

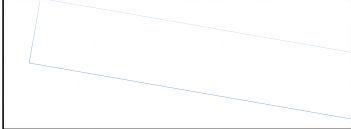


# Version 1 – School age (5 to 10 years)

Name.....Patient A..... D.O.B..... NHS Number..... **Red flag checklist completed Y/N**

Parent's concerns **Y/N**  
 ...Clumsy, poor coordination.....

Child/Young Person's concerns **Y/N**  
 .....

Answer the following screening questions and then complete the assessment. **Record any concerns as an X in the appropriate boxes, or a ✓ if no concerns**, with comments/observations as appropriate. **Score ALL coloured boxes that apply, then add the colour totals to the summary boxes at the end of the assessment**





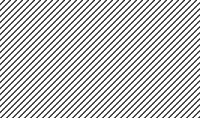









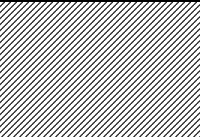



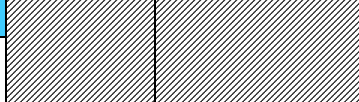
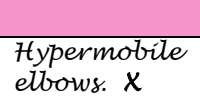


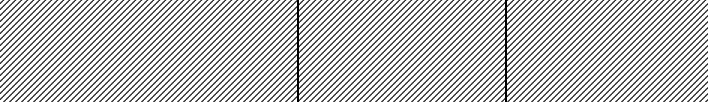


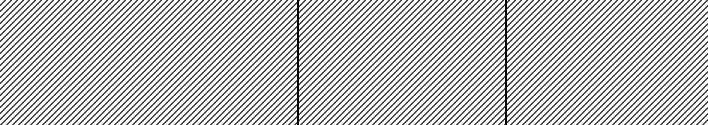

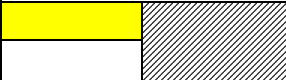



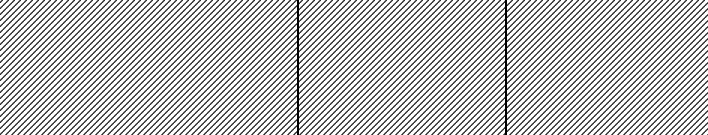



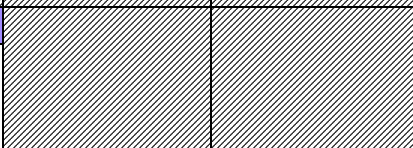



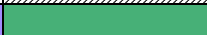



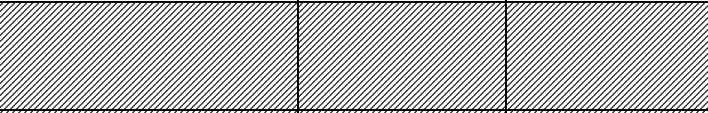


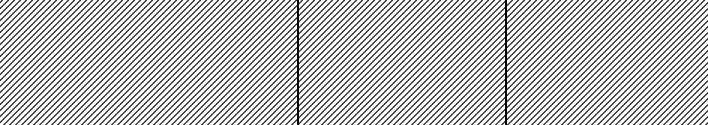


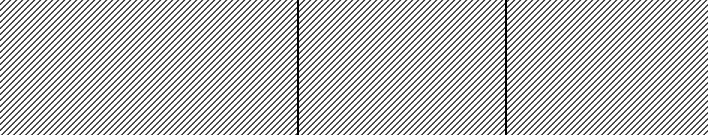
|   |   | Difficulty/Restriction due to reduced ROM, contracture, swelling or pain | Difficulty/abnormality due to weakness/asymmetry/poor quality of movement | Difficulty due to understanding/clumsiness/motor planning | Difficulty due to other observations e.g. hypermobility |
|---|---|--|---|---|---|
|    | ✓ |  |   |   |   |
| Observation:<br>Take T shirt off<br><b>Look for any difficulties</b>             |   | Example<br>X ↓ ROM at shoulders  |   |   |   |
| Observation:<br>Standing posture<br><b>Swelling, alignment, rash, deformity</b>  |   |  |   |   |   |

The following questions can be answered by the child or young person, or by a parent or guardian on behalf of the child.

|   | No concerns ✓ | Comments   |
|---|---------------|--|
| Do you (or does your child) have any pain or stiffness in their joints, muscles or back, that is impacting on your (their) daily life? If yes, does the pain change over the course of the day?                             | ✓             |  |
| Do you (or does your child) have any difficulty getting yourself (him/herself) dressed without any help?  |               | X Struggles with buttons on tops and zips                |
| Do you (or does your child) have any difficulty walking from one place to another (for example walking to school)?  |               | X Hard to walk longer distances                          |
| Do you have (or have you ever had) any concerns about your child's development (either gaining new skills or losing established skills)?  |               | X Late walker  |
| When you think back, are there any skills that you have tried to learn (or teach your child to do) that have taken longer than you think it should have (for example tying shoe laces, riding a bike, playing a ball game)? |               | X Learnt to ride bike at 9<br>Still struggles with laces |
| With regards to everyday activities such as running and jumping, can you (or can your child) keep up with other children of a similar age?  |               | X Not a very good runner                                 |
| Would you ever describe yourself (or your child) as being 'accident prone' or more likely to have trips and falls?  |               | X Poor spatial awareness                                 |












































