

BC Cerebral Palsy Community Diagnostic Care Pathway

If medical risk factor(s) is present, and no early motor screening has been done before, consider using this pathway.

Clinical red flag(s)¹ identified by parent or caregiver, primary care provider (PCP)

Note: A single risk factor or red flag is enough to initiate the algorithm.

PCP to refer to:

- [General pediatrician](#) or [pediatric neurologist](#)
- [Infant Development Program \(IDP\)](#) or a [child development centre \(CDC\)](#) for early intervention if parents have not already self-referred

Pediatric provider to perform a comprehensive assessment including

- Full medical and developmental history
- Full neurological exam

Suggested supportive tools for diagnosis

GMA* (<5 months)
HINE* (<2 years)
Brain MRI

Other motor function assessments

TIMP* (<4 months)
AIMS* (<18 months)
DAYC* (<6 years)

*These assessments can be completed by allied health professionals in the community (occupational therapist or physiotherapist).

Level of evidence²

STRONG
WEAK

Continue monitoring,
consider other
diagnoses or
investigations

NO

Meets criteria
for CP**
diagnosis?

UNSURE

Subspecialist
consultation as
needed, e.g.,
[Neuromotor Physician-to-Physician Consult Service](#)


BC
Children's
Hospital

YES OR HIGH RISK

- Communicate diagnosis to caregivers - [patient resources](#)
- Referral to appropriate [interventions & supports](#)
- Screen for developmental and medical co-occurring conditions common in CP
- Follow up and re-assess depending on clinical presentation

**Criteria for CP

Sign(s) consistent with a non-progressive brain disturbance (such as but not exclusive to upper motor neuron signs etc.)

AND

History or previous investigations consistent with early non-progressive brain disturbance

AND

Observation or report of activity limitation due to motor impairment (including delay in or not achieving milestones)

[Early Diagnosis of Cerebral Palsy: Post-Workshop Materials](#)