**A. Dependent Variables**

| **Behavior** | **Modifier-groups** | **Modifiers** |
| --- | --- | --- |
| **A1. Neuromotor actions**  |
| * 1. Facilitation techniques
 | Type of facilitation | - Handling - Pressure techniques - Tapping techniques, intermittent and sweep tapping  |
| * 1. Reflex Locomotion
 | Type of reflex locomotion | - Holding without pressure points- Holding with pressure points- Pressure points with handling- Other |
| * 1. Sensory experience; state event
 | Aim of sensory experience | - Affective sensory experience- Mixed affective and aiming body awareness- With the aim of body awareness  |
| * 1. Sensory experience; point event
 | Aim of sensory experience |
| * 1. Passive motor experience
 |  |  |
| * 1. Self-produced motor behavior (SMBP), no interference with PT/CG3
 |  |  |
| * 1. Self-produced motor behavior (SMPB) in combination with constraint of one upper limb, no interference of caregiver/PT
 | Type of constraint  | - CG/PT- Towel, mitten, etc |
| * 1. Challenged to SPMB (CSPMB), infant is allowed to continue activity by him/herself
 | 1. Variation
2. Extent of challenge
 | Variation:- Little variation - Large variation Type of constraint upper limb- Caregiver/ PT- Towel, sling, mitten, etc.Extent of challenge:- Minimal challenge (easy/too easy)- Just at the verge of the infant’s abilitiesFacilitation techniques, sensory, passive motor experience:- Handling techniques- Pressure- Tapping- Sensory- Passive |
| * 1. CSPMB in combination with constraint of upper limb, infant is allowed to continue activity by him/herself
 | 1. Variation
2. Type of constraint upper limb
3. Extent of challenge

  |
| * 1. CSPMB, activity flows over into facilitation, sensory or passive experience
 | 1. Variation
2. Type of facilitation techniques, sensory, passive motor experience
3. Extent of challenge
 |
| * 1. Craniosacral therapy
 |  |  |
| * 1. Not specified
 |  |  |
| **A2. Educational actions** |
| *2A Educational actions towards infant; Interference by PT/CG during treatment session* |
| * 1. PT/CG interferes with activities of infant point event
 | Type of interference | - PT/CG interrupts activities of infant after having given ample time - PT/CG interrupts activities of the infant, does not allow the infant time- PT/CG provokes reflex activity- PT/CG corrects when infant fails |
| * 1. Not specified
 |  |  |
| *2B Educational actions towards caregiver* |
| 2.1. Caregiver training  |  |  |
| 2.2. Caregiver coaching |  |  |
| 2.3. Not specified  |  |  |

| **A3. Communication** |
| --- |
| 3.1. Information exchange  | Type of exchange | - Family history, NICU experiences, current situation or daily business- NDT principles- VOJTA principles- COPCA principles |
| 3.2. Instruct  | Type of instructing | - PT gives strict instruction on the best way to perform- Instruction about multiple ways to achieve best performance- PT gives hints, provides a suggestion/clue (indirect) - Not specified |
| 3.3. Provide feedback | Type of feedback | - PT tells the caregiver what went right/wrong. - PT evaluates the procedure.- PT asks and listens to the opinion of the caregiver.- CG and PT share information on infant development.  |
| 3.4. Not specified, e.g. communication with infant  |  |  |
| 3.5. No communication |  |  |

| **A4. Position** |
| --- |
| * 1. Supine
 | 1. Surface
2. Lifting of the pelvis
 | Lifting of the pelvis:- With imposed pelvis lift- Pelvis not lifted- Pelvis lift not observableSurface:- On flat surface- On lap PT[[1]](#footnote-1)/CG[[2]](#footnote-2)- On Bobath ball- On Bobath roll- Across leg/arm of PT/CG - Saddle- Maxicosi/buggy- Baby chair- Baby walker- On dressing mattress- Against upper part of CG/PT’s body- Other surfacePostural support:- No postural support- Minimal postural support- Clear postural support- Full postural support- Not observableAdaptive equipment: - No adaptive equipment- Adaptive equipment |
| 4.2. Prone4.3. Side4.4. Sitting4.5. Standing 4.6. Walking | 1. Surface
2. Postural support
 |
| 4.7. Transition | With or without handling | - With a handling technique- Without a handling technique |
| 4.8. Not specified position |  |  |
| **A5. Situation of treatment session** |
| 5.1. Motor activity/ play5.2. Feeding 5.3. Bathing5.4. Dressing/ undressing5.5. Changing Diapers5.6. Carrying5.7. Not specified situation |  |  |

**B. Independent Variables (note after session is completed)**

**B.1 Type of session (clinical impression)**

Categories:

1. COPCA
2. TIP (based on NDT)
3. VOJTA
4. TIP (based on NDT) in combination with VOJTA
5. Cranio-sacral therapy
6. TIP (based on NDT) in combination with Cranio-sacral therapy
7. Constraint Induced Movement Therapy (CIMT)
8. COPCA in combination with CIMT

**B.2 Dressing**

1. Dressed
2. Infant is partially dressed, wears more clothes than underwear only.
3. Infant is wearing underwear only
4. Infant is undressed.

**B.3. Family members involved in the treatment session**

1. Mother present only
2. Father present only
3. Other adult relatives only, e.g. grandparents, aunt.
4. Both caregivers but no other family members present
5. In addition to parent(s) also other family members present
6. Caregiver or caregivers present but no active role in the treatment session

**B.4 Role of the caregiver**

1. Physical therapist performs treatment by means of handling techniques
2. PT performs treatment by means of specific Vojta techniques (holding the infant in specific ‘Vojta positions’ provoking reflex locomotion by pressure stimulation on specific defined points on the head, trunk or limbs).
3. PT performs treatment by means of handling in combination with Vojta techniques
4. Caregiver and physical therapist act together in handling techniques, physical therapist performs the treatment (hands on) while the caregiver guides the attention of the infant
5. Caregiver performs handling techniques. The PT instructs the caregiver how to handle.
6. PT and caregiver act together; PT trains caregiver how to perform the Vojta techniques
7. Caregiver performs the treatment by means of specific Vojta techniques
8. Caregiver performs the treatment by means of handling in combination with Vojta techniques
9. Caregiver and PT act together (hands off), caregiver is playing with the child and may provide the infant with minimal support but leaves the infant always with ample opportunities for exploration. PT observes the caregiver-infant relationship and may give hints.
10. Caregiver is playing with the infant (hands off) and leaves the infant with ample opportunities for exploration.
11. PT is playing with infant (hands off) and leaves the infant with ample opportunities for exploration – caregiver observes
12. PT is playing with infant (hands off) and leaves the infant with ample opportunities for exploration – no specific role of caregiver

**B.5. Presence of twins**

1. no = singleton infant

2. yes = twins

1. [↑](#footnote-ref-1)
2. 3 PT – Physiotherapy, 3 CG – Caregiver [↑](#footnote-ref-2)