



**PAEDIATRIC STROKE OUTCOME MEASURE SHORT NEURO EXAM (PSOM-SNE) - CHILD VERSION
(CHILDREN AGED 2 YEARS AND OLDER)**

IDENTIFYING DATA

IPSS ID# _____ **Site:** _____ **Date of assessment** (yyyy-mm-dd): _____

Type of Assessment: Initial visit Follow-up **Location of Assessment:** In-patient Clinic

INSTRUCTIONS: Check appropriate column for each item: Abnormal; Normal or Not Done (includes not age appropriate item)

LEVEL OF CONSCIOUSNESS

TEST ITEM	Normal	Abnormal	Notes
Level Of Consciousness			

BEHAVIOUR, MENTAL STATUS

TEST ITEMS	Normal	Abnormal	Not Done	Guidelines for Scoring
Activity Level				Abnormal: Excessively quiet, shy, removed, hyperactive, fidgety, gets up, uncontrollable, spills, into everything
Interpersonal Interaction				Abnormal: Clings to parent, aloof, withdrawn, gaze avoidance, punches
Cooperation				Age-dependent
Attention				Abnormal: Short, distractible, flits, ignores, preoccupied, disorganized, inattentive
Affect				Abnormal: Extremely shy, pouts or clings excessively or cries a lot for no reason, angry, totally flat, gaze avoidance, hyperactive, no sustained attention
Serial Numbers				Age 24 mos -36 mos: Ask: "Count as high as you can" Age 4-8 years: Ask: "Start at 20 count backwards" Age 9-13 yrs: Ask: "Start at 50 count backwards by 3's" Age 13 yrs & up: Ask: "Start at 100 count backwards by 7's"
Drawing				Ask patient to draw circle, triangle, and cross, bisect vertical and horizontal lines, and draw clock on attached page
Right/Left Orientation				Test in patients older than 6 years age: "Show me your left hand" and "Show me your right hand"
Memory, Delayed Recall				Instruct patient: "I need you to memorize 3 words and will ask you to repeat them in 5 minutes. The words are " Chair ", " Candle ", " Dog " "Repeat them now to see if you have them."

LANGUAGE

TEST ITEMS	Normal	Abnormal	Not Done	Guidelines for Scoring
Speech Development				Normal: 0-4 mos. - Coos 4-12 mos. - babbles by 12 mos. - 1-2 words 12-18 mos. - single words 2 years. - 2 word phrase 3 years - 3 word sentence, 200 words
Repetition				"Stop"; "Stop and Go"; "If it rains we play inside"; "No ifs ands or buts" "The Prime Minister lives in Ottawa" (or local version!)
Naming				Show patient attached sheet with pictures: skateboard, pencil, shirt, bicycle, and clock. Children ≥6 yrs. ask to identify: pencil, eraser, bicycle seat, buttons
Comprehension				Simple Tasks: a. Close your eyes b. Touch your nose c. Point to the floor and then ceiling Complex 3 Step Command: ask child to listen to the complete instruction, remember it, then do all 3 activities together when prompted: "Blink twice, stick out your tongue, then touch your finger to your nose"
Letter Recognition / Reading				Test age 5 yrs. & up Ask patient to identify letters A, B, H
Writing				Ask patient to print first name (age 5-7) first and last name (age 8-9) or write first and last name in cursive

CRANIAL NERVES

TEST ITEMS		Normal	Abnormal	Not Done	Guidelines for Scoring and Notes (Describe Abnormalities)
Visual Fields	Right				Facing patient at 2 – 3 ft encourage to stare at your eyes and tell when they see object come into view from side (or note gaze shifting toward object)
	Left				
Pupillary Light Reflex	Right				Direct and Consensual
	Left				
Fundoscopy	Right				Note Abnormalities:
	Left				
Ocular Motility	Right				Move pen or red object or light smoothly from right to left and back testing full range. Watch for nystagmus or dysconjugate eye movements
	Left				
Optokinetic Nystagmus	Right				Test from 6 mos: move measuring tape slowly from right to left and back through full range encourage to 'watch the numbers as they go by'
	Left				
Facial Sensation	Right				Touch each side with light touch and cold object asking if child can feel or for older, 'is it the same on both sides' comparing forehead, cheek and chin R / L
	Left				
Facial Movements	Right				Ask patient to smile, count to 10 watching mouth symmetry Maximal eye closure strength "Squeeze eyes shut as tightly as you can"
	Left				
Hearing	Right				Finger rub for infants or whisper at 2-3 feet away. For older have child repeat letters/numbers
	Left				
Swallow					
Palate and gag	Right				Observe during open mouth crying or Demonstrate with tongue protruded 'Say 'ahhhhh.'" Listen to voice quality
	Left				
Trapezius Strength	Right				Test Shoulder Shrug
	Left				
Tongue Movements Side-To-Side	Right				
	Left				

