Fern Ridge Press

Books & Videos Providing Solutions for Autism Spectrum Learning & Behavior Problems

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QUICK FUNCTIONAL SCREENING

Screening not for what comes out of the child but what is not going in and what is not connecting.

This screening pinpoints causes for Behavior Problems, Learning Problems, ADD and Autism. Using this free screening will provide indications where to start therapy.

The following is adapted from **"If Kids Just Came With Instruction Sheets!"** by Svea Gold

For This Quick Functional Screening in Acrobat Reader (PDF) Format Click Here

Unfortunately, once a child has been given a label of any kind, treatment is often aimed at suppressing the symptoms, not the causes. I have found that if we eliminate the cause of the symptoms, the symptoms themselves will disappear.

We have come a long way in accepting that children have different ways of perceiving the world. Now that we also know that the brain is plastic we can change this distorted perception by changing the brain. We can´t control what comes out of the brain, but we have some control over what is going in. To know what we must make happen, however, we must first know what is not going in and what is not connected so that we learn what brain development has to be recapitulated to create specific changes.

In order to make sure you are doing the test correctly, and understanding the rationale behind it, I suggest you order the video "Autism: Neurological Research and Developmental Therapy" even though the child is not autistic. The techniques of evaluation hold true for most unexplained behavior problems.

While there are several ways of doing that, I have found the following functional neurological screening to be sufficient in telling us what areas are affected. If we repeat the test in a few months it helps us to evaluate progress as the child improves.

NAME_____

Age_____ Date_____

Tester_____

(Tell the child that you know he is smart, but that something is not working right, and what you are asking him/her to do, will help you find out what it is, so that you can fix it.)

DETERMINING DOMINANCE

Listening

Place three watches - one at a time - centered in front of the child and ask the child to take each to his ear to hear if it ticks.
What hand is used? To what ear is the watch taken? (R-right or L- left)
1st watch _____hand to ____ear
2nd _____ hand to _____ear
3rd _____hand to ____ear

If ear sidedness is not very strong you might ask to have them go to door to listen if they can hear noises from the other room.
Right _____or Left _____ear?

Footedness

Ask the child to kick a very light ball across the room. If this is not available bunch up a piece of paper into a ball. (Three tries.)
Foot used R _____L _____ Varies_____

Ask the child to take off the shoes and write his name with his toes. He does not actually have to finish this, just see which foot he goes to.
(The foot that he goes to use usually indicates the child's genetic dominance because we don't teach children which foot to prefer, while the tendency is to push the right side.)
Foot used R _____L _____ Undecided_____

Handedness

Toss them the ball and have them return it a few times. Note the hand used.
Hand used R_____L _____ Varies____

Observe which hand is used for writing, or ask which is used for brushing teeth, batting a baseball, etc. Make notes. Ask if he considers himself right of left handed or note your own observations from living with the child.
Right_____Left_____Ambidextrous_____

Eyedness

Near Vision:
Have the child look through a kaleidoscope or magnifying glass and see which eye he uses.
R _____L_____

Far Vision:
Have the child look at a far object through a tube (a light switch, a door knob etc.). You can use a rolled up paper if none is available. Tube should be held with both hands at arms length. Tell him to bring the tube slowly to his eye without losing target from sight. Note to what eye he brings the tube. If this is not

very clear pick a second object as target. Three tries.
R _____L_____ Varies_____
R _____L_____ Varies_____
R _____L_____ Varies_____

Pupil Reaction To Light:
In a dark room, shine a flashlight onto each eye separately (the other pupil should close along with the first). Note pupil reaction to the light.
Right eye - Fast _____ Slow _____ No Reaction _____
Left eye - Fast _____ Slow _____ No Reaction _____

Color Vision:
Test the child for color vision problems by using a Color Vision Deficiency Test Chart, which can be ordered from this website. Click HERE for more info.

Abnormalities noted: _____

TACTILE PERCEPTION (TOUCH)

Ask child to roll up his sleeves, assure him you will not hurt him, but will touch some parts of his arm with your finger and ask him to find the exact place you touched, using the index finger of the opposite hand. Eyes have to be closed. Use a light touch and immediateely remove your finger.

Touch lightly several times in different places each - upper arm, lower arm, hand. Can he find the spot you touched? If not, note - in inches - how far away from the target did he touch?

Right arm:
Upper _____on target_____distance away from target
Upper _____on target_____distance away from target
Upper _____on target_____distance away from target

Lower _____on target_____distance away from target
Lower _____on target_____distance away from target
Lower _____on target_____distance away from target

Right hand:
_____on target ____distance away from target
_____on target ____distance away from target
_____on target ____distance away from target

Left arm:
Upper _____on target _____distance away from target
Upper _____on target_____distance away from target
Upper _____on target_____distance away from target

Lower _____on target _____distance away from target
Lower _____on target _____distance away from target
Lower _____on target _____distance away from target

Left hand:

_____on target____distance away from target
_____on target____distance away from target
_____on target____distance away from target

(If the opposite hand can't find what point you touched it is the side of the arm you touched that is not sending the messages to the other side.)

