Eugenio
Purpose: To describe the developmental status of a child with a disability and assist with program planning and implementation
Age Range: Early Intervention Developmental Profile (EIDP): 0-36 months
Areas Tested: The EIDP has 299 items divided into six areas of development Cognition-Gross Motor- Fine Motor- Language-Social-emotional-Self-care

DEVEREUX EARLY CHILDHOOD ASSESSMENT PROGRAM (DECA)
Author: P. A. LeBuffe, & J. A. Naglieri
Age Range: Ages 2-5 years
Purpose: To measure resilience in preschool children. Resilience is defined as the ability to recover from or adjust to misfortune or change.
Areas Tested: The tool therefore addresses the child’s social emotional development

EARLY INTERVENTION DEVELOPMENTAL PROFILE (EDP)
Authors: Schafer SD, Moersch MS
Purpose: Developmental screening tool
Age Range: Birth – 3
Areas Tested: Cognition, gross motor, language, perceptual / fine motor, self-care, social/emotional

ENERGY EXPENDITURE INDEX (EEI)
Authors: Rose
Purpose: Measure of endurance
Age Range: 3 years and older
Areas Tested: Calculation of heart rate, distance walked and time, Working HR – Resting Heart Rate/ Speed

**ERHARDT DEVELOPMENTAL PREHENSION ASSESSMENT (EDPA) - Second Edition**
Author: Rhonda P. Erhardt
Purpose: To describe the quality of both right and left arm and hand prehension patterns for treatment planning
Age Range: Birth - 15 months
Areas Tested: Three hundred forty-one items divided into three sections: 1. Positional-reflexive: involuntary arm-hand patterns; 2. Cognitively directed: voluntary movements of approach, grasp, manipulation, and release 3. Pre-writing skills: pencil grasp and drawing

**FUNCTIONAL OUTCOMES ASSESSMENT GRID (FOAG)**
Author: Phillipa H. Campbell
Purpose: To assist team in developing and implementing functional outcomes for children with disabilities
Age Range: No specific age range. Individualized based on desired outcomes thus age is not a factor
Areas Tested: Six functional outcome areas associated with four disability categories (physical, sensory, special health care needs, and other): Caring for self, Communication, Learning and problem solving, Mobility, Play and leisure skills, Socialization. Performance areas delineated within each outcome area. Performance areas: posture and alignment against gravity, movement patterns, movement of body in space, secondary physical disabilities. Performance areas are further divided into performance components with items such as weight shifting, muscle tone, oral-motor control, transitional movements and movement patterns, etc.

**FUNCTIONAL INDEPENDENCE MEASURE FOR CHILDREN (WeeFIM)**
Authors: Carl Granger, Susan Braun, Kim Griswood, Nancy Heyer, Margaret McCabe, Michael Msau, and Byron Hamilton
Purpose: To determine the severity of a child's disability, the measurement of caregiver assistance needed in the Performance of functional activities, and outcomes of rehabilitation
Age Range: Children without disabilities: 6 months to 8 years; Children with developmental disabilities: 6 months to 12 years; Children with developmental disabilities and mental ages less than 7 years
Areas Tested: Eighteen items grouped into two major categories of function, motor, and cognition that are divided into six domains divided into subdomains: Motor, Self-care: eating, grooming, bathing, dressing, toileting, Sphincter control: bladder and bowel management, Transfers: chair, wheelchair, toilet, tub, shower, Locomotion: wheelchair/crawl, stairs, Cognitive -Communication: comprehension, expression, Social cognition: social interaction, problem solving, memory

**FUNCTIONAL INDEPENDENCE MEASURE (FIM)**
Authors: Dodds, Heinemann
Purpose: Measures mobility in the home and community environment & ability to perform ADLs
Age Range: 7 years through adulthood
Areas Tested: Performance in self-care, sphincter control, transfers, locomotion, communication and social cognition

**FUNCTIONAL REACH TEST (FRT)**
Authors:
Purpose: Measure of anticipatory standing balance when reaching
Age Range: 4 years and older
Areas Tested: Measurement of the distance that the child can reach forward from a stationary standing position

**REVISED GESELL AND AMATRUDA DEVELOPMENTAL AND NEUROLOGIC EXAMINATION**
Author: H. Knobloch, F. Stevens, A.F. Malone (1987)
Purpose: It is a norm-referenced test identifying minor deviations in the areas of development and it is used to determine developmental status.
Age Range: 4 weeks to 36 months
Areas Tested: 5 areas of development-gross motor-fine motor-language-personal/social-adaptive

