

Appendix XII

University of Sydney Ethical Approval



RESEARCH INTEGRITY Human Research Ethics Committee

Web: <http://sydney.edu.au/ethics/>
Email: ro.humanethics@sydney.edu.au

Address for all correspondence:
Level 6, Jane Foss Russell Building - G02
The University of Sydney
NSW 2006 AUSTRALIA

Ref: PB/PE

14 September 2010

Dr Christine Chapparo
Discipline of Occupational Therapy
Faculty of Health Sciences
Cumberland Campus - C42
The University of Sydney
Email: chris.chapparo@sydney.edu.au

Dear Dr Chapparo

Thank you for your correspondence dated 12 September 2010 addressing comments made by the Human Research Ethics Committee (HREC). The Executive Committee of the HREC, at its meeting of **14 September 2010**, considered this information and approved the protocol entitled "**Neuro-Development Treatment (NDT) and daily living tasks?**".

Details of the approval are as follows:

Protocol No.: 13028
Approval Period: September 2010 to September 2011
Authorised Personnel: Dr Christine Chapparo
Ms Kate Bain

Approved documents:

Participant Information Statement (Parents) (Revised September 2010)
Participant Information Statement (Raters)
Participant Consent Form (Parents)
Participant Consent Form (Raters)
The Measures of Processes of Care

The HREC is a fully constituted Ethics Committee in accordance with the National Statement on Ethical Conduct in Research Involving Humans-March 2007 under Section 5.1.29.

The approval of this project is conditional upon your continuing compliance with the National Statement on Ethical Conduct in Research Involving Humans. N.B. A report on this research must be submitted every 12 months from the date of the approval, or on completion of the project, whichever occurs first. Failure to submit reports will result in the withdrawal of consent for the project to proceed. Your report will be due on **30 September 2011**, please put this in your diary.

Chief Investigator / Supervisor's responsibilities to ensure that:

1. All serious and unexpected adverse events should be reported to the HREC within 72 hours for clinical trials/interventional research.
2. All unforeseen events that might affect continued ethical conduct of the project should be reported to the HREC as soon as possible.

Human Ethics Secretariat:

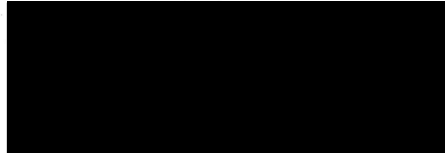
Ms Portia Richmond T: +61 2 8627 8171 E: portia.richmond@sydney.edu.au
Ms Patricia Engelmann T: +61 2 8627 8172 E: patricia.engelmann@sydney.edu.au
Ms Kala Retnam T: +61 2 8627 8173 E: kala.retnam@sydney.edu.au

ABN 15 211 513 464
CRICOS 00026A

3. Any changes to the protocol must be approved by the HREC before the research project can proceed.
4. All research participants are to be provided with a Participant Information Statement and Consent Form, unless otherwise agreed by the Committee. The following statement must appear on the bottom of the Participant Information Statement: *Any person with concerns or complaints about the conduct of a research study can contact The Manager, Research Integrity (Human Ethics), University of Sydney on +61 2 8627 8176 (Telephone); + 61 2 8627 8177 (Facsimile) or ro.humanethics@sydney.edu.au (Email).*
5. Copies of all signed Consent Forms must be retained and made available to the HREC on request.
6. It is your responsibility to provide a copy of this letter to any internal/external granting agencies if requested.
7. The HREC approval is valid for four (4) years from the Approval Period stated in this letter. Investigators are requested to submit a progress report annually.
8. A report and a copy of any published material should be provided at the completion of the Project.

Please do not hesitate to contact Research Integrity (Human Ethics) should you require further information or clarification.

Yours sincerely



Associate Professor Philip Beale
Chair
Human Research Ethics Committee

Copy: Kate Bain

kbai3746@uni.sydney.edu.au

APPENDIX XIII.

