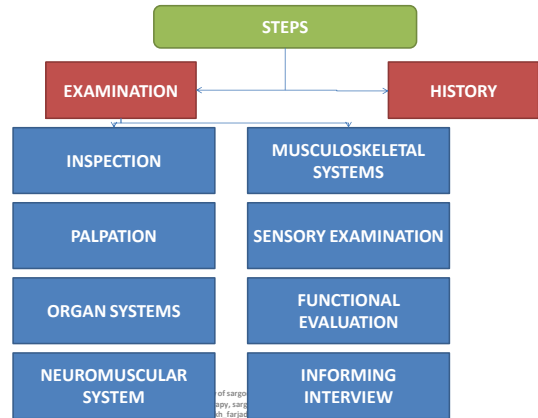


HISTORY AND EXAMINATION PEDIATRIC PHYSICAL THERAPY

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HISTORY

Taking a Pediatric History



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70% of pediatric diagnoses will be obtained by history alone

A 27 years old mother with his 3 years baby boy come to you with complain of difficulty in sitting and inability to stand and walk. **Initial history shows baby had oxygen deficiency at the time of birth and remain on ventilator for 03 days**

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A mother with his 2 years old baby boy is presented into outdoor physical therapy clinic with **history of birth asphyxia and prematurity**. On examination you observed that baby have increase muscle tone in his limbs and trunk. Reflex testing shows increase response on deep patellar tendon. The most likely diagnosis is?

Cerebral Palsy
Down's syndrome
Cleft plate
ERB's Palsy

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You are investigating the etiology (cause) of a 2 years old patient with movement disorder, **during history taking, mother told you regarding late cry of child at the time of birth**, the most likely decision on this statement of the mother could be given below.

Child having the history of prematurity, and it is leading cause of CP
There may be history of asphyxia
This is typical history of child with bilirubin encephalopathy
This is excluding the hypoxic brain injury

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A smart mother makes often a better diagnosis than a poor doctor.

August Bier (1861–1949)



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History

The history for an infant or child will be modified according to age

- LISTEN CAREFULLY to what the mother is telling you - she knows her child best and knows when something is wrong.

Environment should be child-friendly



The examination room should have a small table and chair with an assortment of toys for different ages to make the child comfortable and relaxed.



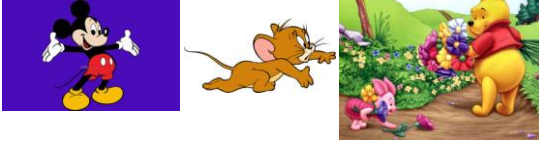
EXAMINATION ROOM



“lose the white coat”



- Pictures of cartoon characters or animals on the wall, small toys, and decals on instruments help to create a playful atmosphere and alleviate the child's fears



Introduce your self

How pediatric history is different from adult

- **Birth history** and impact of children's growth and development, Children are not small adults
- Often **distracted** by presence of the child
- Need to be **flexible**
- Maintain a sense of **humour**

Chief Problem/Presenting Complaint

Who is Giving the History?

- Listen to the mother,
- What are her worries?
- What does she think is the problem?
- Ask her to define her terms
- **Understand her idioms.**

- Children like stupid things,
- Be stupid with children when your deal with pediatric population.



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- Presenting complaint
- History of presenting complaint

Presenting Complaint & History of Presenting Complaint

- **Presenting Complaint**

use patient's/parents own words

- **History of Presenting Complaint**

Sequence of events - what happened next? when was he last well? - what was the first thing you noticed wrong?

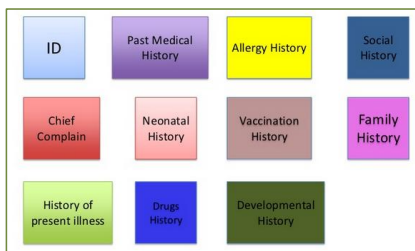
- **Follow-up enquiry**,

eg pain - site, nature, frequency, radiation, aggravating & relieving factors, associated features

eg seizure – onset, characteristics, duration, post episode

Paediatric History

- **Previous History** - Medical & Surgical
- **Neonatal History**
- **Nutrition History**
- **Developmental History**
- **Vaccination History**
- **Family History**
- **Social History**
- **Medications & Allergies**



Neonatal History

Prenatal History

Antenatal History

Postnatal History

Natal / Neonatal History

- **Neonatal History**

- pregnancy/antenatal complications
- gestation, mode of delivery – Why?
- birth weight
- Apgar scores
- Neonatal problems,
 - jaundice, transfusions, sepsis
- Feeding
- Respiratory problems,
 - ventilated – why & how long for?
- Congenital defects
- Did the baby go home with you?

