

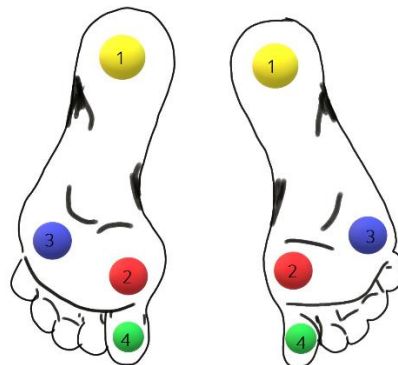
Somatosensory Function Outcome Measure

Tactile Function: Testing the tactile threshold

- Material:** Baseline® Tactile™ Semmes-Weinstein: 300gr (6.65), 10gr (5.07), 4gr (4.56), 2gr (4.31), 0.4gr (3.61), 0.08gr (2.83)
- Position:** Child lies in prone position, if necessary, a rolled towel under the tibia, a pillow for the head. Check that the child cannot observe your movements in a mirror or reflective surface.
- Instruction:** I touch your foot several times in different places. Please tell me with 'now' when you have felt the touch.
- Documentation:** Mark 'yes' if the child has felt the tactile input.
 For each zone (Z1, Z2, Z3, Z4), enter whether 0/3, 1/3, 2/3 or 3/3 correct answers were given for each zone in 'overview monofilament'.
- Performance:** Start testing with the less affected foot. Start with the 4gr monofilament and touch the zones in the given order. Apply the monofilament at a 90° angle to the skin until it bends. Hold this position until the child reacts or for a maximum of two seconds. Alternate the rhythm of the touches but wait at least one second until you touch the next point. If the child answers with 'now' when there has been no touch, take a short break. Tell the child to answer 'now' only if he/she has felt a touch.

Interpretation:

Inter-pretation	Deep pressure sensation only	Loss of protective sensation	Diminished protective sensation	Diminished light touch	Normal	
Tactile threshold	300gr (6.65)	10gr (5.07)	4gr (4.56)	2gr (4.31)	0.4gr (3.61)	0.07gr (2.83)



Standing leg is defined as the leg on which the child stands when asked to stand on one leg, or on which the child spontaneously hops.



Less affected leg/ standing leg <input type="checkbox"/> Left <input type="checkbox"/> Right											
300gr (6.65)		10gr (5.07)		4gr (4.56) START		2gr (4.31)		0.4gr (3.61)		0.07gr (2.83)	
Z	Yes	Z	Yes	Z	Yes	Z	Yes	Z	Yes	Z	Yes
3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
1	<input type="checkbox"/>	4	<input type="checkbox"/>	1	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	2	<input type="checkbox"/>
2	<input type="checkbox"/>	2	<input type="checkbox"/>	4	<input type="checkbox"/>	3	<input type="checkbox"/>	1	<input type="checkbox"/>	3	<input type="checkbox"/>
4	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>
4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>
3	<input type="checkbox"/>	3	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	4	<input type="checkbox"/>	3	<input type="checkbox"/>
1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
2	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
1	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	1	<input type="checkbox"/>	4	<input type="checkbox"/>	2	<input type="checkbox"/>
2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	4	<input type="checkbox"/>
4	<input type="checkbox"/>	4	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
3	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>

More affected leg/ weaker leg <input type="checkbox"/> Left <input type="checkbox"/> Right											
300gr (6.65)		10gr (5.07)		4gr (4.56) START		2gr (4.31)		0.4gr (3.61)		0.07gr (2.83)	
Z	Yes	Z	Yes	Z	Yes	Z	Yes	Z	Yes	Z	Yes
4	<input type="checkbox"/>	1	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	1	<input type="checkbox"/>	4	<input type="checkbox"/>
3	<input type="checkbox"/>	4	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
1	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	4	<input type="checkbox"/>	1	<input type="checkbox"/>
2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	2	<input type="checkbox"/>
4	<input type="checkbox"/>	3	<input type="checkbox"/>	1	<input type="checkbox"/>	3	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>
3	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	3	<input type="checkbox"/>
1	<input type="checkbox"/>	1	<input type="checkbox"/>	4	<input type="checkbox"/>	2	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>
2	<input type="checkbox"/>	4	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	3	<input type="checkbox"/>	1	<input type="checkbox"/>
3	<input type="checkbox"/>	3	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	4	<input type="checkbox"/>	3	<input type="checkbox"/>
1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	4	<input type="checkbox"/>
4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	3	<input type="checkbox"/>	2	<input type="checkbox"/>
2	<input type="checkbox"/>	1	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>

Inter-pretation	Deep pressure sensation only	Loss of protective function	Reduced Protection	Reduced sensation	Normal	
Tactile threshold	300gr (6.65)	10gr (5.07)	4gr (4.56)	2gr (4.31)	0.4gr (3.61)	0.07gr (2.83)
Left foot	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right foot	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



