WHY, WHEN AND HOW TO REFER FOR A MEDICAL **DIAGNOSTIC**

Wendy Kolar OTR/L M.Ed. CC

FΙ	Ν	חו	INI	G	Δ	ΙΔ	١R	FΙ	. TH	42	١T	FΙ	ZΤ
11	I٧	יטו	IJ	G	$\overline{}$	L r	٦D	LL	. 11	1/-	١ı	1 1	II.O

• What is a Medical Diagnostic?

A Medical Diagnostic is an evaluation which (usually) involves a pediatric / developmental medical doctor who is knowledgeable about typical

and atypical child development.

This physician has specialized training in understanding, observing, and integrating information about a child and is able to consider potential 'medical' causes which may be contributing to observed behavior.

The doctor is skilled and able to identify a profile of behaviors, strengths and challenges which may meet the criteria for an official diagnosis.

The medical diagnostic 'system' is made up of doctors who are affiliated with major pediatric institutions which serve children.	
Some are hospitals, and some are not.	
At some, a psychologist, a physiatrist, a neurologist or a psychiatrist may be Involved.	
HOW DO WE KNOW WHO IS ON THE TEAM?	
Teams vary. Who may be present, involved and evaluating may depend on a variety of factors. A diagnostic may consist of one developmental pediatrician, or a whole team of developmental professionals.	
THE OFFICIAL LIST OF MEDICAL DIAGNOSTIC CENTERS	
Contains location, contact person and phone numbers, doctors' names, possible other team members, and authorized payee.	
Note: At times, teams may be 'fluid.' With personnel changes, form	-
may not always be accurately reflective of who is participating in a diagnostic – usually in terms of associated health professionals.	

WHEN MIGHT WE GET ONE? (SOME EXAMPLES)

- Red flags for autism, or any other suspected diagnosis, appear to be present.
- Kids who are not making progress despite best efforts.
- Child is exhibiting atypical behaviors (either with or without a diagnosis).
- Undiagnosed motor involvement.
- Referred by their pediatrician.
- Requested by the team (always remember! Parents are team members too!!)
- Child has a diagnosis but is exhibiting characteristics not typical of that diagnosis.

WHEN	MIGHT	\//F	NOT	NIFFD	ONE2

- When another doctor who is or has been already involved, has or can provide a diagnosis.
- When the family participates in a neonatal followup clinic, has a neurologist, is seeking a genetics evaluation, or primary pediatrician is able to diagnose.
- When the family has concerns or questions about therapy which can be addressed by CFC personnel.

UNDERSTANDING DELAYS

Global Developmental Delay Developmental delay Atypical development Typical development

	1
GLOBAL DEVELOPMENTAL DELAY	
 When there are delays "across the board" in all areas of development and are roughly "similar" in amount of delay. 	
	1
DEVELOPMENTAL DELAY	
 May be similar to global delays (in otherwords, child is globally delayed but someone is not using the word "global" because they are not beeing exact in their descriptionor may be delayed in one or two areasbut otherwise showing typical developmental 	
are not beeing exact in their descriptionor may be delayed in one or two areasbut otherwise showing typical developmental behaviors	
	1
ATYPICAL DEVELOPMENT	
 Child may be developing somewhat typically in some or most areas but is showing markedly atypical behaviors in one or more areas. 	
E.g. The child who is unable to express his wants and needs but is able to recite a TV commercial.	
to recite a 17 confinercial.	
	·

IMPORTANT QUESTIONS At CFC #15 we developed a form / list of questions these in an effort to help insure that the family is prepared for a medical diagnostic. We also use it to inform/help prepare the diagnostic team to better meet the needs of the family / answer their questions. IMPORTANT QUESTIONS TO **CONSIDER** • What does the family want or need from a diagnostic? • What do therapists want or need from a diagnostic? QUESTIONS TO CONSIDER Who is recommending / suggesting / requesting that a medical diagnostic be pursued? • Does the / your child have any existing diagnoses? • What questions would you / the family like answered? • What are the primary concerns of the family? The therapists?

QUESTIONS CONTINUED	
 Has the child made progress in therapy? If so, what progress has been made? 	
Is the child followed by any medical specialists?	
Is the child followed by any type of clinic at a hospital? (e.g. gastrointestinal, nutrition)	
gastomestia, rantomi,	
Very Important Questions for Parents	
What specific questions do you want answered / addressed by the doctor?	
What concerns you the most about your child, orwhat do you want to understand the most about your child?	
,	
	-
Discussion about these questions, and the family attending the diagnostic with written forms in hand	
will help insure that families get their questions answered.	

What happens when a diagnostic team makes therapy recommendations?	
Medical personnel often provide recommendations based on evidenced based treatment.	
So what is evidenced based treatment?	
	I
]
FAMILY CHOICE	
Families are encouraged / free to choose a diagnostic center, however many factors often come into play when assisting a family in obtaining a diagnostic such as time frames, proximity etc.	
obtaining a diagnostic such as time frames, proximity etc.	
	1
PROS AND CONS OF SEEKING, MAKING, AND GETTING A DIAGNOSIS	
12,12 2237323535	
The "difficult to	
diagnose" child.	

Questions	
Discussion	