How many blocks is this kid supposed to be stacking? Assessing Development in Children

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Disclosures

Relevant Financial Relationship(s)
None

Off Label Usage None

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Learning Objectives

- Appreciate the prevalence of developmental delay
- · Highlight pertinent developmental milestones
- Review key components of the history when assessing development
- Understand how to use the physical exam to localize neurologically and form a differential diagnosis
- Demonstrate how evaluations are used to make a diagnosis or at least narrow/rule out the differential

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How Common?

- CDC 2018 annual report
 - 16.7% children have a history of developmental delay (DD)
- Nationally representative cross-sectional survey (1997-2016)
 - Caregivers reported a prevalence of intellectual disability (ID), autism spectrum disorder (ASD), and other DDs children 3-17 yrs ranged between 6-15%

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How Common?

- · Inborn errors of metabolism
 - Gene defect→enzyme deficiency→ I interm and end products→dev plateau/regression
 - Most incidence <1/100,000 births
 - Combined incidence may approach 1/800-2500 births

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Becoming More Common?

- Prevalence of developmental disabilities has increased since the 1990s, esp. with ASD and ADHD
 - increased awareness and improved identification
 - increased survival of children born preterm
 - increased survival of children born with congenital anomalies and genetic disorders
 - increased prenatal risk factors such as older parental age and multiple births

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HPI: Localization

- · Cerebral: cognitive dysfunction, seizures
- Brainstem: dysphagia, hoarseness, dizziness, impaired equilibrium
- · Cerebellar: altered coordination or equilibrium
- Spinal cord: motor or sensory level, bowel/bladder dysfunction
- · Motor unit: weakness



PMH: Prenatal

- · Maternal and paternal age
- · Gravida para, miscarriages
- Ultrasounds
- Fetal movements (decr or incr)
- Maternal history during pregnancy
 - Medical and surgical history
 - Weight gain
 - Weight gain
 Prescription and recreational drug use



PMH: Labor and Delivery

- · Gestational age
- · Spontaneous, induced, scheduled, urgent/emergent
- Vaginal vs. C-section
- · Vacuum or forceps extraction
- · Apgar scores
- Resuscitation



PMH: Labor and Delivery

- · Complications
 - Fetal heart tones
 - Delay or failure to progress
 - Nuchal cord
 - Infection or chorioamnionitis

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PMH: Neonatal

- Neonatal
 - Nursery/NICU duration of stay
 - Medical/surgical complications?
 - Prematurity
 - Feeding
 - Respiratory
 - · Hyperbilirubinemia
 - Apnea
 - Retinopathy

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Past Medical History

- · Acute or chronic illnesses
- · Major hospitalizations or surgeries
- Psychiatric history
- Medications and supplements
- Allergies
- Family history: 1st degree relatives, multiple individuals, consanguinity



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Gross Motor/Coordination Development

- Tummy time
- Rolls 4-6 mo
- Sits unassisted 7 mo
- · Crawls 8-9 mo
- Pulls to stand 9 mo, cruises 10-11 mo, steps
 12 mo, walking 15 mo
- Runs well, throws ball
- Kicks ball, stairs (one step) 24 mo
- Jumps 2-1/2 yrs
- Stairs (alternating), tricycle, catches ball 3 vrs
- Skips, training wheels 5 yrs
- · Tandem gait 6 yrs
- Bicycle w/o TW 7 yrs



Fine Motor/Self Help Development

- · Hands and fisting
- Bats 3 mo

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- · Reaches and grabs 4 mo
- · Objects to midline 5 mo
- Transfers, feeds self snacks, bottle 6-7 mo
- Fine pincer, scribbles
 12 mo
- Straight line 18 mo
- Circle, spoon, cup/straw, undresses 24 mo

- Scissors, toilet trained? 3
- Square, stick people, fork well, wipes, brushes teeth 4-5 yrs
- Triangle, first name, dressing 5-6 yrs
- Diamond, combs hair 6-7 vrs
- Homework and chores
 7-8 yrs

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Speech/Language/Social Development

- Recognizes parent, coos, smiles 2 mo
- Visually tracking across room 3 mo
- Babbling and laughing 4 mo
- Attachment, responds to name 5 mo
- Stranger anxiety 6 mo
- Repetitive consonant sounds 8 mo
- · Separation anxiety 9 mo
- · Waves 10 mo
- · Listens to "no" 11 mo
- First word, pointing, solitary/functional play
 12 mo
- · 1-step command 14 mo
- · Empathy 15 mo



Speech/Language/Social Development

- 10-15 words, passes
 MCHAT 18 mo
- 50+ words, 2 word sentences, parallel play, 2-step command 24 mo
- Pronouns 2-1/2 yrs
- 200+ words, 3 word sentences, interaction with peers and imaginative play 3 yrs
- 300-1000 words Group play, 3-step commands, 100% intelligible, stories 4-5yrs
- 2000 words, reads 25 words, counts to 10 5-6 years
- 10,000 words, reads 250 words 6-7 yrs
- Masters "r" sound 7-8 yrs

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Autistic Behaviors

- · Poor eye contact
- Minimal interaction with peers
- Toe-walking
- Stereotypies
- Uses others' hands as tools
- Lines toys up and spins wheels
- · Echolalia
- Lack of pointing
- · Rigid schedule
- Sensory processing difficultes



Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F)

- 2-stage tool to assess risk for ASD btw 16 and 30 months
- Available in many languages
- Revised: less questions, different order, simplified language and scoring, examples

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Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F)

- Stage 1
 - 20-item yes/no parent questionnaire
 - <5 minutes to administer, 2 minutes to score</p>
 - Determines risk category and follow-up
 - 0-2 low risk, no further evaluation
 - 3-7 medium risk, stage 2 required
 - 8-20 high risk, pursue diagnostic evaluation, stage 2 not needed



Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F)

- Stage 2
 - Structured questionnaire administered by health care professional
 - Same questions, probes for additional info and gives examples
 - 5-10 minutes to administer



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Developmental history

- Evaluations
 - Newborn screen
 - Hearing and vision screens
 - Growth parameters
- Therapies: PT, OT, speech, behavioral/play
- Early Intervention
- Education
 - 504 or IEP

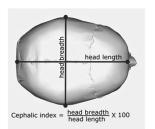


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Physical exam

- · General appearance and observations
 - Seated in parent's lap and playing
- Head: shape, fontanelles, OFC, cephalic index
- · Hair color and abundance



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Physical exam

• Eyes: size/shape, position, intercanthal distance, palpebral fissures, epicanthal folds, conjunctivae/corneas, iris pigmentation

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Physical exam

- Ears: Size, shape, position, otoscopic exam
- Nose: Mucosa, size, shape, position, symmetry, septum midline
- · Lips and philtrum

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Physical exam

 Mouth and throat: Mucosa, frenula, tongue, teeth and gums, palate, uvula

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Physical exam

• Neck: Palpate, auscultate carotids

· Lungs: Breath sounds

• Heart: Rate and rhythm, murmurs?

 Abdomen: Observe for distension or organomegaly, auscultate, palpate

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Physical exam

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- Skin: Neurocutaneous findings, rashes
- Spine: curvature, bony prominences or masses, sacral dimple or hair tuft

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Neurologic exam

- Mental status
 - Awakeness, alertness, NAD?
 - Orientation
 - Mood and affect
- Speech and Language
 - Rate, volume, articulation
 - Vocabulary and sentence formation
 - Receptive and nonverbal language

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Cranial nerves

- I: genetic, closed head injury, midline defects, COVID-19
- II: fundoscopy, red reflex, visual fields, pupils and pupillary reflex
 - Opthalmology/optometry
- III/IV/VI: extraocular movements, eyelids, nystagmus?

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Cranial nerves

- V: light touch (sensory) and masseter strength (motor)
- VII: forehead wrinkles, eyelid strength, spontaneous smile, taste
- VIII: hearing with tuning fork, vestibular testing
 - Audiology and ENT

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Cranial nerves

- IX/X: movement of the palate/uvula, gag reflex, hoarseness
- XI: trapezius and sternocleidomastoid strength
- XII: tongue movement and strength

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Motor exam

- Observation
 - Posture
 - Activity
 - Involuntary movements
- Muscle bulk
 - Atrophy
 - Pseudohypertrophy

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Motor exam

- Tone
 - Hypotonia: "floppy," frog-legged, W-sitting
 - Hypertonia: "tight," fisting, scissoring
 - Mixed
 - Generalized, hemi-, focal, axial and appendicular
 - Proximal and distal

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Motor exam

- Strength
 - 5/5 good against gravity and resistance
 - 4/5 good against gravity, some resistance
 - 3/5 against gravity only
 - 2/5 no movement against gravity
 - 1/5 only slight movement (flickers)
 - 0/5 no movement
- Generalized, hemi-, focal
- Proximal (myopathy) and distal (peripheral neuropathy)

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Motor exam

- · Range of motion
 - Passive and active
 - Affected by tone, mechanics, and discomfort

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Reflexes

- · Primitive reflexes
 - Neonate/infant
 - Suck and root
 - Palmar and plantar
 - Moro
 - Babinski
- · Superficial reflexes
 - Localize injury, consciousness level
 - Babinski
 - Corneal and conjunctival
 - Abdominal
 - Cremasteric and anal



Reflexes

- · Deep tendon reflexes
 - Hyperreflexia (UMN) and clonus
 - Hyporreflexia (LMN)
 - Generalized or focal
 - Jaw, biceps, triceps, brachioradialis, patellar, achilles

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Sensory exam

- · Small fiber
 - Temperature
 - Pain
- · Large fiber
 - Vibratory
 - Joint position sense
- · Sensory level
- · Subjective, EMG may be needed



Coordination

- Fine finger movements
- · Finger-nose-finger
- · Heel-to-shin
- · Rapid alternating movements
- · Romberg and pronator drift tests

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Gait

- · Normal gait
- Toes
- Heels
- Tandem

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Evaluations: Labs

- Metabolic
 - CBC, CMP, TSH/free T4, CK, lactate, ammonia, pyruvate, amino acids, acylcarnitine panel, urine organic acids
- Genetic
 - Fragile X syndrome
 - Chromosomal microarray
- Neuropsych
 - Ceruloplasmin, ANA, autoimmune encephalopathy panel
- Lumbar puncture and CSF analysis

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Evaluations: Imaging

- Ultrasound
 - Prenatal
 - Head (anterior fontanelle)
 - · Ventriculomegaly, IVH
 - Lumbar spine
 - · Spina bifida, tethered cord

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Evaluations: Imaging

- CT
 - Craniosynostosis (3D image reformations)
 - Craniofacial abnormalities
 - Hearing/vestibular deficits

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Evaluations: Imaging

- MRI
- Gold standard in most cases
- Brain and entire spine, with and without contrast
- Congenital malformations, injury, masses
- Vascular imaging
 - MRA/CTA
 - MRV/CTV
 - Doppler ultrasound



Evaluations: Referrals

- Audiology
- Opthalmology/ Optometry
- PT, OT, speech
- Autism or other diagnostic testing
- Educational evaluations
- Neuropsychology/ Psychology/Psychiatry
- Developmental and behavioral pediatrics
- Other pediatric subspecialties
- Pediatric neurology subspecialties

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Resources

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