PROPRIOCEPTIVE PERCEPTION (MUSCLE)

Again assure child you will not hurt him. Have him stand with eyes closed, hands held at shoulder level straight forward. Tell him you will place one arm in various positions and want him to place the other arm in the same position on the other side. Show how to make sure he understands. Do not hold on to the arm after you place it. We are testing for information from the muscles, not for touch.

Place one arm at a time in various places,- up, - to the side,- downward, at various angles. The arm should mirror position exactly, if not, make not of large or small variance with the arm that you are moving. If person crosses the midline to mirror position, note that also. Note speed with which the mirroring occurs: does he have to think hard before doing it?

Placement:
Right 1___ 2____ 3____4____ 5____ 6
Left 1___ 2____ 3____4____ 5____ 6

Is there any hesitancy in imitating the movement? R____ L____

(draw stick figures if needed)

(This tells us if the messages sent by the feel of the muscles on each side communicate with the other side.)

GENERAL COORDINATION

Cross pattern walk:
Ask child to walk across the room, unless you have observed this as he walked into the room. Do arms swing easily in cross pattern - left arm forward with right foot and right arm with left foot?
Yes____No____

Are arms held awkwardly or stiffly? Yes___No____

Any other unevenness noted?_____

Cross pattern crawl - "Marine" crawl:
Ask child to do a "soldier" or "Marine" crawl, i.e., move forward on belly, opposite arms and legs should move at the same time. Hands should be flat in the reach. Instructions should only be given if the movement varies strongly from the expected pattern.

Is there and arm or a leg that is not being used? Is there a lack of rhythm in the movement?

Notes:

Hands and knees creeping - "Tiger" crawl:
Ask child to creep on hands and knees - like a tiger or another animal. Is the rhythm smooth? Are the hands held flat and pointing forward as they touch the ground? Does the head turn slightly toward the forward hand? Are hands and knees in cross pattern?

Abnormalities are considered:
Hands and knees on one side move at same time. _____
Hands held as fists or splayed to the side instead of reaching forward. _____
Feet held above floor instead of sliding along on the floor._____
Child moves forward on fingertips_____
Child seems to have to think about each movement as it is made. _____

If there are problems with either of these crawls, have child on hands and knees (with knees at the same level and hands at same level) Have him rock back and forth slowly a few times, and only then move forward into the crawling. See if there is any improvement in the performance.

HOMOLATERAL COORDINATION

Recovery Position "Lizard":

Have child lie with his tummy down on the floor, right knee up at 90 degree angle, right elbow bent so that hand is at level with the eye. Now have him switch position, turning head to the other side, so that the left hand is now at level with the head, and left knee at 90 degree angle. Right hand should come down straight as the right leg comes straight down. Repeat several times.

Transition smooth _____ Transition difficult and uneven _____
Do hand and knee move up at the same time_____
Does head move easily to turn at same time as limbs move.

HEAD RIGHTING REFLEX

Have child sit in lotus or other comfortable position on the floor. Have him focus on a specific spot, then holding on to the child's shoulders, gently move the body from side to side, to about a 45 degree angle from center. Note head position. As you move the shoulders, the head should maintain or try to maintain a vertical position. Adjustment should be immediate and not kick in after body is already moved several degrees.

(If the head remains at a right angle to the spine, the head righting reflex is not working. This would indicate malfunction in visual connection with the vestibular system. If the head does adjust to remaining vertical as the body is moved sideways, but on return of the body to the midline does not readjust to a vertical position, it indicates cerebellar involvement in the vestibular lack of adjustment.)
Headrighting reflex eyes open - Sideways:
Yes_____No____ Return adjust____

Headrighting reflex eyes closed - Sideways: Yes____ No_____Return adjust____

Repeat, moving child backward and forward rather than sideways: The head should try to maintain its relationship to the target, not to the body.
Headrighting reflex eyes open - Backward and forward:
Yes_____No____ Return adjust____

Repeat above performance, having child keep eyes closed, but pretend to look at target.
Headrighting reflex eyes closed - Backward and forward:
Yes____ No_____Return adjust____

(Malfunction of either reflex would cause difficulties with balance and adjustment to eyes on the page. Person become dizzy easily, fatigues easily, especially when reading.)

VISUAL PURSUIT

Have child follow a pencil tip or other target as you move it across, up and down and vertically in front of him.

Can he hold his head still as he is following the pencil? Yes____ No____
Is there a hesitancy as the pencil crosses the midline? Yes____ No____
Is there a problem following the pencil up and down? Yes____ No____
Is there a problem following the pencil on a diagonal movement? Yes____ No____

Ask child to read with right eye only, with left eye only, then with both eyes.
Changes In performance: R only_____
Changes In performance: L only_____
Changes In performance: Both eyes_____

History of the problem. Prenatal? Birth Trauma? High Fevers? Etc.

How do you see his problem? What would you change if he could? When did he first notice problem?

For more complete information see our video **"Autism, Neurological Research and Neurodevelopmental Therapy"**, which is also on this website.

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