**GROSS MOTOR FUNCTION MEASURE (GMFM)**
Authors: Dianne Russell, Peter Rosenbaum, Carolyn Gowland, Susan Hardy, Mary Lane, Nancy Plews, Heather McGavin, David Cadman, and Sheila Jarvis
Purpose: To evaluate change in gross motor function in children with cerebral palsy, describe a child's current level of motor function, and determine treatment goals.  
Age Range: No specific age range is recommended by the authors, however, the test has been validated on children between 5 months and 16 years. Seems best suited for children two to five years.  
Areas Tested: Eighty-eight items of gross motor function divided into five dimensions: -Lying and rolling-Sitting Crawling and kneeling-Standing-Walking, running, and jumping. Items were selected to represent those typically performed by children by age five.

**HEALTH UTILITIES INDEX – MARK 3 (HUI-3)**  
Author: William Furlong  
Purpose: Measures children's functional health status; can compute cardinal utility value to represent Health Related Quality of Life.  
Age Range: Any age.  

**INSIDE THE HAWAII EARLY LEARNING PROFILE (Inside-HELP)**  
Author: Stephanie Parks  
Purpose: To provide definitions and guidelines for administration and scoring of skills and serve as a reference for all the HELP curriculum and assessment materials.  
Age Range: Birth to 36 months.  

**HOME OBSERVATION FOR MEASUREMENT OF THE ENVIRONMENT (HOME)**  
Author: Bettye M. Caldwell and Robert H. Bradley  
Purpose: A screening tool to identify the quality and quantity of social, emotional and cognitive supports available to the child in the home environment.  
Age Range: Infant and toddlers version birth to three.  
Areas Tested: Infant and toddlers version: forty-five items clustered into six subscales: Parental responsivity, Acceptance of child, Organization of the environment, Play materials, Parental involvement with the child, Variety of stimulation.

**INFANT TODDLER DEVELOPMENTAL ASSESSMENT (IDA)-PROVENCE PROFILE**  
Author: Sally Provence, Joanna Erikson, Susan Vater, and Saro Palmeri  
Purpose: To determine a performance age range and a descriptive summary of a child's developmental competencies.  
Age Range: Birth - 3 years.  
Areas Tested: Six phase process of evaluation with phase four a developmental assessment (Provence Profile). Assessment items are grouped by age sets and the number of items varies at each age set and within each domain.  

**INFANT DEVELOPMENTAL SCREENING SCALE (IDSS)**  
Author: W. Jane Proctor  
Purpose: To assess developmental status of newborns.
INFANT MOTOR SCREEN (IMS)
Author: Robert E. Nickel
Purpose: To determine the neuromotor status of infants prematurely born
Age Range: Four to 16 months corrected age
Areas Tested: Twenty-five items adapted from the Milani-Comparetti and the Movement Assessment of Infants
Muscle tone-Primitive reflexes-Automatic responses-Symmetry

INFANT NEUROLOGICAL INTERNATIONAL BATTERY (INFANIB)
Authors: Patricia H. Ellison
Purpose: To distinguish infants with normal neuromotor function from those with abnormal findings and to predict need for follow-up treatment
Age Range: One to eighteen month old at risk infants and toddlers, especially those born premature
Areas Tested: Twenty items divided into five content domains: -Spasticity: TLR, ATNR, hands open/closed Vestibular function: parachute, body rotative.-Head and trunk control: pull to sit, body derotative, sitting, prone posture. -French angles: scarf sign, heel-to-toe, popliteal angle, hip abduction. -Legs: foot grasp, positive support reaction, dorsiflexion

INFANT/TODDLER SYMPTOM CHECKLIST: A Screening Tool for Parents (ITS)
Author: Georgia A. DeGangi, Susan Poisson, Ruth Z. Sickel, and Andrea Santman Wiener
Purpose: To identify infants at risk for sensory integrative disorders, attentional deficits, and emotional or behavioral problems
Age Range: Seven - 30 months
Areas Tested: Five age specific checklists (7-9, 10-12, 13-18, 19-24, 25-30) containing information on nine domains. self-regulation: fussy-difficult behaviors such as crying, difficulty with transitions- sleep patterns: difficulty falling asleep, attention; difficulty initiating and shifting attention-eating, feeding dressing or bathing: gagging, vomiting, food preferences, behavior problems during feeding-dressing, bathing, touch: tactile hypersensitivities, intolerance in being confined-movement: activity level, motor planning difficulties, balance, postural insecurity listening, language and sound: hyposensitivity to sound, language problems-looking and sight: sensitivity to light, visual distractibility-attachment/emotional functioning: gaze aversion, mood deregulation, flat affect, separation problems. There is also a general screening version.