Parent Consent, Sydney University



THE UNIVERSITY OF
SYDNEY

**Discipline of Occupational Therapy
Faculty of Health Sciences**

ABN 15 211 513 464

Christine Chapparo, PhD
Senior Lecturer

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Email: chris.chapparo@sydney.edu.au
Web: <http://www.usyd.edu.au/>

PARTICIPANT CONSENT FORM (Parents)

I,[PRINT NAME] consent to my participation and my child's participation in the research project, "Neurodevelopmental Treatment and Daily Living Tasks".

In giving my consent I acknowledge that:

1. The procedures required for the project involve the researchers accessing existing data in the form of videotapes of my child doing functional tasks, and my interview responses only. Neither I nor my child will be involved directly in further research procedures. These procedures have been explained to me, and any questions I have about the project have been answered to my satisfaction.
2. I have read the Participant Information Statement and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s.
3. **I understand that I can withdraw my data or my child's data from the study at any time without jeopardy now or in the future.**
4. I understand that my involvement is strictly confidential and no information about my or my child's identity will be used in any way.
5. I understand that participation in this study is completely voluntary – I am not under any obligation to consent.

Signed:

Name:

Date:

Appendix XIV

Parent participation information statement

Sydney University



THE UNIVERSITY OF
SYDNEY

Discipline of Occupational Therapy
Faculty of Health Sciences

ABN 15 211 513 464

Christine Chapparo
Senior Lecturer

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Web: <http://www.usyd.edu.au/>

Neurodevelopmental Treatment and Daily Living Tasks **PARTICIPANT INFORMATION STATEMENT (Parents)**

You and your child are invited to take part in a research study that evaluates the changes your child made in performing functional tasks while participating in the Neurodevelopmental Therapy Course, Geelong in June, 2009. The object is to discover what changes were made by all the children who participated in the practicums and what parents thought of the intervention.

The study is being conducted by Kate Bain and will form the basis for the award of DHLthSc at the University of Sydney under the supervision of Dr Christine Chapparo.

If you agree to participate in this study, the researchers will obtain from the Chief Instructor of the course (Suzanne Davis), videotapes of your child doing functional tasks that were taken before, during and after the course. The tapes will be analysed to measure the performance changes made between each filming. The information you gave your child's student therapist during the course in parent interviews and a questionnaire will also be analysed to find out what you thought about the intervention at that time, and which particular functional goals you hoped would be achieved as a result of the intervention. We are interested in information that was available at the time of the course only. You and your child will not be required to participate further in the research.

All aspects of the study, including results, will be strictly confidential and only the investigators named above will have access to information about participants, except as required by law. A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

While we intend that this research study furthers knowledge about children's performance of everyday tasks after intervention, it may not be of direct benefit to you.

Participation in this study is entirely voluntary: you are not obliged to participate. If you do participate, you can withdraw yours or your child's data at any time. Your decision to participate or not will not affect the opportunity to participate in future course practicums should you wish to do so.

When you have read this information, Kate Bain is available to discuss it with you further and answer any questions you may have. If you would like to know more at any stage, please feel free to contact Kate Bain T: 03 5265198 or E: kbai3746@uni.sydney.edu.au; Christine Chapparo T: 93519206 or E: chris.chapparo@sydney.edu.au

Any person with concerns or complaints about the conduct of a research study can contact the Deputy Manager, Human Ethics Administration, University of Sydney on +61 2 8627 8176 (Telephone); +61 2 8627 8177 (Facsimile) or ro.humanethics@sydney.edu.au (Email).

This information sheet is for you to keep.

APPENDIX XV

Rater consent, Sydney University



THE UNIVERSITY OF
SYDNEY

Discipline of Occupational Therapy
Faculty of Health Sciences

ABN 15 211 513 464

Christine Chapparo, PhD
Senior Lecturer

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Web: <http://www.usyd.edu.au/>

PARTICIPANT CONSENT FORM (Raters)

I,[PRINT NAME] consent to my participation in the research project, “Neurodevelopmental Treatment and Daily Living Tasks”.

