The General Movements Assessment

CLINICAL FACT SHEET

What about false positives and false negatives?

MOTOR DYSFUNCTION

The Australian Cerebral Palsy Register (ACPR) indicates less than 5% of cerebral palsy diagnosis are false positive results with standardised tools.[1]

Almost all false positives result in the infant being diagnosed with a different neurological disability (e.g. intellectual disability, autism spectrum disorder) not a typical outcome.[2] False negatives resulting in late diagnosis and late intervention are detrimental to parents and infants.[3]

The General Movements Assessment has also been discussed in the literature in relation to other high-risk populations for developmental disorders and childhood disabilities.

Further research is required to better understand the predictive power of the General Movement Assessment in relation to other developmental disorders and childhood disabilities.

It is known that infants with cerebral palsy require and benefit from different evidence-based early interventions for infants 'at risk of developmental delay', or 'at risk of autism', or 'at risk of harm', or with 'social risk'. When the clinical diagnosis is unclear but the infant is perceived to be at risk of cerebral palsy, from either their perinatal history or clinical assessment data, the infant should be referred to intervention and then regular monitoring should commence to assist with forming a diagnostic picture[3].

To reduce the likelihood of a false negative or positive, it is recommended to use the combination of standardised tools rather than any single assessment in isolation, as outlined in the clinical diagnostic pathway algorithm in the International Guidelines.

This represents the coupling of best available evidence tools with the best psychometric properties for the aim of accurate and early detection of high-risk of cerebral palsy and exclusion of differential diagnosis.

1. Report of the Australian Cerebral Palsy Register, Birth Years 1993-2006, February 2013. Sydney; Cerebral Palsy Alliance.
2. Nelson KB. Causative factors in cerebral palsy. *J Clin Gynecol Obstet* 2008; 5: 749-62.
3. Novak et al 2017. Early Accurate Diagnosis and Early Intervention in Cerebral Palsy. *JAMA Pediatr.* 2017; 171(9):897-907.

Adapted with permission from: Novak et al 2017. Early, Accurate Diagnosis and Early Intervention in Cerebral Palsy. *JAMA Pediatr.* 2017;171(9):897-907. doi:10. 1001/jamapediatrics.2017.1689
Available from: http://jamanetwork.com/journals/jamapediatrics/article-abstract/2636588

Cerebral Palsy ALLIANCE

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