

The Permanente Medical Group, Inc.

PEDIATRIC SPECIALTIES

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December 10, 2010

To the parent(s) of:
Theodore B Pedersen

Theodore Pedersen (MR# 15459933) was seen December 7th, 2010, for a developmental assessment at Kaiser's Premature Screening Clinic. He was born at term with Apgars of 5, 6, and 8 at one, five, and ten minutes. He was noted to have cyanosis, apnea, and possible seizures soon after birth. Head ultrasound and EEG were normal. Hearing screen was passed. He was discharged after 5 days and has had no subsequent seizures or neurological symptoms. Results from his developmental testing are summarized below:

DEVELOPMENTAL TESTING

Bayley Scales of Infant Development III

Chronological age: 6m 1d Corrected age: N/A

Scaled Scores: (normal scores are from 7 to 13)

Cognitive: Scaled score = 9

Receptive language: Scaled score = 9

Expressive language: Scaled score = 9

Fine Motor: Scaled score = 7

Gross Motor: Scaled score = 11

Composite Scores: (normal scores are from 85 to 115)

Cognitive: Composite score = 95

Language: Composite score = 94

Motor: Composite score = 94

OBSERVATIONS DURING TESTING

Cognitive Scale: Theodore was a sweet infant who showed a strong interest in faces and social responses and good responses to the mirror. However, he took a little time to reach out for testing items. Play still consists mainly of mouthing and banging but he did look at pictures in the book and show emerging object permanence. His score on this scale was normal for age.

Language Scales: Theodore localizes and discriminates sounds. He responded to some familiar words today but is not yet consistently responding to his name. Theodore used vowel sounds to communicate and was able to get others' attention. His score on this scale was normal for age.

Motor Scales: Theodore seemed to take awhile to reach out for items, likely due to mild shoulder retraction seen during this evaluation. When he did reach for toys, he showed a definite hand preference, preferring to use his left even if he had to cross the midline to pick up objects on his right. When encouraged, he was able to reach with his right but his right hand was not as open when reaching. No tight fisting, spasticity, or tremors were noted. He did not reach for small items such as a food pellet today. When placed on the mat, Theodore was able to pull to a sit and remain sitting for almost 30 seconds without support. He also sits alone while holding a toy and pivoting to the side. Prone position was difficult to evaluate since he had just finished a bottle and was uncomfortable, but he was able to push his chest off the mat. By report, he does roll from back to tummy but this was not observed today. Mother notes that he cannot get out of a prone position or into a sitting position on his own. When held in a standing position, he over-extends his lower extremities. He also showed occasional arching. His score on this scale was borderline normal for fine motor skills and normal for gross motor skills.

IMPRESSION

Theodore is showing nice overall progress - development is within normal limits for age in all areas tested today. However, he did show a relative lag in fine motor skills and evidence of muscle tone imbalances (left hand preference, shoulder retraction, increased extensor tone in trunk and lower extremities). This is somewhat unusual at his gestational age but may have been inadvertently exacerbated by encouragement of extensor patterns at home (he currently spends a fair amount of time in a jumper and likes to be held in a standing position). There was no evidence of spasticity, abnormal reflexes, progressive weakness, or focal deficits on exam. Therefore findings are likely transient but will need to be addressed and followed in light of his perinatal history.

RECOMMENDATIONS

Testing results were discussed with mother. She was reassured that Theodore is showing nice overall progress. However, the muscle tone imbalances seen today were also discussed. Mother was instructed to increase tummy/sitting time and try to encourage flexion activities instead of extension. She was also instructed to avoid anything that places Theodore in extension, especially walkers, jumpers, exersaucers, and "supported standing". The importance of encouraging bilateral hand use by handing items to his right, giving him objects to hold that encourage two-handed grips, and putting him on his tummy for "push-up" time on both hands was also discussed. Referral made to Kaiser physical therapy to help work on the above issues. In addition, mother was instructed to call us if she is not seeing significant improvement over the next few months. Otherwise, we will plan to see Theodore back in 6 months for a repeat evaluation. If there are any questions regarding this report, please call 916- [REDACTED].

Sincerely,
Jean Struthers, MD