LEG LENGTH DISCREPANCY TAPE MEASURE
Authors: Staheli
Purpose: Measure of leg length
Age Range: Any age
Areas Tested: Tape measurement from ASIS to medial malleoli

MANUAL MUSCLE TEST (MMT)
Purpose: Measure of muscle strength
Age Range: 4-5 years and older
Areas Tested: Contraction of muscles and if strong enough, application of manual resistance to the muscle contractions; Strength judged on ordinal scale

MILANI-COMPARETTI MOTOR DEVELOPMENT SCREENING TEST, Third Edition (MC)
Author: A. Milani-Comparetti and E.A. Gidoni, Wayne Stuberg, Project Director for revised edition
Purpose: To identify motor dysfunction in infants by systematically examining the integration of primitive reflexes and the emergence of volitional movement against gravity
Age Range: Birth to two years
Areas Tested: Twenty-seven items divided into two groups: Spontaneous motor behaviors: locomotion, sitting, standing; Evoked responses: equilibrium reactions, protective extension reactions, righting reactions, primitive
reflexes.

**MEADE MOVEMENT CHECKLIST (MMCL)**

Author: Vicki Meade

Purpose: To screen infants for neuromotor delays

Age Range: Four to 6 months

Areas Tested: Flexor and extensor control is observed in six positions or transitional movements: - Sitting on lap: awareness to the surroundings- Prone: orientation of infant's body; tolerance of position- Rolling to back position of head, shoulder, pelvis, and hips- Supine: infant's alertness to self and external stimulus- Sitting: position of head, shoulders, pelvis, and hips- Standing: weight bearing through body; tolerance to position- Ventral suspension: lifting of the head and active movement of legs throughout hips/pelvis

**MODIFIED ASHWORTH SCALE (MAS)**

Authors: Bohannon RW. Smith MB.

Purpose: Measure of resistance to passive movement associated with spasticity

Age Range: 4-5 years and older

Areas Tested: Passive movement of a limb (usually the leg) through range while judging the resistance to the movement; resistance judged on ordinal scale

**MOVEMENT ASSESSMENT OF INFANTS (MAI)**

Author: Lynnette S. Chandler, Mary S. Andrews, and Marcia W. Swanson

Purpose: To identify motor dysfunction in infants, especially those considered at-risk and monitor the effects of physical therapy on infants whose motor behaviors is at or below one year of age

Age Range: Birth to 12 months

Areas Tested: Sixty-five items within four areas of neuromotor functioning: - Muscle tone: anti-gravity postures, resistance to passive stretch, and consistency- Reflexes: relative presence or absence of primitive reflexes- Automatic reactions: righting, equilibrium, and protective-Volitional movement: gross and fine motor behaviors, hearing and vision.

**NATURALISTIC OBSERVATION OF NEWBORN BEHAVIOR (NONB)**

Author: Heidelise Als

Purpose: To develop a profile of the infants' physiological and behavioral responses to environmental demands and caregiving

Age Range: Neonates to four weeks post term

Areas Tested: Ninety-one behaviors based on the conceptual framework underlying the Assessment of Preterm Infant Behavior (APIB) - Autonomic: respiration, color, tremors, and twitch- Visceral: gagging, burp, spit up, and sounds - Motor: tone, posture, gross motor flexion or extension, upper and lower extremity movement- State-related (attention related behaviors): eye movement, facial expressions, and gross body movements

**NEUROLOGICAL ASSESSMENT OF THE PRETERM AND FULL-TERM NEW BORN INFANT (NAPFI)**

Author: Lilly Dubowitz and Victor Dubowitz

Purpose: To document status of the nervous system in infants, document neurological maturation and/or change in infants

Age Range: Full term infants up to the third day of life and preterm infants who are medically stable and can tolerate handling up to term gestation age

