



STANDARDIZED TESTS & OUTCOME MEASURES

Pediatric Population

Why use standardized tests?

- Contributes to an evidence-based approach
- Allows PTs to quantify observations - Objective assessment
- Assess, measure and compare changes in motor status over time
- Document scores, percentile rank and normative values
- Facilitates goal writing, baseline measures, developmentally appropriate interventions and data collection
- Tracks performance and/or progress on functional tasks in the educational setting

Considerations in selecting an Outcome Measure in Pediatrics:

- Age, Administration Time
- Reason: justification for treatment; measure or track progress
- Criterion Referenced vs. Norm Referenced

Sample tests to consider:

Developmental Assessment of Young Children (DAYC-2)	Age: 0-5.11 years	Measures children's developmental levels
Pediatric Evaluation of Development Inventory (PEDI)	Age: 0-20 years	Measures ability to perform tasks in mobility function, daily activities, social cognition and responsibility
School Function Assessment	Age: K-6 grades	Measures performance on functional tasks in the academic setting
Pediatric Berg Balance Scale	Age: 5-15 years	Assesses seated, standing, and functional dynamic balance
Peabody Developmental Motor Scales (PDMS2)	Age: up to 72 months	Gross motor subtests: Stationary, Locomotion and Object Manipulation
Bruininks-Oseretsky Test of Motor Proficiency (BOT -2)	Age: 4-21 years	Fine Manual Control, Manual Coordination, Body Coordination and Strength and Agility
Timed Up and Go (PTUG)	Age: 4 years and older	Functional mobility, balance and transitions
Timed Up and Down Stairs (TUDS)	Age: 8-14 years	Functional mobility, balance and transitions

Bell Curve

