APPENDIX XXVIII

Anatomical landmarks

Application of ink dots to anatomical landmarks

FIRST

1. Head centre/top of head Light sticky dots/dark hair, darker sticky dots light hair
2. 2.5 cm down from centre/top of head directly above middle of ears
3. 2.5 cm down from centre/top of head directly above nose
4. 2.5 cm down “                      “ directly above middle neck

SECOND  Ink dots to:

1. Top/middle of ears
2. Shoulders – most lateral part of spine of scapula
3. Elbows - ulnar olecranon - superior / ‘middle’
4. 2 humeral epicondyles / ‘middle’
5. Wrists - 2 styloid processes – medial & lateral – ‘middle’
6. Spine – between inferior angles of scapulas
7. Pelvis iliac crests – most lateral
8. Spine - between iliac crest points (no.7)
9. Femurs – greater trocaners - ‘middle’
11. ‘Middle’ of patella
12. Ankles – medial & lateral malleoli – ‘middle’
APPENDIX XXIX

Therapists’ notes for film details for each child.

1. Child’s name, age, diagnosis - brief

2. Date

3. Task name

4. Child’s functional measurable goal/outcome for the whole course

5. Comments or special instructions for starting points for example - back against chair, eyes look at paper

Appendix 8. Therapists’ notes for film details each child

1. Child’s name, age, diagnosis - brief

2. Date

3. Task name

4. Child’s functional measurable goal/outcome for the whole course

5. Comments or special instructions for starting points for example - back against chair, eyes look at paper

6. Specific assistance given while child performs task & details including site (anatomical), verbal instruction & whether assistance is minimal moderate or maximum

7. Written description of where each child, therapist, equipment & toys etc will go on grid (but not exact grid reference)

8. Side we will film from, (we need to record from a particular side depending on impairments – or where want to see it better from – EG see thumb side of hand or
from other side – or if one side will become the ‘front camera’ (for projected action sequence such as gait).

9. Circle left or right camera below.

<table>
<thead>
<tr>
<th>Left side camera</th>
<th>Grid</th>
<th>Right side camera</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td></td>
<td>○</td>
</tr>
<tr>
<td>Front camera</td>
<td></td>
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<tr>
<td>○</td>
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</tbody>
</table>

10. List of all requirements for set – seating/toys etc that they will bring along –

11. Orthotics, glasses or other devices the child will be using – which clothing on – shorts? shoes? Etc

12. Other important information:

13. Therapist 1 name . . . . . . . . . . . . . . . . . . . Therapist 2 name . . . . . . . . . . . . . . . . . .