Areas Tested: Thirty-three items divided into four categories: Habituation: visual and auditory stimuli Movement and tone: posture, tone of limbs, trunk and neck, abnormal movements Reflexes: tendon reflexes, primitive reflexes, Neurobehavioral characteristics: selected items from Neonatal Behavioral Assessment Scale

**NEUROBEHAVIORAL ASSESSMENT OF PRETERM INFANT (NAPI)**

Author: Anneliese Kornier and Valerie Thom

Purpose: To assess neurobehavioral status of prematurely born infants, to monitor effects of intervention, and to document individual differences

Age Range: Thirty-two to 37 weeks conceptual age

Areas Tested: Seventy-one items divided into seven clusters: - Motor development and vigor- Scarf sign- Popliteal angle- Alertness and orientation- Irritability- Vigor of cry- Percent sleep
NEONATAL BEHAVIORAL ASSESSMENT SCALE (NBAS)
Author: T. Berry Brazelton and J. Kevin Nugent
Purpose: To assess and describe infant's interactions and behaviors within the context of a dynamic relationship with a caregiver. Results provide information regarding infant's ability to handle stressors and self-organize. Originally designed to study individual differences in neonates that contribute to infant-caregiver interactions and for studying group differences among infants.
Age Range: Full term neonates 37 to 48 weeks post-conceptual age. Supplemental items are provided to test infants born less than 37 weeks.
Areas Tested: Twenty-eight behavioral and eighteen elicited items that provide information in five packages: Habituation: response decrement -Motor-Oral: reflexes of the feet, rooting, sucking, glabella-Truncal: undressing and moderate handling such as pull to sit, grasp-Vestibular: maximal handling and stimulating items (TNR, Moro) -Social-Interactive: state dependent orientation items. There are also nine supplemental (optional items), five of which were devised by Als and one devised by Horowitz to be used with babies born premature.

NEUROLOGICAL EXAM OF THE FULL TERM INFANT
Author: Heinz Prechtl
Purpose: To diagnose infants with neurological abnormality and predict future neurological problems. A screening test is also available which can be used to determine the need for further testing in low risk infants.
Age Range: Full term and preterm infants 38-42 weeks gestation
Areas Tested: Twelve summary items that include primitive reflexes and responses. Posture: symmetry, opisthotonus-Eyes: reaction to light, reflexes-Power and passive movements: tone, range of motion, recall, muscular consistency-Spontaneous and voluntary movements: head control, tremors, clonus-State

NEONATAL NEUROBEHAVIORAL EXAMINATION (NNE)
Author: Andrew Morgan, Vera Koch, Vicki Lee, and Jean Aldag
Purpose: To determine neurobehavioral status of infants.
Age Range: Thirty-two-42 weeks post conceptional age
Areas Tested: Twenty-seven items divided into three sections each having nine items-Tone and motor patterns-Primitive reflexes-Behavioral responses

NEONATAL ORAL MOTOR ASSESSMENT SCALE (NOMAS)
Author: Murray A. Braun and Marjorie M. Palmer
Purpose: To screen for oral motor dysfunction in the neonate, distinguish infants with normal sucking from those with disorganization, identify infants with poor feeding abilities, and distinguish inefficient from efficient feeders.
Age Range: Neonate to three months of age
Areas Tested: Twenty-six items divided into two categories, jaw movements and tongue movements: Rate-Rhythmicity-Consistency of degree of jaw excursion-Direction, range of motion, timing of tongue movement-Tongue configuration

NINE MINUTE WALK TEST (Screening tool)
Authors:
Purpose: Endurance
Age Range: 5 years and older
Areas Tested: Distance walked in nine minutes. Subtest from a full fitness battery of the Health-Related Fitness Test.

