



# Office of Developmental Primary Care

Improving outcomes for people with developmental disabilities

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## Neurodevelopmental Profile

A neurodevelopmental profile is a description of a person's baseline neurobiology. Illness often presents as a change in behavior or function.

### INFORMATION SOURCES:

*ABC School speech and psychology assessment 10/1990; Regional Center intake records, most recent assessments, case coordinator interview; Pediatrician's transfer summary, Dr. Smith, 1990; Medical records from the XYZ Children's Hospital; Patient self-report; Mary Doe, mother; Susan Friendly, Happy Valley Group Home Administrator; Hospital records, including radiology, medical and discharge summary from University Medical Center, 12/10/1994.*

### GENETIC DIAGNOSIS/ETIOLOGY: [ghr.nlm.nih.gov/BrowseConditions](http://ghr.nlm.nih.gov/BrowseConditions)

*Trisomy 21: Down Syndrome.*

**COGNITIVE:** Domains: Language, literacy, financial management, sense of time, self-direction, memory, attention, learning style, problem solving, ability to follow rules, abstraction, social skills and naivete. Include special education or neuropsychiatric assessments.

*IQ 68. Had Individualized Education Program (IEP) and was in mainstream classrooms with a resource teacher through junior high and special day class in high school. Received a certificate of completion. Currently taking coursework at City College. Speech slightly difficult to understand, but fluent. Receptive language excellent. Tends to have a literal, concrete understanding of most concepts. Excellent short and long-term memory. Learns best by combining verbal with pictures.*

**NEUROMUSCULAR:** Domains: Gait, movement disorder, tone, posture, range of motion, swallow, fine and gross motor control. Can document with video footage. Gross motor function mobility scale: 1=no limitation; 2=difficulty with barriers; 3=assistive device; 4=self-propelled wheelchair; 5>manual wheelchair.

*Hypotonic. Writing difficult to read and fatigues easily. Dysarthric. Left congenital hip dysplasia. Status post surgical repair. Affected side is three centimeters shorter than the right. Broad-based gait with short steps.*

**SEIZURE:** Seizure type, length and frequency. Any stereotyped behavior or emotion lasting less than three minutes.

*None.*

**SENSORY:** Domains: Results of regular hearing and vision testing and sensory integration and processing. Note sensory sensitivities to lights, sounds, smells, touch, or foods. Note pain behavior and tips for physical exam.

*Mild bilateral sensorineural hearing loss. Uses hearing aid on left ear. Vision 20/20 without correction. No sensory integration issues.*

**MENTAL HEALTH/BEHAVIOR:** Domains: Disposition, regulating and triggering stimuli, signs of distress, strategies for preventing and managing meltdowns or shutdowns and improving cooperation, mental health diagnoses.

*Typical baseline behavior: Affect is happy, cooperative, likes to be around people. No signs of regression. History of major depressive episode after graduation from high school. Characterized by irritable mood with a flat affect, destruction of property, increase in repetitive behavior, spending excessive time alone, weight gain, decreased talking and reduction in ability to manage hygiene. Resolved with Fluoxetine and cognitive behavioral therapy.*

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Adapted from *The Five Essential Concepts*, American Academy of Developmental Medicine and Dentistry ([aadmd.org](http://aadmd.org)). Special thanks to Phil May, MD.