

Developmental Practitioners Association

Therapy Outcomes Measures

(TOMs)

Supplementary Guidance 2

Assessment Recording

April 2024

- Therapy Outcome Measures Developed Scale for Uninhibited Primitive Reflexes in line with the principles detailed in: Enderby P & John A (2015) *Therapy Outcome Measures for Rehabilitation Professionals, 3rd Edition* Guildford: J&R Press.

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A. Impairment 1. Uninhibited Primitive Reflexes:

Include all the primitive reflexes initially considered.

		Profound		Severe		Severe/Moderate		Moderate		Mild		Normal Limits	
		0	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5	
Impairment – Uninhibited Primitive Reflexes	0	0 Profound: Some primitive reflexes may not be evident , or they are all fully uninhibited . 81-100% fully or almost fully uninhibited All Postural reflexes totally underdeveloped.											
	1	1 Severe: A significant majority of primitive reflexes are fully or almost fully uninhibited . 61 -80% fully or almost fully uninhibited . Most Postural reflexes are totally or mostly underdeveloped.											
	2	2 Severe/Moderate: Around half of the primitive reflexes are fully or almost fully uninhibited . 41-60% fully or almost fully uninhibited . Some Postural Reflexes may be developing.											
	3	3 Moderate: Many primitive reflexes are partially inhibited . 21-40% fully or almost fully uninhibited . Many postural reflexes are developing/fully developed.											
	4	4 Mild: Nearly all primitive reflexes are almost partially or fully inhibited . 1-20% fully/almost fully uninhibited . The majority of postural reflexes are developed/developing .											
	5	5 No Impairment: All primitive reflexes are fully inhibited . 0% uninhibited . All postural reflexes are fully developed.											
Activity / Independence	0	No purposeful active movement, totally dependent, requires full physical care and constant vigilance/supervision.											
	1	Assists/Co-operates but the burden of the task falls on professional/familiar carer.											
	2	Can undertake some part of the task but needs a high level of support to complete.											
	3	Can undertake task function in familiar situations but requires some verbal prompting/physical assistance.											
	4	Requires some minor assistance occasionally or extra time to complete a task.											
	5	Independent/able to function.											
Social Participation	0	No autonomy, isolated, no social/family role.											
	1	Very limited choices, contact mainly with professionals/familiar carers, no social or family role, little control over life.											
	2	Some integration, value, and autonomy in one setting.											
	3	Integrated, valued, and autonomous in a limited number of settings.											
	4	Occasionally some restriction in autonomy, integration, or role.											
	5	Integrated, valued, occupies appropriate role.											

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Wellbeing	0 High & constant levels of concern/anger/severe depression or apathy, unable to express or control emotions appropriately.	
	1 Moderate concern, becomes concerned easily, requires constant reassurance/support, needs clear/tight limits and structure, and loses emotional control easily.	
	2 Concern in unfamiliar situations, frequent emotional encouragement and support required.	
	3 Controls emotions with assistance, emotionally dependent on some occasions, vulnerable to change in routine, spontaneously uses methods to assist emotional control.	
	4 Able to control feelings in most situations, generally well-adjusted/stable (most of the time/ most situations), occasional emotional support/encouragement needed.	
	5 Well adjusted, stable, able to cope with most situations, opportunity to self-analyse, accepts and understands own limitations.	

B. Impairment 2 Core Scale

Profound		Severe		Severe/Moderate		Moderate		Mild		Normal Limits		
0	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5		
Impairment -	0 The most severe presentation of this impairment											
	1 Severe presentation of this impairment											
	2 Severe/moderate presentation of this impairment											
	3 Moderate presentation											
	4 Just below normal/mild presentation											
	5 No impairment											

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C. Final Data Sheet

Client Details

Date of Birth Age on Entry Sex

Date Start Date Finished Duration Months

Impairment 1	Uninhibited Primitive Reflexes	ICD Code:	<input type="text"/>
Impairment 2		ICD Code:	<input type="text"/>
Supplementary Impairments of concern	<input type="text"/>		

Data	Impairment		Activity/ Independence	Social Participation	Wellbeing Client	Well Being Carer
	Impairment 1	Impairment 2				
Start Therapy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
End Therapy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Improvement	0	0	0	0	0	0

Moderated Date/s Moderator

Comments:

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D. Individual Therapist's Record Sheet