In giving my consent I acknowledge that:

1. The procedures involved with participation as an independent rater have been explained to me, and any questions I have about the project have been answered to my satisfaction.
2. I have read the Participant Information Statement and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s.
3. **I understand that I can withdraw from the study at any time without jeopardy now or in the future.**
4. I understand that my involvement is strictly confidential and no information about me will be used in any way.
5. I understand that participation in this study is completely voluntary – I am not under any obligation to consent.

Signed:

Name:

Date:

APPENDIX XVI

Rater participation information statement, Sydney University



THE UNIVERSITY OF
SYDNEY

**Discipline of Occupational Therapy
Faculty of Health Sciences**

ABN 15 211 513 464

Christine Chapparo
Senior Lecturer

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Web: <http://www.usyd.edu.au/>

Neurodevelopmental Treatment and Daily Living Tasks PARTICIPANT INFORMATION STATEMENT (Raters)

You are invited to take part in a research study that evaluates the children's ability to perform functional tasks.

The study is being conducted by Kate Bain and will form the basis for the award of DHlthSc at the University of Sydney under the supervision of Dr Christine Chapparo.

If you agree to participate in this study, you will be sent a DVD of a child who has Cerebral Palsy performing a daily task such as putting on socks and shoes, throwing and catching a ball, or eating. Accompanying the DVD will be a Goal Attainment Scale which has been devised to measure the quality of performance of that particular functional task according to five levels of performance criteria. You are able to watch the DVD as many times as you wish, and circle at which level you think the child is performing. You will then return the DVD along with the scoring sheet to the researchers in the stamped addressed envelope provided. The DVD will take between 10 and 20 minutes to watch, depending on the task that is being performed.

All aspects of the study, including results, will be strictly confidential and only the investigators named above will have access to information about participants, except as required by law. A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

While we intend that this research study furthers knowledge about children's performance of everyday tasks, it may not be of direct benefit to you.

Participation in this study is entirely voluntary: you are not obliged to participate. If you do participate, you can withdraw at any time. Your decision to participate or not will not affect your relationship with The University of Sydney, or the opportunity to participate in future research should you wish to do so.

When you have read this information, Kate Bain is available to discuss it with you further and answer any questions you may have. If you would like to know more at any stage, please feel free to contact Kate Bain T: 03 5265198 or E: kbai3746@uni.sydney.edu.au; Christine Chapparo T: 93519206 or E: chris.chapparo@sydney.edu.au

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This information sheet is for you to keep.

APPENDIX XVII

Information for parents (including parking)

Parents' information (including parking) and initial consent forms.

PARENTS' INFORMATION:

Neuro-Developmental Treatment Course



*PRESENTED BY: Paediatric Workshops, in association
with Deakin University &
The NDTATM-Neuro-Developmental Treatment Association
(USA)*

Dear Parents

Thank you in advance for bringing into the NDT Certificate Course for twice weekly NDT treatment in the 'Treatment Practicums', by the experienced therapists, supervised by the Course Instructors.

We look forward to your attendance, and having your child take part with us through the 5 weeks.

We would appreciate regular & prompt attendance for the benefit of the children (& the therapists)!

Here are the appointment times as discussed on the phone:

First Evaluation & Goal Setting Session
(for all children):
Friday 12th June 9.00 – 10.30

Your 1st Film appointment before treatment begins will be on:

Saturday 13th June at 12.15

We aim to have the 2nd 'post treatment filming' time on the weekend of the 18th & 19th July at the same times as above if it would be convenient to attend then.

SEE OVER

Your 2 treatment sessions weekly begin on:

**Monday 15th June AM at 10.00 – 12.00
& Thursday 18th June AM 10.00 – 12.00**

These times will be the same each week for 5 weeks – ending the week of Friday 17th July.

There will be a final morning treatment session on the 17th July at the same time as your 1st Evaluation session.

Please phone Kate Bain 0417645198, EARLY - if for any reason you are unable to attend for a session, & we will then attempt to find a 'replacement' child'.

