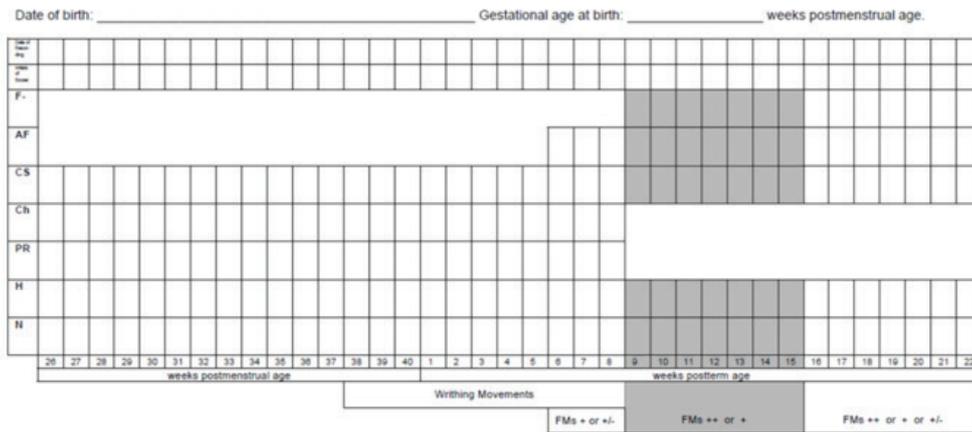


The General Movements Assessment: interpreting the results

What does a Prechtl's method 'General movement assessment individual developmental trajectory' look like?



N = normal age-specific GMs
 FMS = 'fidgety' movements
 H = hypokinesia
 (no GMs during the recording)
 PR = 'poor repertoire' of GMs
 CH = 'chaotic' GMs
 CS = 'cramped synchronised'
 GMs
 AF = abnormal 'fidgety'
 movements
 F- = absence of 'fidgety'
 movements

In the 'writhing' period abnormal GMs known as 'cramped synchronised' are highly predictive of spastic motor type cerebral palsy^{1,2}. Negative predictive value for 'cramped synchronised' movements alone is shown to be high at 100% and positive predictive value ranging 87–100% for later spastic cerebral palsy³.

In high risk populations, 'cramped synchronised' GMs followed by 'absent fidgety' GMs in the 12–16 weeks post-term age has the highest predictive value for cerebral palsy with sensitivity 95–100%^{2,4}.

An abnormal score of 'absent fidgety' GMs whether preceded by 'poor repertoire' or 'cramped synchronised' movements meets the essential criteria of motor dysfunction.

If there is additional criteria of abnormal neuroimaging and/or clinical history indicating risk of cerebral palsy the interim clinical diagnosis of 'high-risk of cerebral palsy' should be sensitively discussed with parents accompanied by referrals to cerebral palsy-specific early intervention services and parental emotional supports.

An abnormal GMs score of 'abnormal fidgety' in the 'fidgety' period (9–20 weeks post-term age) is more rare but may indicate a possible increased risk of neurological condition⁵. Referral for early intervention should be considered and ongoing developmental follow up including motor and cognitive development.

A GMs score of normal in the 'fidgety' period (9–20 weeks post-term age) can be considered low risk of cerebral palsy, ongoing developmental follow up may be required including motor and cognitive development.

CAVEAT

In rare cases, normal 'fidgety' movements do not preclude an adverse outcome; especially in mild unilateral cerebral⁶.

In infants with milder cerebral palsy, especially unilateral cerebral palsy, it is possible for an infant to score within the normal range on a standardised assessment of motor performance whilst still displaying abnormal movements.

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