MOTOR EXAM

MOTOR TESTING

	POWER			TONE			INVOLUNTARY MOVEMENTS*		
	Normal	Abnormal	Not Tested	Normal	Abnormal	Not Tested	Normal (None)	Abnormal (Present)	Not Tested
Neck/Trunk Muscles									
Right Arm									
Proximal									
Distal									
Left Arm									
Proximal									
Distal									
Right Leg									
Proximal									
Distal									
Left Leg									
Proximal									
Distal									

***Type of Involuntary Movements Seen**
Check all that are present

TYPE	?Present
Limb Tremor	
Choreoathetosis	
Dystonic Posturing	
Tics	

TENDON REFLEXES

TEST ITEMS		Normal	Abnormal	Not Done	Guidelines for Scoring
Biceps	Right				
	Left				
Brachioradialis	Right				
	Left				
Triceps	Right				
	Left				
Knee Jerk	Right				
	Left				
Quadriceps	Right				
	Left				
Ankle Jerk	Right				
	Left				
Babinski	Right				Upgoing toe is normal up to one year
	Left				
Elicited ankle clonus	Right				
	Left				

FINE MOTOR COORDINATION

TEST ITEMS		Normal	Abnormal	Not Done	Guidelines for Scoring
Pincer Grasp	Right				Encourage to pick up small 2–3 mm. ball of rolled up paper
	Left				
Rapid Sequential Finger Movements	Right				Demonstrate: thumb touches tip of individual fingers back and forth 5 times <i>"As fast as you can"</i>
	Left				
Rapid Index Finger Tap	Right				Demonstrate: seated, finger taps table top or own thigh X 20 times, <i>"As fast as you can"</i>
	Left				
Finger To Nose Testing	Right				
	Left				
Heel To Shin Testing	Right				
	Left				
Rapid Foot Tap	Right				Demonstrate: feet flat on floor, foot taps floor X 20 <i>"As fast as you can"</i>
	Left				
Sitting/ Standing Balance					

SENSORY

TEST ITEMS		Normal	Abnormal	Not Done	Guidelines for Scoring
Light Touch	Right				Use cotton swab and ask: <i>"Is it the same on both sides?"</i>
	Left				
Pin Prick Or Cold Sensation	Right				Use cool metal from tuning fork or reflex hammer
	Left				
Proprioception	Right				Great Toe up and down with eyes closed (ask: <i>"up or down?"</i>)
	Left				
Graphesthesia/ Stereognosis	Right				Test >6 yrs: Eyes closed, draw number in palm & foot dorsum with closed pen tip
	Left				

GAIT

TEST ITEMS		Normal	Abnormal	Not Done	Guidelines for Scoring
Gait Walking					By \geq 16 mos.
Gait Running					By 2 yrs age
Gait on Heels					
Gait on Toes					10 steps
Tandem Gait					Heel to toe: test > age 6 yrs; walk on line forward (10 steps)
Jump on 2 Feet					By \geq 36 mos.
Hop on Foot repetitively	Right				25 x (<i>age 7 yrs to 9 yrs.</i>) 50 x (<i>age 9 yrs or older</i>)
	Left				
Station on one leg sustained	Right				Test age 7 and up. Count seconds out loud and compare stability.
	Left				
Romberg's Sign					<i>"Eyes closed, feet together, arms stretched forward".</i>

SCORING SHEET FOR PSOM-SNE

SUMMARY OF IMPRESSIONS

After completing the PSOM-NE or equivalent detailed neurologic examination, summarize and grade your impressions in the following categories:

A. Sensorimotor Deficit (ANY motor or sensory abnormality including Cranial Nerve Deficits, Visual, and Hearing deficits)

	<u>R side</u>	<u>L side</u>
Not Done	n/t	n/t
None	0	0
Mild but no impact on function	0.5	0.5
Moderate with some functional limitations	1	1
Severe or Profound with missing function	2	2
Not Tested	n/t	n/t

Select the Sensorimotor Deficits You Observed (select all that apply)

- Global developmental delay Global hypotonia or hypertonia
 Hemiparesis Hemifacial weakness Hemiataxia Dysarthria Other Motor deficit
 Hemisensory deficit Other Sensory deficit
 Difficulty with vision
 Difficulty with drinking, chewing or swallowing
 Other, describe: _____

B. Language Deficit – Production (exclude dysarthria)

Not Done	n/t
None	0
Mild but no impact on function	0.5
Moderate with some functional limitations	1
Severe or Profound with missing function	2
Not Tested	n/t