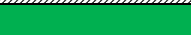




















Version 1 – School age (5 to 10 years)

Name.....Patient A..... D.O.B..... NHS Number..... Red flag checklist completed Y/N

|   | ✓ | Difficulty/Restriction due to reduced ROM, contracture, swelling or pain            | Difficulty due to weakness/asymmetry/poor quality of movement                        | Difficulty due to understanding/clumsiness/motor planning  | Difficulty due to other observations e.g. hypermobility   |
|---|---|---|--|--|---|
| Observation: Take T shirt off<br><b>Look for any difficulties</b>                              | ✓ |    |    |                                   |                                  |
| Observation: Standing posture<br><b>Swelling, alignment, rash, deformity</b>                   | ✓ |    |    |                                   |                                  |
| Walk, walk on heels then tiptoes<br><b>Look at ability and foot posture, mirroring of ULs</b>  |   |    |    | <br><i>X - Mirroring with ULs</i> |                                  |
| Hold hands out straight<br><b>Elbow, wrist, finger extension</b>                               |   |    |     |                                    | <br><i>Hypermobile elbows. X</i> |
| Make a fist<br><b>Supination, flexion of fingers</b>    | ✓ |    |   |  |   |
| Pinch index finger and thumb<br><b>Look at finger joints, functional grip</b>                | ✓ |  |  |  |   |
| Squeeze MCP joints<br><b>Assess for tenderness</b>   | ✓ |  |  |  |   |
| Hands – Palm to palm/back to back<br><b>Wrist flexion and extension</b>                      | ✓ |  |  |  |   |
| Reach arms up, touch the sky, head back<br><b>Elbow, wrist, neck extension</b>               | ✓ |  |  |                                 |   |
| Hands behind neck<br><b>Shoulder abduction, external rotation</b>                            | ✓ |  |  |                                 |                                |
| Touch ear to shoulder<br><b>Cervical spine side flexion</b>                                  | ✓ |  |  |  |   |
| Three fingers (own) in mouth<br><b>Temporomandibular joints</b>                              | ✓ |  |  |  |   |
| Feel for effusion in knees<br><b>Patella tap, cross fluctuation</b>                          | ✓ |  |  |  |   |

Version 1 – School age (5 to 10 years)

Name.....Patient A..... D.O.B..... NHS Number..... Red flag checklist completed Y/N

|  | ✓ | Difficulty/Restriction due to reduced ROM, contracture, swelling or pain            | Difficulty/abnormality due to weakness/asymmetry/poor quality of movement            | Difficulty due to understanding/clumsiness/motor planning                             | Difficulty due to other observations e.g .hypermobility                               |
|--|---|---|--|---|---|
| Active movement of knees<br><b>Knee flexion/extension</b><br>   | ✓ |    |    |    |    |
| Leg length discrepancy (1cm or more)<br><b>Eyeball or can measure</b><br>   | ✓ |    |     |    |    |
| Passive movement of hips<br><b>Hip flexion/internal and external rotation</b><br>   | ✓ |    |     |    |    |
| Lower limb reflexes<br><b>Patella, ankle, Babinski</b><br>  | ✓ |    |     |    |    |
| Bend forwards and touch toes<br><b>Forward flexion of spine</b><br>   | ✓ |    |    |    |    |
| Head raise in supine<br><b>Chin towards chest in midline</b><br>   | ✓ |   |    |   |   |
| Rise from the floor (from supine) in less than 3 seconds<br><b>Look for Gowers', quality of movement, use of furniture</b><br>  | ✓ |  |  |  |  |
| Functional squat to floor and rise (to retrieve toy)<br>  | ✓ |  |  |  |  |
| Standing on one leg right and left <b>eyes open</b><br><i>age 5-6</i> up to 10 seconds<br><i>age 7-10</i> > than 10 seconds<br> | ✓ |  |  |  |  |
| Stand on one leg R and L <b>eyes closed (aged 7-10 only)</b>   |   |  |  |  |  |
| Hopping<br><i>age 5-6</i> up to 5 hops<br><i>age 7-10</i> > 5 hops<br>  | ✓ |  |  |  |  |
| Jump 2 feet together<br><i>Age 5-6</i> 3 times<br><i>age 7-10</i> (3 forward, 2 back, 1 left)<br>                               |   |  |  |  |  |
| Ball skills -throw and catch small ball<br><i>Age 5-6</i> 2 times (both hands)<br><i>Age 7-10</i> 5 times (dominant hand)<br>   |   |  |  |  |  |