DPA Individual Therapist Ongoing Data Sheet

Client Details

Client Name

Date of Birth Age on Entry Sex

Date Start Date Finished Duration Months

Impairment 1 Impairment 2 (PC)'

ICD Code:

Impairment 2 ICD Code:

Record	Impairment		Activity/ Independence	Social Participation	Wellbeing Client	Well Being Carer
	Impairment 1	Impairment 2				
Start Therapy						
Session Date						
Session Date						
Session Date						
Session Date						
Session Date						
Session Date						
Session Date						
Session Date						
Session Date						
Session Date						
Session Date						
Session Date						
Session Date						
Session Date						
Session Date						
End of Therapy						
Improvement	0	0	0	0	0	0

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E. Example I - Completing a Data Sheet

Normally the background would not be part of the return. Key points would be highlighted in comments box.

Background

X is ten years old and is in Year 5 at a local mainstream primary. He has a diagnosis of epilepsy. He lives with his parents and two younger siblings. At age 6 months X was suffering with uncontrollable seizures. His parents were advised to have an operation to cut through connections between the hemispheres of the brain. They declined and worked on neuro developmental therapies at home for several years. X's seizures stopped and he developed typically for the next 6 years. His seizures then returned at age 6 although they are much milder than those he had as a baby. He now takes medication. Around this time his behaviour at home started to deteriorate. He began fighting with his younger brother but was working well at school. As time passed, he left his football team as he was becoming very angry at his teammates. Since September, his behaviour at school has rapidly deteriorated. His school is keen for an ADHD and/or ASD diagnosis and his parents are considering ADHD medication.

Retained reflexes.

Palmer grasp		LHRR		STNR	
Babkin		Spinal Galant		TLR	
Hand supporting		Spinal Volmer		ATNR	
Root		Spinal perez		FPR	
Suck		Landau		Moro - visual	
Infant plantar		Amphibian		Moro - auditory	
Babinski		Bauer crawling		Moro - tactile	
Tendon guard		Hands pulling		Moro - vestibular	
OHRR					

Activity (Independence)

X can be slow to get ready in the morning for school, particularly if he has had a seizure on waking. His Mum will have to give him a few reminders. Physically he can do all self-care unaided.

Social participation

X does not have any friends and often fights with his siblings. He does not attend any clubs or sports groups. He is close to his Mother but does not get along well with his Father.

Well being

X seems sad most of the time. He lashes out at peers and staff at school. It is a similar situation at home. He has recently been excluded from school for kicking, biting and punching his 1-2-1.

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Client Details

Date of Birth Age on Entry Sex

Date Start Date Finished Duration Months

Impairment 1	Uninhibited Primitive Reflexes	ICD Code:	ICD11 21.MG44.1Z
Impairment 2	ADHD	ICD Code:	ICD11 06.6A02
Supplementary Impairments of concern	Epilepsy		

Data	Impairment		Activity/ Independence	Social Participation	Wellbeing Client	Well Being Carer
	Impairment 1	Impairment 2				
Start Therapy	3	1.5	3	1.5	1	3
End Therapy						
Improvement	0	0	0	0	0	0

Moderated Date/s Moderator

Comments:

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.Example F - Completing a Data Sheet

Available in Excel with automatic calculations

Therapist Identity Code Client Identity Code

Client Details

Date of Birth Age on Entry Sex
 Date Start Date Finished Duration Months

8Impairment 1	Uninhibited Primitive Reflexes	ICD Code:	ICD11 21.MG44.1Z
8Impairment 2	ADHD	ICD Code:	ICD11 06.6A05.1
Supplementary Impairments of concern	Low academic attainment Anger		

Data	Impairment		Activity/ Independence	Social Participation	Wellbeing Client	Well Being Carer
	Impairment 1	Impairment 2				
Start Therapy	1	1	1.5	1	1	3
End Therapy	4	3	4	4	3	4
Improvement	3	2	2.5	2.5	2	1

Moderated Date/s Moderator

Comments:

Start:

School suspensions for aggressive outbursts DR increased medication.
 Very Few friends Very unhappy
 Communication – short response to questions/ one word requests/mum speaks for him.
 Well Below National expectation.

Finish

No suspensions for 9 months. Dr considering reducing medication.
 Close circle of Friends. Says happy now. Normal teenage social life.
 Communication – Will initiate/hold conversation. Interrupts mum if she doesn't give him chance to have his say. Gran says for first time he engages in a conversation.
 Only hobby online game with small groups of friends . goes out and plays footie etc.
 Just Below National expectation

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