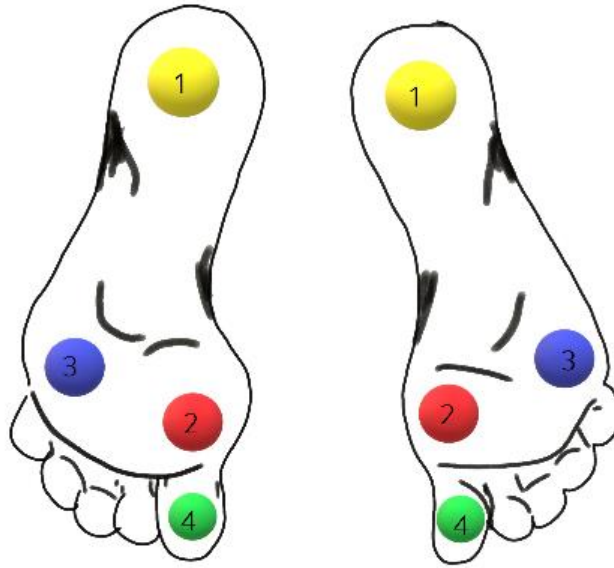
Body awareness:

Tactile localisation perception (structural body representation)

- Material: 10gr monofilament, foot picture of the tested foot attached to an inclined plane (e.g. a folder). If the tactile threshold was higher than 10gr, a larger monofilament can be used.
- Position: Child lies in prone position, if necessary, a rolled towel under the tibia, a pillow for the head. Check that the child cannot observe your movements in a mirror or reflective surface.
- Instruction: I touch one of the coloured zones on your foot on 'now' and you tell me the colour or show me on the picture where you feel the touch. You can hold the foot picture in front of you, either toes down or toes up.
- Documentation: Place ✓ in corresponding column.
For each zone (Z1, Z2, Z3, Z4), enter whether 0/3, 1/3, 2/3 or 3/3 correct answers were given for each zone in «overview monofilament».
- Performance: Start with the less affected leg/standing leg. Apply the monofilament at a 90° angle to the skin until it bends. Hold this position 2-3 seconds. If the child needs to feel it again, repeat the touch.

Interpretation:

Correct localisation	3 / 3	2 / 3	1 / 3	0 / 3
Interpretation	Good structural body representation	Reduced structural body representation	Limited structural body representation	Insufficiently developed structural body representation



Less affected leg / Standing leg: Left foot Right foot

Standing leg is defined as the leg on which the child stands when asked to stand on one leg, or on which the child spontaneously hops.

Zone	Tactile localisation perception		Zone	Tactile localisation perception	
	Correct	Not correct		Correct	Not correct
1	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>
Total					
1			1		
2			2		
3			3		
4			4		
All			All		

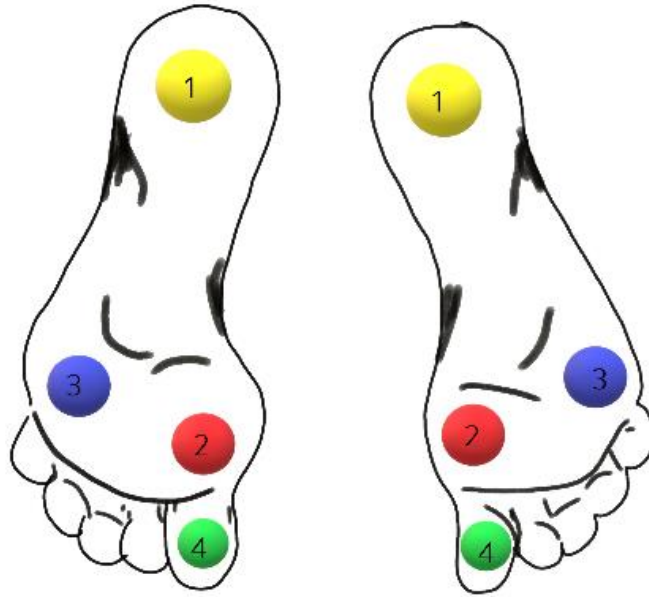


Tactile localisation action (spatial body representation)

- Material:** 10gr monofilament, Circle stamp of 2cm diameter
If the tactile threshold was higher than 10gr, a larger monofilament can be used.
- Position:** Child sits cross-legged or half cross-legged on the floor. The child can lean with its back against a wall or a person. The child must have the mobility to touch his foot sole with one finger.
- Instruction:** On 'now' I touch one of the colored points on your foot and you point with one finger as precisely as possible to the sensed point on your foot. For this task you put on the blindfold. That I can see whether you are touching the points exactly, I put four stamps on each of your feet. We can wipe these off after the testing.
- Documentation:** Place \checkmark in corresponding column, if the child shows the point in the given circle.
For each zone (Z1, Z2, Z3, Z4), enter whether 0/3, 1/3, 2/3 or 3/3 correct answers were given for each zone in 'overview monofilament'.
- Performance:** Start with the less affected leg/standing leg. Apply the monofilament at a 90° angle to the skin until it bends. Hold this position 2-3 seconds. If the child needs to feel it again, repeat the touch.

Interpretation:

Correct localisation	3 / 3	2 / 3	1 / 3	0 / 3
Interpretation	Good spatial body representation	Reduced spatial body representation	Limited spatial body representation	Insufficiently developed spatial body representation



Zone	Tactile localisation action		Zone	Tactile localisation action	
	Correct	Not correct		Correct	Not correct
1	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>
Total					
1			1		
2			2		
3			3		
4			4		
All			All		