OBSERVATIONAL GAIT SCALE (OGS)
Authors: Mackey
Purpose: Structured scale to rate gait parameters from video recordings
Age Range: 6-21 years
Areas Tested: Seven sections rated: Knee mid-stance; Initial foot contact; Foot contact mid-stance; Heel rise; Hind foot; Base of support; Assistive devices

ORAL MOTOR/FEEDING RATING SCALE
Author: Judy Michaels Jelm
Purpose: To document oral motor/feeding patterns and feeding function
Age Range: One year through adulthood
Areas Tested: Two major areas of oral motor/feeding behavior: Oral motor/feeding patterns (lip/cheek movement, tongue movement, jaw movement) Related areas of feeding function: self-feeding, adaptive feeding equipment, diet adaptation, position, sensitivity, food retention, swallowing, oral-facial structures

Pediatric Quality of Life Inventory (Peds QL)
Author: James W. Varni
Purpose: To measure health related quality of life
Age Range: 2-18
Areas Tested: The generic core scale consists of 23 items measuring the core dimensions of health from the World Health Organization, physical, emotional, and social functioning, as well as school functioning. The test contains child self-report forms for children 5 and older and parent proxy forms for children 2-18 years of age. Disease-Specific Modules are available for children with asthma, rheumatology, diabetes, cancer, and cardiac conditions.

Peabody Developmental Motor Scales Second Edition
Author: M. Rhonda Folio and Rebecca R. Fewell
Purpose: To determine level of motor skill acquisition, detect small changes in motor development in children with known motor delays or disabilities, and assist in programming for children with disabilities
Age Range: One through eighty-three months
Areas Tested: Two hundred forty-nine items divided into two scales which are further divided into subtests
Gross Motor Scale: one hundred fifty-one items divided among three subtests:-Reflexes: primitive, automatic reactions-Stationary: static, dynamic--Locomotion: walk, run, jump, hop-Object manipulation: ball handling
Fine Motor Scale: niney eight items divided among two subtests: Grasping: basic reach, grasp patterns, hand use: -Visual-motor integration: visual perceptional skills paired with motor, eye hand coordination

Pediatric Evaluation of Disability Inventory (Pedi)
Authors: Stephen M. Haley, Wendy J. Coster, Larry H. Ludlow, Jane T. Haltiwanger, and Peter J. Andrellas
Purpose: To determine functional capabilities and performance, monitor progress in functional skill performance, and evaluate therapeutic or rehabilitative program outcome in children with disabilities
Age Range: Six months to seven years, six months
Areas Tested: Two hundred seventy-one items divided into three subtests in the Functional Skill Scale:-Self care: eating, grooming, dressing, bathing, toileting-Mobility: transfers, indoors and outdoors mobility-Social function: communication, social interaction, household and community tasks. Also environmental modification and amount of caregiver assistance is systematically recorded in Modification Scale and Caregiver Assistance Scale

Pediatric Clinical Test of Sensory Interaction for Balance (P-CTSIB)
Authors: Crowe, Luyt, Westcott,
Purpose: Measures sensory system effects on stationary standing postural control (balance)
Age Range: 4-10 years
Areas Tested: Six conditions: Standing on floor with eyes open, eyes closed, and with dome (eyes open, but vision stabilized); Standing on foam with eyes open, eyes closed, and with dome (eyes open, but vision stabilized)

Infant/Toddler Sensory Profile
Author: Winnie Dunn
Purpose: Provides a standard method for measuring an infant's sensory processing with the child's daily life performance.
Age Range: Birth to 36 months
Areas Tested: sensory systems

Scales of Independent Behavior-Revised (SIB-R)
Authors: Robert H. Bruininks, Richard W. Woodcock, Richard F. Weatherman, and Bradley K. Hill
Purpose: To measure functional independence and adaptive functioning in school, home, employment, and community settings
Age Range: Three months - 90+ years
Areas Tested: Adaptive Behavior Full Scale contains two hundred fifty-nine items divided into fourteen subscales which are organized into four clusters: -Motor skills: gross, fine-Social interaction and communication skills:
SCHOOL FUNCTION ASSESSMENT (SFA)
Authors: Coster W, Deeney T, Haltiwanger J, Haley S
Purpose: Measures function in the school environment & can be used to guide program planning
Age Range: Elementary school students
Areas Tested: Three parts: Participation in school activity settings; Task supports; Activity Performance. Includes physical and cognitive/behavioral tasks.

