OVERVIEW FOR PARENTS

- Early identification, leading to timely diagnosis and early rehabilitation interventions are considered best practice for children with cerebral palsy.
- About half of children with CP are either born full term after an uneventful pregnancy and delivery or are born preterm but are more than 29 weeks gestational age; these children don't usually qualify for Neonatal Follow-up surveillance by specialists, but rather, are followed in their community by community doctors (e.g. pediatricians, family physicians).
- These clinicians are uniquely positioned to identify and refer children suspected of having CP to medical specialists (e.g. child neurologists, developmental pediatricians) for diagnostic assessment and to rehabilitation specialists for intervention.
- However, community physicians often do not have the advanced training in atypical child development that medical specialists receive and may not recognize the early features of CP during their developmental surveillance visits.
- A 'wait-and-see' approach to referral for diagnostic assessment has traditionally been favored, and parents have reported dissatisfaction with delays in the diagnostic process.
- With a critical window of optimizing early brain development, using novel medical and rehabilitation interventions, it is essential to diagnose young children with CP as early as possible.
- We have developed tools for community physicians to assist them in the early detection of CP, as part of well-baby care visits

PROMPT TOOLKIT

OVERVIEW FOR CLINICIANS

- CP is the fourth leading cause of childhood disability and is the most common physical disability seen in children.
- Early identification and subsequent early referral to medical specialists for diagnostic assessment and simultaneous referral to rehabilitation specialists for intervention is critical to optimize child and family outcomes.
- Detection of CP by primary care practitioners is challenging, and problematic given that many children with CP are not followed by Neonatal Follow-up programs where surveillance of development is more stringent.
- Most research efforts to date have focused primarily on early detection of children considered to be at "high-risk" for CP, and consequently there are no CP-specific tools or resources available for a primary care practitioners to use in their context.
- Recent research has:
  - Identified a knowledge gap in the literature related to age at referral for CP[1]
  - Documented population-based evidence on current physician referral practices and identified factors associated with delayed referral[2]
  - Generated the knowledge deemed essential to share with primary care practitioners to enhance their detection efforts[3]
  - Informed and validated the generalizability and appropriateness of these results through consultation with a panel of international experts[4]. This resulted in the establishment of the following:

- **6 clinical features** that should prompt referral for diagnostic assessment;
- **2 warning signs** that warrant monitoring rather than immediate referral for diagnosis; and
- **5 referral recommendations** to other healthcare professionals to occur simultaneously with referral for diagnosis.

PROMPT TOOLKIT

- This knowledge is being tailored to the primary care context through collaboration with relevant stakeholders, and will be disseminated in whatever format(s) are determined to be optimal to increase awareness and enhance early detection in the primary care context of children suspected of having CP.