Venue: Deakin University, Waterfront Campus Room numbers: D4.106 & D4.107

How to get there:

The treatment sessions will be in the **NDT Conference Rooms D4.106 & D4.107**

- Enter the Waterfront Campus via the **Gheringhap Street Entrance** opposite The Max Hotel. Please be advised that you will now be on Level 2.
- Walk straight ahead to the elevators which will be on your right hand side (Toilets available on the left hand side)
- Take the elevator to Level 4; turn left out of the elevator
- Walk straight ahead, then left through the doors onto the carpeted area
- Rooms D4.106 and D4.107 are located in this corridor

Car Parking

The University car park located on the corner of Gheringhap and Smythe Streets has parking for visitors for \$4.50 per day. Pay for your parking permit at the automated machine located inside the car park and display your permit on the windscreen. We plan to subsidise parking for parents by selling chocolate & drinks to therapists on the course!

Limited free parking is available outside the wire fence of the car park on Smythe Street.

Food & Drink

The Cafeteria located on Level 1 offers a selection of freshly made hot and cold lunches, snacks, tea, coffee and cold drinks and is open 8.30am to 4pm Monday to Thursday and 8.30am to 3pm on Fridays. Vending machines with cold drinks and snacks are available above the Cafeteria on Level 2.

What to bring

Dress your child in shorts/crop tops, tracksuits for therapy, with warm outer clothes! Each time you come in – including for filming, bring some favourite toys, snacks, drinks – in fact anything which helps your child feel comfortable!

Details of the Neuro-Developmental Treatment Course.

NDTA (USA) approved Certificate Course 
In The Management And Treatment Of
Children With Cerebral Palsy & Other Neuromotor Disorders
For OT's, PTs, Speech Pathologists & Medical Practitioners

Deakin University, Geelong, Victoria, Australia.
Date: 9th June –17th July, 2009

NDT addresses children's functional goals & is based on theories / current scientific research in the fields of Motor Development, Motor Control & Motor Learning

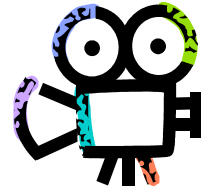
Co-ordinator Instructor: *Suzanne Davis, RPT (USA)*
Occupational Therapy Instructor: *Kate Bain Acc. OT*
Speech Pathology Instructor: *Monica Wojcik M.A., CCC-SLP (USA)*
Neuroscience component: *Dr. Chris Chapparo MA PhD Macq*
DipOT, OTR, FAOTA
Presentation on Play: *Associate Professor, Dr. Karen Stagnitti*

Thank you to all Parents, we look forward to having you on the course! Kate

Consent forms over

Consent forms

** Please could you sign & fill out following forms
& return within a couple of days in stamped
addressed envelope.*



FILMING

Will take place at the *St John's Ambulance Hall*, which is next door to KIDS+ - on the left.

We are setting up the cameras in *The 'Magic Room'* – (big training room) inside. You will see a balloon covered waiting area in the corridor!

We ask you to come 10 minutes early to *your appointment* - & there are toilets in the foyer for your child to use first.

- Then please help your child undress down to shorts/crop tops, in the screened waiting area, while they look at sticker books!
- Then, while your child chooses some stickers with you - Robyn Heesh (Kids+ OT), will place safe *'ink dots'* on 'bony prominences'.
- These will help the measurements of your child's movements on the videotapes).

During the filming of *your child performing their goal activity* (like the Kids+ 'pretests'), we would like you to stay comfortably in the waiting area where you can see your child on the decorated *'Magic Room film set'* with Robyn - & they can see you.

We aren't allowed to say anything or coach them in any way!!

It will be a friendly relaxed atmosphere – and let your child know beforehand that there will be some *cameras* (one is in the front, one at the side & one overhead) - & they 'don't have to worry about them' – they are 'coming in to have a play with Kate and Robyn'! (Kate will be filming with the assistance of colleague, Christine Porter)

I'm afraid we have to ask you not to bring *brothers or sisters* along at filming time – but they can come to the treatment sessions. I'm sorry about this inconvenience.