SENSORY INTEGRATION AND PRAXIS TEST
Authors: Ayres
Purpose: Measures sensory systems contributions to balance and motor coordination
Age Range: 4-8 yrs 11 months
Areas Tested: Numerous tests of postural control, motor coordination & planning, fine and gross motor function, & sensory integration

TEST OF INFANT MOTOR PERFORMANCE (TIMP)
Authors: S.K. Campbell, G. Kolobe, G. Girolami, E. Osten, and M. Lenke
Purpose: To identify infants with deficits in postural control and to document the effects of developmental therapy to improve postural control needed for functional movement in early infancy
Age Range: 32 weeks gestational age through 4 months post-term (or full term to 4 months)
Areas Tested: 27 observed behaviors and 26 elicited behaviors assessing the ability to orient and stabilize the head in space and in response to auditory and visual stimulation in supine, prone, sidelying, upright, and during transitions from one position to another, body alignment when the head is manipulated, distal selective control of the fingers, wrists, hands, and ankles, antigravity control of arm and leg movement

TEST FOR HIP JOINT INTEGRITY
Authors: Staheli
Purpose: Measures hip joint placement to determine likelihood of dislocation
Age Range: Any age
Areas Tested: Manual movement of the hip joint

TEST OF SENSORY FUNCTION IN INFANTS (TSFI)
Authors: Georgia DeGangi and Stanley Greenspan
Purpose: To determine sensory processing and reactivity in infants as an assist to diagnosing sensory processing dysfunction
Age Range: Four to 18 months
Areas Tested: Twenty-four items divided into five subtests: - Reactivity to tactile deep pressure-Adaptive motor function-Visual-tactile integration-Ocular motor control-Reactivity to vestibular stimulation

TIMED OBSTACLE AMBULATION TEST (TOAT)
Authors:
Purpose: Measures time and quality of walking at several points when walking through a specified path
Age Range: Any
Areas Tested: Negotiation over different surfaces, picking up an object, stepping up, over, going around, ducking under obstacles.

TIMED UP AND GO (TUG)
Authors:
Purpose: Measure of anticipatory standing balance & gait control, motor function through a typical activity
Age Range: 4 years and older
Purpose: Measurement of the time it takes to rise from a chair, walk 3 meters, turn around and return to a seated position in the chair.

**TODDLER & INFANT MOTOR EVALUATION (TIME)**
Authors: Lucy Jane Miller and Gale H. Roid
Purpose: To identify those children with mild to severe motor problems, identify patterns of movement, evaluate motor development over time, plan intervention, and conduct treatment efficacy research
Age Range: Four months to 3 1/2 years
Areas Tested: Eight subtests: five primary, three optional (clinical)
Primary Subtests- mobility-motor organization-stability-functional performance-social-emotional abilities
Clinical Subtests-quality rating-component analysis-atypical positions

**TRANS DISCIPLINARY PLAY-BASED ASSESSMENT- REVISED (TPBA)**
Author: Toni W. Linder
Purpose: To identify intervention needs, develop intervention plans and to evaluate progress made by children
Age Range: Six months to six years
Areas Tested: Comprehensive assessment of developmental processes, learning style, and interaction patterns in four developmental areas: Cognitive, Social-emotional, Communication and language, and Sensorimotor

**VULPE ASSESSMENT BATTERY-REVISED (VAB-R)**
Author: Shirley German Vulpe
Purpose: To determine skill performance, strengths and needs, degree of central nervous system functioning, and environmental influence on task performance
Age Range: Children with atypical developmental or functional skills between birth to six years of age
Areas Tested: Thirteen hundred developmental tasks divided into three sections: Assessment of Basic Senses and Function: analysis of sensory-motor abilities such as muscle tone, joint range of motion, coordination, planning Assessment of Developmental Behavior: sixty skill sequences contained in six domains of behavior: gross motor, fine motor, language, cognitive processing, adaptive behavior, and activities of daily living. Assessment of the Environment: includes caregiver characteristics and interaction and information regarding the settings such as home, child-care, hospital. Performance Analysis System composed of three sections used to analyze the child's processing related to task performance
Recommendation for Addition to
Section on Pediatrics List of Assessment Tools
for Use in Pediatric Physical Therapy

Name of Tool:

Author(s):

Purpose of Tool:

Age Range:

Areas Tested:

Publisher & Date:

How to Obtain:

In case we have any questions, we would appreciate your name and a way to contact you.

Name:

Phone/E-Mail:

Thank you for contributing to the Section on Pediatrics’ List of Assessment Tools for Use in Pediatric Physical Therapy!

Please fax this form to: 703/706-8575
mail to: Section on Pediatrics, 1111 N Fairfax St, Alexandria, VA  22314
or e-mail to: cindysliwa@apta.org