

Oregon Health Sciences University  
Consultative Report

CHILD DEVELOPMENT AND REHABILITATION  
CENTER

P.O. Box 574, Portland OR 97207-0574

Account No.

Medical Record No. 01-38-94-88

Name Wulf, Matthew A

Birthdate 12/03/1997

CDRC

CLINIC DATE: 03/30/98

CLINIC NAME: METABOLIC CLINIC

DISCIPLINE: OCCUPATIONAL THERAPY

Matthew is a 3-month 25-day old youngster who was seen by Occupational Therapy today for a developmental assessment. He has recently been diagnosed with Infantile Refsums, a metabolic disorder. This disorder has with it decreasing visual and auditory skills, mental retardation, and difficulty with motor skills. Matthew already has a hearing loss in his right ear. He was accompanied today to clinic by both his parents who feel that at this point he is developing well and doing many of the things expected of a 3 to 4-month-old youngster.

The Peabody Developmental Motor Scales were used to assess Matthew today. On the Fine Motor scale he achieved a raw score of 28 which is average for a two month old. This places his fine motor skills at the 62% level for a Z-score of +.31 and a Developmental Motor Quotient of 105. His gross motor raw score was 37, which is average for a two month old. This places him in the 55 percentile ranking for a Z-score of +.13, and a Developmental Motor Quotient of 102. When the family initially came to the assessment, Matthew was very fussy and difficult to console. The parents felt that he had not finished eating so he continued to breast feed as well as take a four ounce bottle. Once Matthew finished the bottle, he was indeed much more social and interactive. In a supine position, Matthew seemed to have his head turned slightly toward the right side more frequently compared to the left. He was able to reach upward towards a dangling object and when the object came <sup>in</sup> and touched his hand he would open his hand and grasp the object. He was able to maintain a rattle in his hand, and would take it to his mouth. When this activity was initially tried and Matthew was still fussy, the rattle had immediately dropped from his hand. Matthew does seem to track visually, moving from midline to the sides seemingly to follow a toy. In prone, the head was more dominantly turned towards the left side. Arms were typically adducted and flexed, and no active forearm propping was observed. His mother is able to position Matthew in a prone propping position with arms out in extension, and he is able to maintain this briefly before dropping down and his arms coming in close to his side. He is able to lift his head and turn it to either side in prone. It was felt that the ATNR was present, although it was very difficult to passively turn Matthew's head to either side to elicit the ATNR. In supine, he does reciprocal kicking with his legs, lifting his knees. Today he was wearing new shoes and when they came off his feet he was observed to lift his hips off the surface also. The parents report that they have not yet observed him playing with his knees or his feet. They report that he is typically positioned on his back. Matthew demonstrated beginning lateral head righting, bringing his head up when tilted approximately 20 degrees from upright, but unable to right himself when tilted further. In a prone suspension position he is able to lift his head to neutral but does not yet get full <sup>spinal</sup> ~~head~~ extension.

After Matthew had fed, he was much more aware and interactive of his environment. He would calm to parents voice, as well <sup>when</sup> as being touched and moved. He visually regarded and seemed interested

3.2

ORIGINAL-MEDICAL RECORD