Please bring some *'comfort items'* as described on the first page – and anything you need for the performance of the goal activity. Your therapists will help you with this.

I trust this will all assist in *your child feeling comfortable* as their pre & post treatment goal performance is videotaped!

We will be pleased to send you a *CD copy of your child's performance* after the last filming

Looking forward to this with your child!

Thank you

Kate



Please let me know if you have any questions – ph. 0417645198



At the end of the NDT course
we are reimbursing
parking fees
for the participating parents

Yummy food & drinks
available (for the cause)
in the Psyche kitchen area

Thank you,
Kate Bain

APPENDIX XVIII

Parent permission for course participation (and information about child), Suzanne Davis

NEURO-DEVELOPMENTAL TREATMENT COURSE PERMISSION FORM

PARENT CONSENT

I would like for my child, _____, to participate in the therapy practical sessions of the Neuro -Developmental Treatment Course.

I understand that the therapists will be experienced physical, occupational, and/or speech therapists who are attending the course, and are under the supervision of the course instructors.

Signature: _____ Date: _____

Parent

Signature _____ Date _____

Suzanne M. Davis, PT, NDT Coordinator-Instructor, Pediatric Therapy Associates

Information about your child

Child's name: _____ Date of Birth: _____

Parent's Name/s: _____

Address: _____

Phone: Home: _____ Work: _____

Alternate phone or message number: _____

Email address: _____

Your child's special strengths & interests:

Diagnosis: _____

Additional Medical Problems:

Medical Practitioners:

Functional Motor Level (tick one that best describes your child's functional level)

- has head control
- sits with support
- sits independently
- walks with aids (walker, crutches...)
- walks independently

Surgeries (including dates):

Botox (including sites & dates)

Equipment / orthotics in use:

Medication(s):

Precautions _____

Contraindications _____

Allergies: _____

Primary Concerns _____

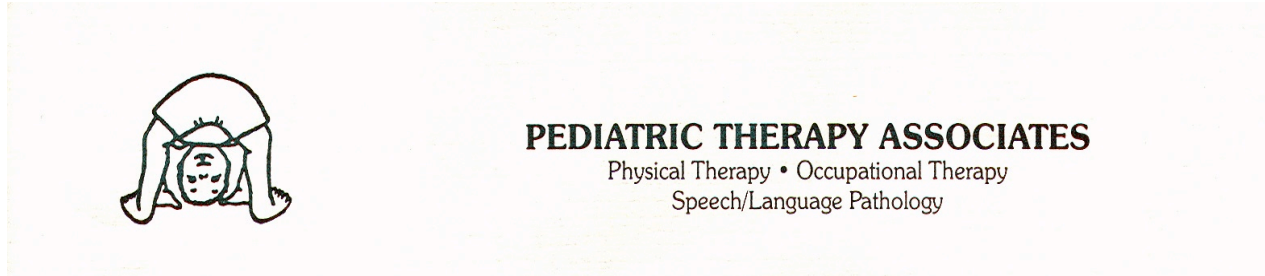
What goals do you have for your child over the next two months?

Thank you!

APPENDIX XIX

Parent video consent, Suzanne Davis

Consent Forms



“I consent for my child to be videotaped while performing everyday tasks to measure changes in motor skills that may occur while participating in the course ‘NDTA (USA) approved Certificate Course In The Management And Treatment Of Children With Cerebral Palsy & Other Neuromotor Disorders”.

I understand that the videotapes may be used for education purposes in the future under close supervision for the training of therapists. I also understand that my consent will be obtained if the videotapes are to be used for research purposes in the future. I understand that there will be no disclosure of personal details pertaining to my child or family, and that I can ask that the videotape be destroyed at any time.

I also understand that I may request a copy of the videotape to keep”.

Child’s Name _____

Signature _____ Date _____
Parent

Signature _____ Date _____
Suzanne M. Davis, PT, NDT Coordinator-Instructor, Pediatric Therapy Associates

You will be provided with a copy of this information & consent form to keep.