X unable

X Couldn't remember sequence

X Could only do 2 handed

**Version 1 – School age (5 to 10 years)**

Name.....Patient A..... D.O.B..... NHS Number..... **Red flag checklist completed Y/N**

| Screening questions   | Comments   |
|---|--|
| Do you (or does your child) have any pain or stiffness in their joints, muscles or back, that is impacting on your (their) daily life? If yes, does the pain change over the course of the day?                             |  |
| Do you (or does your child) have any difficulty getting yourself (him/herself) dressed without any help?  | <i>X Struggles with buttons on tops and zips</i>                 |
| Do you (or does your child) have any difficulty walking from one place to another (for example walking to school)?  | <i>X Hard to walk longer distances</i>                           |
| Do you have (or have you ever had) any concerns about your child's development (either gaining new skills or losing established skills)?  | <i>X Late walker</i>   |
| When you think back, are there any skills that you have tried to learn (or teach your child to do) that have taken longer than you think it should have (for example tying shoe laces, riding a bike, playing a ball game)? | <i>X Learnt to ride bike at 9<br/>Still struggles with laces</i> |
| With regards to everyday activities such as running and jumping, can you (or can your child) keep up with other children of a similar age?  | <i>X Not a very good runner</i>                                  |
| Would you ever describe yourself (or your child) as being 'accident prone' or more likely to have trips and falls?  | <i>X Poor spatial awareness</i>                                  |

**+**

| Observations and Examination     |  |  |  |
|----------------------------------|--|--|--|
|                                  | Observations/Appearance<br>(✓ if no concerns), X if concerns | Clinical findings  | Comments   |
| Posture                          | ✓  |  |  |
| Gait                             | X  | <i>Mirroring in ULs</i>  |  |
| Arms                             | ✓  |  | <i>Hypermobile elbows</i>                          |
| Legs                             | ✓  |  |  |
| Spine                            | ✓  |  |  |
| Plus (Function, skill, movement) | X  | <i>Difficulty with 1 -leg stand eyes closed, couldn't remember jump sequence, poor ball skills</i> | <i>Poor understanding of instructions at times</i> |

**Mostly yellows – could indicate an inflammatory disorder such as**

Score  
0

Name.....Patient A..... D.O.B..... NHS Number..... Red flag checklist completed Y/N

**Juvenile Idiopathic Arthritis**

Further examination of swelling or signs of inflammation in joints

+

**Additional Tools**

Recognition from visual appendices (swollen joints, fixed deformities, compare to MPS)

[paediatric musculoskeletal matters pREMS assessment](#)

Consider hypermobility [BSR Guidance](#)/[RCPCH Position Statement](#)

=

**Refer to Paediatric Rheumatology Service**

**Mostly oranges – could indicate a Lysosomal storage disorders such as Mucopolysaccharidoses**

Stiffness or contracture of upper limb joints, in the absence of swelling can be a sign of a lysosomal storage disorder, such as the mucopolysaccharidoses

Score  
0

+

**Additional Tools**

Recognition from visual appendices (restriction of UL joints in the absence of swelling, gibbus deformity, compare to JIA)

Resources from MPS Society [MPS Society Resources](#)

[paediatric musculoskeletal matters pREMS assessment](#)

Consider hypermobility [BSR Guidance](#)/[RCPCH Position Statement](#)

=

**Refer to Specialist Genetic Centre**

**Mostly blues – could indicate a neuromuscular disorder such as Duchenne muscular dystrophy**

Assess for functional muscle weakness and delay/regression in motor milestones

Score  
0

+

**Additional Tools**

Recognition from visual appendices (calf hypertrophy, Gowers' sign, scapular winging)

[Think MUSCLE](#)

Fox et al, BMJ, 2020;368:l7012

Treat -NMD Neuromuscular network [treat-nmd.org](#)

=

**Refer to Specialist Genetic Centre**

**Mostly purples – could indicate an underlying neurological**

Score  
0

Version 1 – School age (5 to 10 years)

Name.....Patient A..... D.O.B..... NHS Number..... Red flag checklist completed Y/N

**disorder or an orthopaedic condition**

Further assessment of asymmetry of limbs and spine, muscle tone, muscle bulk, range of movement.

+

**Additional Tools**

Further assessment of muscle tone

[paediatric musculoskeletal matters pREMS assessment](#)

[Hip rotational profiles](#) Staheli et al 1985

=

**Refer to General/Community Paediatrician or Orthopaedic Surgeon**

**Mostly greens – issues with motor planning and gross/fine motor skills**

This may warrant further assessment by Paediatric Physiotherapy and/or Occupational Therapy, or a general paediatrician

Score  
4

+

**Additional Tools**

[Screening activities and gross motor chart](#) Missiuna et al, 2006

[CanChild resources for professionals](#) CanChild.ca

[DCDQ-07 Questionnaire](#) Wilson and Crawford, Physical and Occupational Therapy in Pediatrics, 2012

Consider hypermobility [BSR Guidance](#)/[RCPCH Position Statement](#)

=

**Refer to local Physiotherapy/Occupational Therapy Service or Paediatrician**

**Mostly pinks – issues with pain, balance and motor skills may indicate hypermobility**

If no evidence of serious pathology, offer advice, education and reassurance

Score  
0

+

**Additional Tools**

[paediatric musculoskeletal matters pREMS assessment](#)

Consider hypermobility [BSR Guidance](#)/[RCPCH Position Statement](#)

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**Reassurance, education and advice, onward referral if necessary**