

WEB APPENDIX-I: INCLN DIAGNOSTIC TOOL FOR NEUROMOTOR IMPAIRMENT (INDT-NMI) FOR PRIMARY CARE PHYSICIAN**PERSONAL INFORMATION OF THE CHILD**

1. Name of the child:
2. Age (in completed months):
3. Sex: (Male - 1, Female - 2)
4. Complete address of the child:
5. Informant: 1 = Mother, 2 = Father, 3 = Guardian, 4 = Relative:
6. Anthropometry:
 - A. Weight: Kg.
 - B. Height/ Length: cm
 - C. Head circumference: cm

Section I: Triage questions for Neuromotor Impairments

0: No 1: Yes 8: Not applicable

1. Does your child have difficulty in ANY of the following?
 - A. Sitting
 - B. Getting up from floor
 - C. Standing
 - D. Walking
 - E. Running
2. Did your child start performing the following activities later than children of his/her age?
 - A. Started sitting without support beyond his/her first birthday
 - B. Started walking without support beyond his/her second birthday
3. Does your child have ANY of the following?
 - A. Excessive tightness/ limpness of the body
 - B. Toe-walking
 - C. Abnormal posture of any limb
 - D. Decreased/ unequal use of any limb
 - E. Frequent falls
4. Does your child have difficulty in performing ANY of the following activities? (For children above 4 years age only)
 - A. Bathing/cleaning himself/herself
 - B. Toileting
 - C. Dressing
 - D. Feeding self

Section II: Observations: Write responses code in the box.

0: No 1: Yes

5. Observe for the following when the child is walking
 - A. Limping
 - B. Unsteadiness of gait (Ataxia)
 - C. Toe walking
 - D. Waddling gait
 - E. Scissoring gait
 - F. High stepping gait
 - G. Unable to walk
 - H. Any other gait abnormality (please specify)

6. Observe for the following when the child is standing up from floor
- A. Requires assistance for standing up from floor / unable to stand ☐
 - B. Gowers' sign positive ☐
 - C. Any other abnormality..... ☐
7. Observe hands and look for the following
- A. Tremors ☐
 - B. Unequal power of hand grip ☐
 - C. Fisting of one or both hands ☐

Please specify reason for Non-applicability of any item.

Section III: Record findings of detailed neurological assessment as codes in the respective boxes

8. Muscle power
- 0: Normal 1: Decreased
- A. Right upper limb (Shoulder abductors & wrist extensors) ☐
 - B. Right lower limb (Hip abductors & ankle dorsiflexors) ☐
 - C. Left upper limb (Shoulder abductors & wrist extensors) ☐
 - D. Left lower limb (Hip abductors & ankle dorsiflexors) ☐

Overall impression: If abnormal, write the power of the abnormal side

0: Normal muscle power 1: Decreased muscle power

9. Muscle tone
- 0: Normal 1: Hypotonia
- 2: Hypertonia 8: Not applicable
- A. Tone in right upper limb (Elbow & Wrist) ☐
 - B. Tone in right lower limb (Hip adductors, knee & ankle) ☐
 - C. Tone in left upper limb (Elbow & Wrist) ☐
 - D. Tone in left lower limb (Hip adductors, knee & ankle) ☐

Overall impression: If abnormal, write the tone of the abnormal side

0: Normal muscle tone 1: Hypotonia 2: Hypertonia

10. Deep tendon reflexes (biceps, triceps, knee and ankle jerks)
- 0: Normal 1: Diminished or absent 2: Exaggerated
- A. Right biceps jerk ☐
 - B. Left biceps jerk ☐
 - C. Right triceps jerk ☐
 - D. Left triceps jerk ☐
 - E. Right knee jerk ☐
 - F. Left knee jerk ☐
 - G. Right ankle jerk ☐
 - H. Left ankle jerk ☐

Overall impression: If abnormal, write the DTRs of the abnormal side

0: Normal DTRs ☐

1: Diminished or absent DTRs

2: Exaggerated DTRs

11. Plantar response
- 0: Flexor response ☐
- 1: Extensor response
- 2: Withdrawal / Not elicitable
- A. Right side

B.	Left side	<input type="checkbox"/>
Impression: Write the plantar response of the abnormal side		
12.	Balance and coordination	<input type="checkbox"/>
	0: Normal	<input type="checkbox"/>
	1: Poor balance of trunk or limbs (Ataxia)	
13.	Abnormal movements	
	0: No abnormal movements	<input type="checkbox"/>
	1: Abnormal movements	
14.	Interpretation	
A.	Neuromotor examination*	<input type="checkbox"/>
	0: No neuromotor dysfunction (Responses to ALL of 8-13 is "0")	
	1: UMN dysfunction (At least TWO out of 9-11 is "2")	<input type="checkbox"/>
	2: LMN dysfunction (Response to 8 is "1", AND 9 or 10 is "1" AND 11 is not "1")	
	3: In coordination/ Abnormal movements (Response to 12 OR 13 is "1")	
	9: Indeterminate (If the findings are abnormal but not fitting in any of the above)	
B.	Onset of symptoms (Not for LMN dysfunction)	
	0: At or before 2 years of age	
	1: After 2 years of age or cannot be ascertained	<input type="checkbox"/>
	8: Not applicable	
C.	Course of the child's illness**	<input type="checkbox"/>
	0: Static or improving	
	1: Progressive	
	8: Not applicable	
D.	Is there a clear spinal cord pathology resulting in impairment?	<input type="checkbox"/>
	0: No 1: Yes	
15.	Diagnosis	
	0: No Neuromotor impairment (Neuro motor examination not indicated i.e. in Section 1 all questions 1 to 4 have all responses 0 and Section 2 questions 5 to 7 have all responses is 0 OR When neuromotor examination indicated : Responses to ALL of 8-13 are "0")	<input type="checkbox"/>
	1: Cerebral palsy (Response to 14 A is 1 and/or 3 AND B, C, D is "0")	
	2: Neuromuscular disorder (Response to 14 A is "2")	
	3: Other Neuromotor impairment (Response to 14A is NOT "0", but not fulfilling criteria for CP or NMD)	
	9: Indeterminate (Response to 14 A is 9)	

**The motor problem should not be solely explained by skeletal/soft tissue abnormality (traumatic deformity, club foot, post burn contractures) or painful skeletal.*