

**Team KY SCOPE Case Study Presentation Form**

Case Study Submitter information:

Denise Jaeger, OT, Wendy Kluender, PT

Edelstein Physical Therapy (First Steps)

**Topic for which your case could be a good match**

Tuesday, September 22: **NAS**

Case information:

1. What is the current age of the individual? *17 months*
2. What is the current status of the individual? In what program are they enrolled?

*He has been adopted and with adoptive family since he was released from the hospital. He is in early intervention through Help Me Grow*.

1. Please identify the primary concern and goal for this case presentation.

*He has delays in language, he has poor balance and falls a lot. He has issues with sensory integration (constantly moving, hitting, biting, tantrums), there is some question about whether he is integrating visual input. He runs into things that he should be able to see with his peripheral vision. He has high muscle tone which is somewhat better than it had been. The primary concern is how to help mom successfully address his sensory needs, behavior, and language. Mom has been frustrated that the doctor says he is just “clumsy”, and ophthalmologist says his vision is “fine.”*

1. **What are some family/child strengths?**

*Adoptive parents are very intent on doing everything they can to support his development. His older brother (adopted) also had NAS so they have experience dealing with the issues. He seems to have a good attachment with mom. Brother can sometimes be used as a peer model. He has been in early intervention since coming home from the hospital.*

*Note the following additional reference information for this case:*

“During follow-up, infants with NAS particularly require (1) neurodevelopmental assessments to identify motor deficits, cognitive delays, or relative microcephaly (174,183); (2) psycho-behavioral assessments to identify hyperactivity, impulsivity, and attention-deficit in preschool-aged children, as well as school absence, school failure, and other behavioral problems in school aged children (184); (3) ophthalmologic assessment to identify nystagmus, strabismus, refractive errors, and other visual defects (185–187); (4) growth and nutritional assessment to identify failure to thrive and short stature (174); and (5) family support assessments to exclude continuous maternal substance abuse and child abuse“ (Kocherlakota, 2014).

Kocherlakota, P. (2014). Neonatal Abstinence Syndrome, *Pediatrics*, *134*(2): p.e-547-e-561. doi:10.1542/peds.2013-3524

Failure to use eye movements to predict another person’s actions may have negative developmental consequences as a child may have difficulty imitating and learning from others thus affecting social cognition. (NAS PowerPoint from Cincinnati)

Konijnenberg, C et al. (2012). Neurodevelopmental Investigation of the Mirror Neuron System in Children of Women receiving Maintenance Therapy during Pregnancy, *Addiction Res Report.*

Note: this form is modified for KY use by Caroline Gooden on 8-20-20 based on the University of New Mexico ECHO model and University of Wyoming ECHO SCOPE materials.