- **Mother's Health During Pregnancy**

- General health, extent of prenatal care
- Specific diseases or conditions
 - Infectious diseases (gestational month)
 - Weight gain
 - Edema, hypertension, proteinuria
 - Pre-eclampsia
- Medications hormones, vitamins, special or unusual diet, general nutrition status
- Quality of fetal movement; time of onset
- Emotional and behavioral status
 - Attitudes toward pregnancy and children
- Radiation exposure
- Use of alcohol or illicit drugs

- Birth
 - Duration of pregnancy
 - Place of delivery
 - Labor
 - spontaneous or induced
 - duration
 - analgesia or anesthesia
 - complications
- Condition of infant, onset of cry

Nutritional History

- **Nutrition/Feeding History**
 - breast /bottle,
 - Special diets - why?

Development & Growth

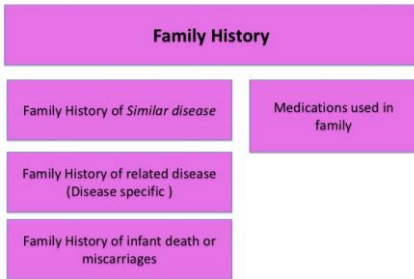
- Developmental History
 - **major milestones** achieved i.e. age smiled, sat, crawled, walked, first words
 - vision, hearing speech, motor skills, social skills
 - **comparison with sibs**
 - **school performance**
- Growth
 - does mother think child is growing
 - ask about **puberty** if appropriate to child's age

- Age when able to...
 - Hold head erect when in sitting position
 - Roll from front to back; back to front
 - Sit alone; unsupported
 - Stand with support; without
 - Use words
 - Talk in sentences
 - Dress self

Vaccinations

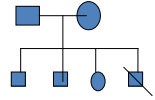
- Vaccination History
 - BCG,

- **Family History**
 - Asthma, eczema, diabetes, cystic fibrosis
 - specific enquiries from pc
- Maternal gestational history
 - List all pregnancies
 - Health status of living children
 - Deceased children: date, age, and cause of death
 - Miscarriage: dates and duration of pregnancies
- Age of parents at the birth of this child



Family History

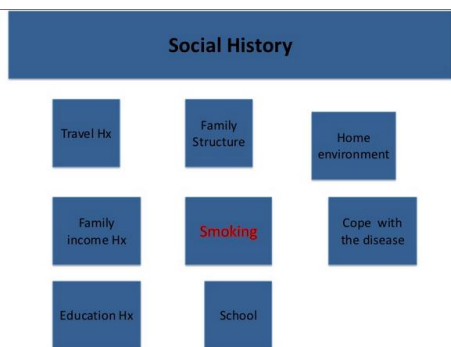
- Useful to draw family tree
- Siblings – age and health
- Any deaths
- Specific enquiries related to presenting complaint (parental heights, head size etc.)
- Level of education achieved by parents (useful in developmental histories)



Home Conditions
 Father's and mother's occupations
 Principal caretaker(s) of the child
 Daycare?
 Parents divorced or separated
 Food prepared by whom
 Sleep habits; sleeping arrangements

- **Social History**
 supports, occupation
 siblings age & health
 any pets, smoking

carers - who cares for the child by day



Social History contd.

School

Type of school, class, progress
 interaction with peers, bullying
 amount of school missed (chronic disease)

chronic disease - disease impact on family & sibs.
 Cares, who, when, how, duration

- Travel - when & where
- Disease contact

Medications

- Medications
 - Dose, frequency, mode of administration
 - Compliance or adherence – How often would you forget?
 - Who administers or supervises?
- Allergies