APPENDIX XX

Letter of consent for access – Suzanne Davis

6/4/10



PEDIATRIC THERAPY ASSOCIATES

Physical Therapy • Occupational Therapy
Speech/Language Pathology

To Whom It May Concern:

I give permission for Kate Bain to access videotapes of children's performance of everyday tasks before and after a five week block of Neuro - Developmental Treatment (NDT), which were obtained by me as part of the practicums in the NDTATM (USA) approved Certificate Course In The Management And Treatment Of Children With Cerebral Palsy & Other Neuromotor Disorders run by me at Deakin University, Geelong, Victoria, Australia on 9th June – 18th July, 2009.

The videotapes were made with permission of parents for use in assessing performance changes in children during the five weeks of the course. I understand that Kate Bain will be using these data in part of her doctoral research project titled " The Impact of Neuro-Developmental Treatment on the Performance of Daily Living Tasks in Children with Cerebral Palsy'.

I also give her permission to access the following qualitative data obtained by me from parents and therapists, with their written consent, during the course. I understand also that Kate Bain will be using these data in part of her doctoral research project as stated.

Suzanne Davis RPT C/NDT
NDTATM Coordinator Instructor

APPENDIX XXI

Parents consent qualitative data – Suzanne Davis



PEDIATRIC THERAPY ASSOCIATES

Physical Therapy • Occupational Therapy
Speech/Language Pathology

“I consent to use of the following information provided during the course - ‘NDTA (USA) approved Certificate Course In The Management And Treatment Of Children With Cerebral Palsy & Other Neuromotor Disorders”

This includes:

- NDT Course Parent Questionnaire
- * Modified MPOC Questionnaire (Measures of Processes of Care). The MPOC asks you about the ‘family centredness’ of the NDT treatment received.

I understand that this information may be used in association with the pre and post NDT videotapes. I also understand that my consent will be obtained if this information is to be used for research purposes in the future. I understand that there would be no disclosure of personal details pertaining to my child or family”

Parent’s Name _____

Signature _____ Date _____

Therapist

Signature _____ Date _____
Suzanne M. Davis, PT, NDT Coordinator-Instructor, Pediatric Therapy Associates

*MPOC-56 Processes of Care Questionnaire – Appendix
CanChild Centre for Childhood Disability Research
McMaster University, Hamilton, Ontario L83 4K1

APPENDIX XXII

Parent consent access to ‘Information about your child; information about other therapy undertaken outside of the NDT course; photographs and goals’ – Suzanne Davis



PEDIATRIC THERAPY ASSOCIATES

Physical Therapy • Occupational Therapy
Speech/Language Pathology

“I consent to use of the following information provided during the course - ‘NDTA (USA) approved Certificate Course In The Management And Treatment Of Children With Cerebral Palsy & Other Neuromotor Disorders”

This includes:

1. The form ‘Information about your child’
2. The form ‘Information about other therapy undertaken outside of the NDT course during and immediately after the course.’ (ie up until the ‘follow up filming’ session)
3. Photographs taken during treatment practicums
4. Your child’s goals - during the course- & after the course (ie prior to the ‘follow up filming’ session)

I understand that this information may be used in association with the pre and post NDT videotapes. I also understand that my consent will be obtained if this information is to be used for research purposes in the future. I understand that there would be no disclosure of personal details pertaining to my child or family”.

Parent’s Name _____

Signature _____ Date _____

Parent

Signature _____ Date _____

Suzanne M. Davis, PT, NDT Coordinator-Instructor, Pediatric Therapy Associates

APPENDIX XXIIIi

Therapist consent form – Suzanne Davis



PEDIATRIC THERAPY ASSOCIATES

Physical Therapy • Occupational Therapy
Speech/Language Pathology

“I consent to use of the following information provided while participating in the course - ‘NDTA (USA) approved Certificate Course In The Management And Treatment Of Children With Cerebral Palsy & Other Neuromotor Disorders”.

