



**PAEDIATRIC STROKE OUTCOME MEASURE SHORT NEURO EXAM (PSOM-SNE) INFANT VERSION  
(INFANTS TERM BIRTH TO 2 YEARS)**

**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	Not Done	Normal	Abnormal	Guidelines for Scoring
Activity Level				Excessively quiet, shy, removed, Hyperactive, fidgety
Interpersonal Interaction				With parents and examiner
Cooperation				Age dependent
Attention				
Affect				Extremely shy, withdrawn totally flat, gaze avoidance, hyperactive
Object Permanence				Test Ages 4–12 Months. Should be present by 8 Months

**LANGUAGE**

TEST ITEMS	Not Done	Normal	Abnormal	Guidelines for Scoring
Language Development				<b>Normal:</b> <b>0-4 mos.</b> - Coos <b>4-12 mos.</b> - babbles <b>by 12 mos.</b> - 1-2 words <b>12-18 mos.</b> - single words <b>2 years.</b> - 2 word phrase <b>3 years</b> - 3 word sentence, 200 words

**CRANIAL NERVES**

TEST ITEMS	Not Done	Normal	Abnormal	Guidelines for Scoring and Notes (Describe Abnormalities)
Visual Fields / Vision	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			
Funduscopy	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 'look at the lines'
	Left			
Facial Sensation	Right			Touch each side with light touch and cold object comparing forehead, cheek and chin R / L: watch for child's reaction
	Left			
Facial Movements	Right			Observe smile, observe mouth symmetry during vocalization. Listen to speech quality, observe eye closure for symmetry
	Left			
Hearing	Right			Finger-rub for infants or whisper at 2 - 3 feet away.
	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			

## INFANT GROSS MOTOR

### Infant Primitive Reflexes (Test Only Infants <12 months of age)

TEST ITEMS	Not Done	Normal	Abnormal	Guidelines for Scoring
Sucking Reflex				
Rooting Reflex				
Palmer Grasp Reflex	Right			≤ 4 months
	Left			
Plantar Grasp Reflex	Right			≤ 12 months
	Left			
Stepping and Placing Reflexes	Right			≤ 6 months
	Left			
Asymmetric Tonic Neck Reflex				≤ 6 months
Moro Reflex	Right			≤ 6 months
	Left			
Parachute Reflex	Right			<b>Symmetry Norms:</b> Downward By ≤ 6 months Sideways By ≤ 8 months Forward By 12 months
	Left			

### Developmental Gross Motor

**Test Only:** Infants <2 Yrs OR Children ≥2 Yrs without Independent Ambulatory Motor Function

TEST ITEMS	Not Done	Normal	Abnormal	Guidelines for Scoring
Central Tone: Head lag on 'pull-to-sit'				
Central Tone: Slip Thru On Vertical Suspension				
Central Tone: Tone on Ventral Suspension				
Rolls Over (Front To Back)				By ≤ 5 Mos.
Rolls Over (Back To Front)				By ≤ 5 Mos.
Sits Alone				By ≤ 8 Mos.
Moves From Laying To Sitting Unassisted				≤ 10 Mos.
Weight-Bearing, Supported				
Walks Holding On				By ≤ 15 Mos.
Walks Independently				By < 16 Mos.

## MOTOR TESTING

	POWER			TONE			INVOLUNTARY MOVEMENTS*		
	Not Done	Normal	Abnormal	Not Done	Normal	Abnormal	Not Done	Normal	Abnormal
<b>Neck/Trunk Muscles</b>									
<b>Right Arm</b>									
Proximal									
Distal									
<b>Left Arm</b>									
Proximal									
Distal									
<b>Right Leg</b>									
Proximal									
Distal									
<b>Left Leg</b>									
Proximal									
Distal									

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

TYPE	?Present
Limb Tremor	
Choreoathetosis	
Dystonic Posturing	
Tics	

### TENDON REFLEXES

TEST ITEMS		Not Done	Normal	Abnormal	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		Not Done	Normal	Abnormal	Guidelines for Scoring
Pincer Grasp	Right				Encourage to pick up small 2–3 mm. ball of rolled up paper
	Left				
Rapid Tap Index Finger	Right				Test from ~18 months: <b>"As fast as you can"</b> demonstrate index finger repetitively tapping with hands placed palms down on surface
	Left				
Reaching for object	Right				Observe for unusual or asymmetric tremor on reaching for object
	Left				
Sitting/ Standing Balance					

### SENSORY

TEST ITEMS		Not Done	Normal	Abnormal	Guidelines for Scoring
Light Touch	Right				
	Left				
Pin Prick or Cold	Right				
	Left				

### GAIT

Test Only if  $\geq$  12 months and walking without support

TEST ITEMS	Not Done	Normal	Abnormal	Guidelines for Scoring
Gait Walking				By $\geq$ 16 mos.
Gait Running				By 2 yrs of age

## 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

**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 (including 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

**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

**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

**Describe The Cognitive or Behavioural Deficits You Observed Here:** \_\_\_\_\_

**TOTAL SCORING:** \_\_\_\_\_ /10

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. Has the stroke affected you/your child's emotional state, behavior and feelings about his/herself?                       Yes     No  
 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: \_\_\_\_\_