Describe the Language Production Deficits You Observed Here: _____

C. Language Deficit - Comprehension

Not Done	n/t
None	0
Mild but no impact on function	0.5
Moderate with some functional limitations	1
Severe or Profound with missing function	2
Not Tested	n/t

Describe The Language Comprehension You Observed Here: _____

D. Cognitive or Behavioural Deficit (specify which) Cognitive Behavioural

Not Done	n/t
None	0
Mild but no impact on function	0.5
Moderate with some functional limitations	1
Severe or Profound with missing function	2
Not Tested	n/t

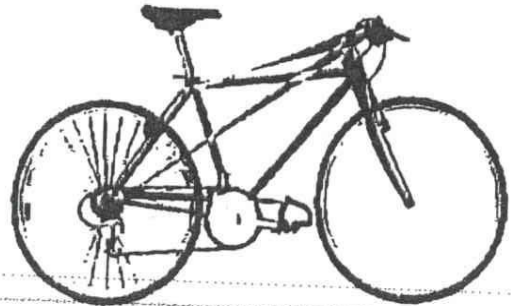
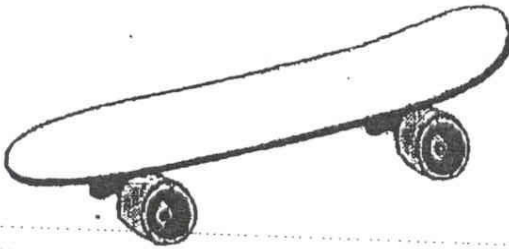
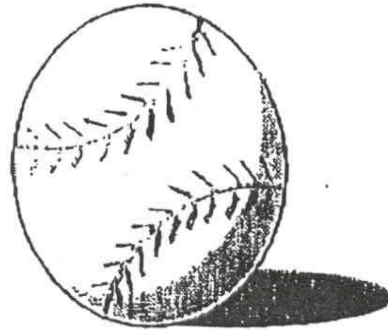
Describe the Cognitive or Behavioural Deficits You Observed Here: _____

TOTAL SCORING: _____ /10

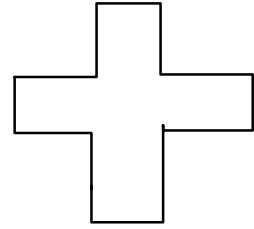
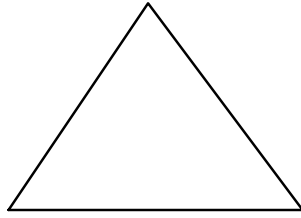
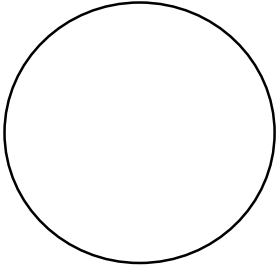
PICTURES TO ASSESS 'NAMING' (see Language on Page 1) (adapted from STOP study: E. S. Roach)

1. Have you/your child recovered completely from the stroke? Yes No
2. Does your child need extra help with day-to-day activities compared to other children their age? Yes No
3. a) Has the stroke affected you/your child's emotional state, behavior and feelings about his/herself? Yes No
 b) Does your child show any signs of depression? Yes No
4. Does the child use aids or assistive devices (e.g. splints, braces)? Yes No Specify: _____

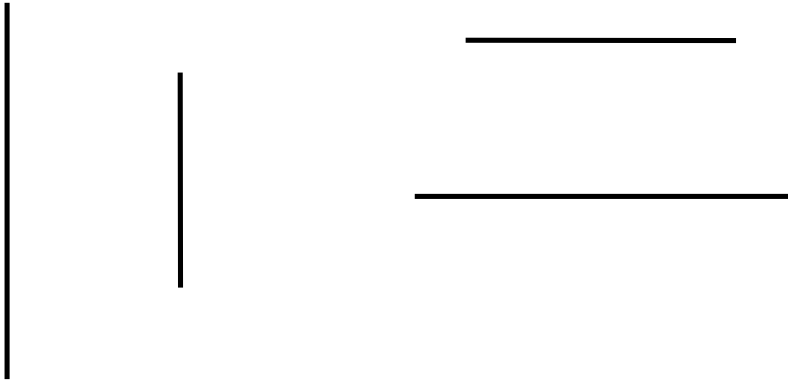
Ask patient to identify:



WORKSHEET FOR DRAWING: DRAWING Copy the Following Shapes



Place an 'X' at the middle of each of the 4 lines below



*Children > 12 yrs.: Draw a Clock and put the numbers on it (use back of this page if needed):