This includes:

- Therapist notes provided for film details for each child (such as starting position & use of particular equipment to be used at pre and post test filming)
- Assessment forms –MACS (Manual Ability Classification System level) & GMFCS (Gross Motor Function Classification System level)
- Notes of final treatment sessions’ treatment approaches used and post test outcomes
- Therapist NDT course evaluation questionnaire

I understand that this information may be used in association with the pre and post NDT videotapes and that my consent will be obtained if this information is to be used for research purposes in the future. I understand that there will be no disclosure of my name or personal details”.

Therapist’s Name _____

Signature _____ Date _____

Therapist

Signature _____ Date _____
Suzanne M. Davis, PT, NDT Coordinator-Instructor, Pediatric Therapy Associates

APPENDIX XXIIIi

Therapists consent qualitative data – Suzanne Davis



PEDIATRIC THERAPY ASSOCIATES

Physical Therapy • Occupational Therapy
Speech/Language Pathology

PARTICIPATING THERAPISTS 'END OF NDT COURSE QUESTIONNAIRE'

Please write clearly!

Thank you!

THERAPIST'S NAME ----- Date:

1. Was this course applicable to the children who have CP & other neuromotor disorders, you usually treat?

YES NO Comment: -----

2. Will it have an impact when you return to treat these children following the course?

YES NO Comment: -----

3. Did the child(ren) who participated in the course treatment practicums / demos etc make any functional gains during this NDT course? YES NO

Comments / Examples: *(for example you may wish to list specific positive or negative changes you noticed in the children you treated or saw treated in the demonstration treatments by the instructor: you can link to specific treatment strategies)*

4. How do you think the parents felt about their children participating in the course?
Comment:

5. Is there any way in which you changed as a therapist? YES NO Comment:

6. Did the children you treated seem to enjoy participating in the course or not? Did they show you in some way?

YES NO Comment: -----

7. Videoanalysis outcome measure - suggestions for measurement (write overpage as needed)

Further Quantitative Outcome Measures, 'Onscreen' Observation and Measurement	Numerical Value
1. Time taken to perform task	% change
2. Goniometric range of movement changes in task component/s (Hough & Hughes, 2006)	Degrees
3. Assistance given: <ul style="list-style-type: none"> • More distal or proximal on body part • More or less time hands on (same body part) 	<ul style="list-style-type: none"> • Millimetres • Seconds
4. Task component performance measures e.g. number of steps taken, number of grasps / re-grasp in task within a certain time frame	Numerical score
5. Number of trials in a given number, performed successfully	% correct
6. Number of environmental manipulations – examples: <ul style="list-style-type: none"> • Shirt held whilst donning • Verbal encouragement 	% change
7. Presence or absence of certain task related movements (refer to written functional outcome conditions) Examples: <ul style="list-style-type: none"> • Vision directed to task • 1 limb moves independent of other • Rotation from midline • 2 hands used • Intra or inter limb coordination (e.g. requirement for humeral flexion and elbow extension) • Mirroring • Involuntary movement 	Numerical score applied to yes (1) or no (0)
8. Percentage of hand surface used to assist child's movement e.g. grasp versus fingertip assist.	Surface area in mm's converted to %

APPENDIX XXIV

Therapists' final assignments and parent notes – Suzanne Davis



PEDIATRIC THERAPY ASSOCIATES

Physical Therapy • Occupational Therapy
Speech/Language Pathology

“I consent to use of the following information provided while participating in the course - ‘NDTA (USA) approved Certificate Course In The Management And Treatment Of Children With Cerebral Palsy & Other Neuromotor Disorders”.

This includes:

- Final assignment
- Notes to parents

I understand that this information may be used in association with the pre and post NDT videotapes and that my consent will be obtained if this information is to be used for research purposes in the future. I understand that there will be no disclosure of my name or personal details”.

