

- ▶ *Community, Social, and Civic Life*: Jason enjoys age-appropriate play activities and demonstrates typical behaviors for a 24-month-old child when his sibling or other children are present.
- ▶ *Self-Care and Domestic Life*: Jason drools occasionally, especially when concentrating on an activity. He is a “messy” eater, often losing food out of his mouth. He does not seem to notice when food escapes from his mouth. He is just beginning to assist with dressing and undressing activities. He also is beginning to show some interest in toilet training.
- ▶ *Sensory Integrity*: General neglect of the right side of the body, especially the right upper extremity, is noted.
- ▶ *Ventilation and Respiration*: Breathiness is noted during speech and consonants are limited in quantity and quality. He often gasps for breath after drinking.

CASE STUDY #2: JILL

- ▶ *Medical Diagnosis*: Cerebral palsy, spastic quadriplegia, microcephaly, intellectual deficits, seizure disorder
- ▶ *Gross Motor Function Classification System*: Level V
- ▶ *Age*: 7 years

Examination

History

Jill was born full term following a normal pregnancy. Her Apgar scores were 5 at 1 minute and 8 at 5 minutes. Jill had seizures during the neonatal period and had an abnormal electroencephalogram. She was on mechanical ventilation for several days and initially had feeding difficulties. She was discharged from the NICU on antiseizure medication. At the time of discharge, she was drinking well from a bottle. At a 4-month follow-up visit with her pediatrician, decreased head growth was noted. She had a normal eye exam and brainstem auditory evoked response. Jill has continued to have occasional seizures. She had orthopedic surgery (heel cord and adductor releases) at age 5 years. Jill received weekly intervention services (occupational, speech, and physical therapy) through a private agency from the time of her discharge from the NICU until she entered a public school program full days at age 6 years.

Tests and Measures Categories

- ▶ *Anthropometric Characteristics*: Jill has microcephaly and is below the 10th percentile in height and weight for her age.
- ▶ *Mental Functions*: Testing indicates that Jill’s IQ is below 50 (severe intellectual impairment). She often is lethargic, which appears to be related to her seizure medication. When she is alert, she is easily distracted and has poor selective attention. She is a sociable child, however, and is easily motivated. Jill has few words and communicates through variations in vocalization patterns.
- ▶ *Assistive Technology*: Jill has an adapted manual wheelchair. She has a prone stander at school and at home. Jill has static ankle-foot orthoses that she uses when in her stander.
- ▶ *Mobility (Including Locomotion)*: Jill is nonambulatory and has poor potential for assisted ambulation.
- ▶ *Balance*: She is unable to maintain her balance in any position (eg, sitting, kneeling, all fours, standing).