Early Intervention Therapy Services for Infants with or at Risk for Cerebral Palsy Survey (reformatted from Qualtrics)

Q1 What is your discipline?

Occupational therapy, Physical therapy

Q2 In what state do you provide services?

All the states listed

I do not reside in the United States

Q3 When considering your past and current caseloads, at what corrected age do you usually begin therapy services for infants with or at high risk for CP and their families?

0-5 months

Between 6-11 months of age

Between 12-18 months of age

Between 19- 24 months of age

After 24 months of age

Q4 How often do you provide intervention for infants with or at high risk for CP and their families who are on your early intervention caseload?

More than once a week

Once a week

Once every two weeks

Once a month

Less than once a month

Q5 Approximately how long is a home/community-based visit?

15-44 minutes

45-60 minutes

more than 60 minutes

I see infants in clinic or hospital setting

Q6 In a three-month period, approximately how many hours does an infant with or at high risk for developing CP on your caseload receive therapy from you?

1-3 hours

4-6 hours

7-12 hours

More than 12 hours

Unable to serve

Q7 Do you think infants with or at high risk for CP need more therapy sessions than you usually provide and why?

Yes

No

Sometimes

Q8 What are your top three focuses in early intervention for infants with or at high risk for CP? Activity-based therapy

Creation of optimal environments for motor learning

Frequent task practice

Goal-oriented therapy

Normalization of movement like traditional Neurodevelopmental Therapy (NDT)

Occupational based therapy

Passive intervention

Parent/ caregiver education

Promote the engagement of infants and toddlers in daily routines and activities of daily living

Other

Q9 Rate the importance of the following in customizing an early intervention program for infants with or at high risk for CP (very important, moderately important, slightly important, not important):

Parent/caregiver goals

Therapist’s goals

Infant’s motor ability

Infant’s home environment

Q10 Do you usually provide interventions to infants with or at high risk for developing CP in their natural environment?

Always, Usually, Occasionally, Rarely, Never

Q11 In early intervention, infants considered at high risk for developing CP are referred to you mainly based on:

General Movements Assessment scores or absent fidgety movements

Abnormal Cranial ultrasound

Abnormal Magnetic resonance imaging

Results from Hammersmith Infant Neurological Examination (HINE)

Prematurity or medical history

Observed developmental delays

Results from other assessment tools (specify)

Q12 Prechtl’s qualitative assessment of general movements (GMA) is the most predictive assessment tool to detect infants who have the highest risk of CP.  Do you use this assessment?

Always, Usually, Occasionally, Rarely, Never

Q13 What assessment tool do you usually use to assess the severity of motor delay for infants with high risk for CP?

Peabody Developmental Motor Scales - Second edition (PDMS- 2)

GMFM66 or 88

Infant Motor Profile (IMP)

Hammersmith Infant Neurological Examination (HINE)

Others (specify)

I do not use assessment tools

Q14 On a scale of 1 to 5, where **1 is very often** and **5 is never**, use a number to indicate how often you usually include the following in your intervention plan for infants with or at high risk for developing CP:

Therapist handles the infant to practice in motor skills or to facilitate movement

Therapist directs intervention toward skill attainment such as rolling and head control

Therapist reduces or withdraws manual assistance as soon as the infant demonstrates self-initiated progress with the task

Therapist ensures self-generated motor activity

Therapist encourages early activation of muscles of the lower limb using both concentric and eccentric exercise

Therapist provides intervention to practice reaching and grasping a variety of objects

Therapist uses modified constraint induced movement therapy and/or bimanual training when asymmetrical hand function is evident

Q15 Intervention is derived by parent/caregiver identified goal areas:

Always, Usually, Occasionally, Rarely, Never

Q16 Do you use an outcome measure such as Canadian Occupational Performance Measure (COPM), Goal Attainment Scaling (GAS), or some other tool to assess parent/ caregiver satisfaction or prioritize parent/ caregiver goals?

Always, Usually, Occasionally, Rarely, Never

Q17 When coaching/instructing a parent/caregiver, how often (Always, Usually, Occasionally, Rarely, Never) do you:

Encourage parent/ caregiver to use their knowledge of their child’s play preferences to elicit self-generated motor activity

Encourage parent/ caregiver to provide the infant with maximum assistance to complete the desired task

Help parent/ caregiver understand “missing components” of the desired action

Teach parent/ caregiver to problem solve and simplify the task to enable partial task attainment, Advise parent/ caregiver to play an active role and enhance the infant's ability to carry-out the activity independently

Q18 Do you provide parents/caregivers with prognostic information when possible?

Always, Usually, Occasionally, Rarely, Never

Q19 Does your instruction to parent/caregiver include evidence-based early learning stimulation to enhance the infant’s cognitive and language development (e.g. reading books to the infant, limiting passive television watching)?

 Always, Usually, Occasionally, Rarely, Never

Q20 Do you educate the parents/caregivers about evidence based practices to optimize sleeping and how it is related to motor development?

Always, Usually, Occasionally, Rarely, Never

Q21 Do you give the parent/ caregiver of an infant with or at high risk for developing CP a home program?

Always, Usually, Occasionally, Rarely, Never

Q22 How often (Always, Usually, Occasionally, Rarely, Never) do you consider the following when designing a home program?

Assisted child activities

Environmental enrichments

Independent child activities

Parenting strategies

Passive stretching

Photographs

Videos

Written information

Q23 Which of the following is most important to you when designing a home program?

Family time constraints

Parent/caregiver identified goals

Therapist identified goals

Agency or funding requirements

Severity of impairments

Child’s environment

Other factors (specify)

Q24 Approximately, how many minutes per day total do you recommend parent/ caregiver carry out the home program?

less than 15 minutes

15-30 minutes

31-60 minutes

more than 60 minutes

I don’t give a home program

Q25 On average, how often do you update the home program?

Every visit, Every month, Every 6 months at re-evaluation, Never updated

Q26 How often do you include the following in parent/ caregiver education (Always, Usually, Occasionally, Rarely, Never):

Provide an individualized home program to the parent/ caregiver

Teach parent/caregiver to optimize the best use of their infants’ “awake” time and the naturally occurring opportunities for learning

Encourage parent/ caregiver to observe the therapist elicit a motor behavior from the infant

Encourage parent/ caregiver to elicit a motor behavior from the infant

Coach parent/caregiver on strategies to increase the challenge of the task as new motor skills emerge

Teach parent/caregiver the significance of allowing trial and error during practice

Q27 Do you coach parent/caregiver in identifying appropriate strategies to enhance their infant’s development in daily routines?

Always, Usually, Occasionally, Rarely, Never

Q28 Do you provide parents/caregivers with evidence-based information regarding Sleeping/ Feeding/ Responsive parenting?

Always, Usually, Occasionally, Rarely, Never

Q29 Do you encourage and include siblings and/or extended family members to take active part in home interventions?

Always, Usually, Occasionally, Rarely, Never

Q30 Do you include strategies in your intervention to ensure environmental enrichment?

Always, Usually, Occasionally, Rarely, Never

I’m not familiar with strategies to enhance environmental enrichment

Q31 Do you instruct the family in toy selection based on the desired motor task?

Always, Usually, Occasionally, Rarely, Never

Q32 Do you encourage parents/caregivers to get out of their home and/or provide their infant with variable daily experiences?

Always, Usually, Occasionally, Rarely, Never

Q33 How do you assess enrichment of home environment?

Home Environment for Motor Development Infant Scale (AHEMD-IS),

Others (specify)

I don’t assess enrichment of home environment

Q34 Does any other member of your team assess enrichment at the home environment?

Yes, No