Therapist's Name _____

Signature _____ Date _____

Therapist

Signature _____ Date _____

Suzanne M. Davis, PT, NDT Coordinator-Instructor, Pediatric Therapy Associates

APPENDIX XXVi

Camera boom arm directions

Lie tripod on floor with maximum leg length legs near back left hand corner of grid

Vertical rod over top place over top of tripod rod at top

Put screw into fasten

Bag with weights on bottom hook of tripod

Plumb line also on bottom hook

Place camera rod over vertical rod

Place camera into camera holder with new tape in

Add fastening screw

Place tripod bag with weights between red tape marks near end of camera rod

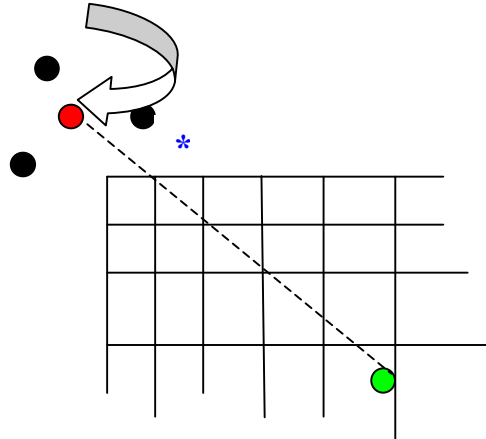
Slowly raise boom arm Check bubble at top of tripod & camera bubble is vertical

2 front tripod legs should be back from grid as far as possible (and not obstructing left camera view – or ‘back entry point’ for therapist & child – but so that plumb line from central lens drops exactly onto green central dot – see Figure 1

APPENDIX XXVii

Camera boom arm set up

Red dot is where plumb line from middle base of tripod falls.



Black dots are tripod legs; front right one is about 66cm from top grid line*

Green dot – centre of grid – tape measure must pass through it & tripod plumb

Stepladder to check plumb line from middle of camera lens

APPENDIX XXVI

List of equipment taken to film venue for each of the three filming periods:

- 3 video cameras (Canon MD160)
 - 2 tripods
 - Overhead boom/tripod
 - Stills camera
 - Laptop – for ‘back up’ check of file of stills pictures re film set
 - 108 ‘mini DV’ tapes (and 6 spare tapes)
 - Grid ‘mat’ and wide black cloth tape for edges
 - Ladder – lightweight
 - 2 extension cords and double adaptors
 - Laminated children’s grid sheets with clip boards and paper
 - Codes with music stand for display and filming prior to each child’s filming
 - ‘Magic room’ decorations – balloons streamers, teddies and dolls, and small wrapped presents (‘Lucky dips’); CD player / CD’s
 - Sticker books, stamp pad, and sticky coloured paper dots – and towel/clip for parent, baby wipes to remove dots post filming
 - Tool kit including: level (for tripod camera arm), small regular screwdriver, ‘phillips’ screwdriver, phillips’ screws and spare (for 2 joints in camera boom arm), pens and pencils, black, red, green and blue markers, goniometer (for measuring angles of cameras), scissors, tape measure, ruler, velcro, ‘blutac’, sticky tape
 - Parent reminder notes for next appt
 - Mobile phone (silent)
 - Film notebook
 - Research notebook
 - Vacuum for clean up
- ‘Screens’ for privacy of families in ‘magic room’ waiting area were available on site (decorated display screens)

APPENDIX XXVIII

Outside therapies

FOR FAMILIES/CHILDREN IN THE 'NDT TREATMENT GROUP' – NDT RESEARCH STUDY

COULD YOU PLEASE RECORD THE FOLLOWING?

1. Is your child receiving any therapy - *other than in the NDT course* - from 6/19/08 to 7/28/08? YES NO

2. If so - please describe the therapy

3. Is this NON NDT therapy? YES NO

4. Is your child working on the goal set prior to the 1st filming in June? YES NO

5. In this time period, has your child/will your child - receive any of the following:

Botox, Constraint Induced Movement Therapy, theratogs or similar, surgery, new medication for muscle relaxation, a new orthotic – or any other treatment which may affect their posture/movement?

Please describe in detail if any of these apply.

YOUR CHILD'S NAME IS

THANK YOU,
KATE BAIN