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DEDICATED TO HELPING  
CHILDREN AND ADULTS  
WITH DISABILITIES

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# **Overview of the MOVE® Assessment Profile**

This overview gives a brief look at the MOVE process with excerpts from the MOVE Assessment Profile and Curriculum. It is not intended to be used as a substitute for the complete MOVE Assessment Profile and the M.O.V.E. (Mobility Opportunities Via Education)® Curriculum.

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# Overview of the MOVE<sup>®</sup> Assessment Profile

The following excerpts provide a brief look at the *MOVE Assessment Profile*, a workbook for planning and helping an individual with motor disabilities learn more independence in sitting, standing and walking. The *MOVE Assessment Profile* is used in conjunction with the *M.O.V.E. (Mobility Opportunities Via Education)<sup>®</sup> Curriculum* which contains the full MOVE Program.

The **first three steps** of the *MOVE Curriculum* address the **selection of skills most critical to the participant**.

## ***Step One: Testing***


*Test the participant using the Top-Down Motor Milestone Test<sup>™</sup> from the MOVE Curriculum. The test is also included in this Assessment Profile but additional testing information is contained in the curriculum.*

- ◆ This is an interview test. The participant, parents or primary caregivers, and primary professional staff should be present for the testing.
- ◆ A member of the professional staff should read the test items and facilitate discussions.
- ◆ The participant (if able) and the parents or caregivers are considered the primary sources of information. (Usually parents know more about their children than anyone else.)
- ◆ Testing begins at the GRAD Level (most difficult.). If the participant is unable to perform the most difficult skill, test the next most difficult skill, (i.e., A.1 is the most difficult Static Sitting skill. A.2 is the second most difficult skill.)
- ◆ Professional staff may add additional information after the participant or parents provide information.
- ◆ Testing specific skills is required only if the student's/client's ability to perform the skill is unknown.
- ◆ Fill in the appropriate box in the Summary of Test Results. Fill in all of the boxes to the right in this category.
- ◆ When all of the categories (A through P) have been tested, go to Step Two.

# Top-Down Motor Milestone Test™

# A


## MAINTAINING A SITTING POSITION

	GRAD LEVEL	LEVEL I	LEVEL II	LEVEL III
A.1. Can sit on a flat surface such as a bed or in a bathtub for a minimum of 30 minutes without prompts.	<input type="checkbox"/> DATE			
A.2. Can sit on the edge of a bed or on a stool without using a foot or a back rest for a minimum of five minutes.		<input type="checkbox"/> DATE		
A.3. Can sit on a conventional classroom chair at least 30 minutes without prompts.		<input type="checkbox"/> DATE		
A.4. Can maintain sitting balance on a conventional classroom chair for a minimum of 30 seconds without prompts.			<input type="checkbox"/> DATE	
A.5. Can maintain an erect head position for a minimum of 30 seconds while sitting with prompts at the trunk, hips, and feet as needed.			<input type="checkbox"/> DATE	
A.6. Can tolerate sitting in an upright position for a minimum of 30 minutes with prompts at the trunk, hips, and feet, as needed.			<input type="checkbox"/> DATE	
A.7. Can tolerate being placed in a sitting position with a minimum of 90 degrees flexion in the hips and knees.				<input type="checkbox"/> DATE

# Top-Down Motor Milestone Test™

C


## STANDING

	GRAD LEVEL	LEVEL I	LEVEL II	LEVEL III
		DATE	DATE	DATE
<b>C.1. Can stand in one place without support for a minimum of 60 seconds.</b>	<input type="checkbox"/>			
<b>C.2. Can stand in one place with one or both hands held for a minimum of five minutes.</b>		<input type="checkbox"/>		
<b>C.3. Can maintain hip and knee extension to allow weight bearing for a minimum of three minutes while another person keeps participant's body in alignment.</b>			<input type="checkbox"/>	
<b>C.4. Can tolerate weight bearing on feet for a minimum of 45 minutes per day when knees, hips, and trunk are held in alignment by a mobile stander or similar standing device.</b>			<input type="checkbox"/>	
<b>C.5. Can tolerate fully prompted extension of hips and knees.</b>				<input type="checkbox"/>
<b>C.6. Can tolerate being placed in a vertical position.</b>				<input type="checkbox"/>

# Top-Down Motor Milestone Test™

# G

## WALKING FORWARD

	GRAD LEVEL	LEVEL I	LEVEL II	LEVEL III
G.1. Can walk forward a minimum of 20 feet without assistance.	<input type="checkbox"/> DATE			
G.2. Can walk a minimum of 1,000 feet with one hand held.	<input type="checkbox"/> DATE			
G.3. Can walk a minimum of 300 feet with one or both hands held or with a walker.		<input type="checkbox"/> DATE		
G.4. Can move legs reciprocally for a minimum of 10 feet while bearing own weight when another person assists with shifting weight and maintaining balance.			<input type="checkbox"/> DATE	
G.5. Can move legs reciprocally for a minimum of 20 feet while being supported by a front leaning walker.			<input type="checkbox"/> DATE	
G.6. Can tolerate fully prompted reciprocal leg movements while being supported in a front leaning walker or by another person.				<input type="checkbox"/> DATE
Can tolerate fully prompted extension of hips and knees. SEE: C.5.				<input type="checkbox"/> DATE
Can tolerate being placed in a vertical position. SEE: C.6.				<input type="checkbox"/> DATE

# Top-Down Motor Milestone Test™



## SUMMARY OF TEST RESULTS

NAME \_\_\_\_\_

DATE \_\_\_\_\_

	GRAD LEVEL				LEVEL I				LEVEL II				LEVEL III			
	A.1				A.2	A.3			A.4	A.5	A.6		A.7			
<b>A. MAINTAINS A SITTING POSITION</b>	A.1				A.2	A.3			A.4	A.5	A.6		A.7			
<b>B. MOVES WHILE SITTING</b>	B.1	B.2			B.3	B.4	B.5	B.6	B.7	B.8	B.9	B.10	B.11	A.7		
<b>C. STANDS</b>	C.1				C.2				C.3	C.4			C.5	C.6		
<b>D. TRANSITIONS FROM SITTING TO STANDING</b>	D.1	D.2			D.3	D.4			D.5	D.6			C.5	C.6	A.7	
<b>E. TRANSITIONS FROM STANDING TO SITTING</b>	E.1	E.2			E.3	E.4			E.5	E.6			C.5	C.6	A.7	
<b>F. PIVOTS WHILE STANDING</b>	F.1				F.2				F.3				C.5	C.6		
<b>G. WALKS FORWARD</b>	G.1	G.2			G.3				G.4	G.5			G.6	C.5	C.6	
<b>H. TRANSITIONS FROM STANDING TO WALKING</b>	H.1				H.2				H.3				G.6	C.5	C.6	
<b>I. TRANSITIONS FROM WALKING TO STANDING</b>	I.1				I.2				I.3				G.6	C.5	C.6	
<b>J. WALKS BACKWARD</b>	J.1				J.2				J.3				J.4	C.5	C.6	
<b>K. TURNS WHILE WALKING</b>	K.1	K.2			K.3	K.4			F.3				C.5	C.6		
<b>L. WALKS UP STEPS</b>	L.1				L.2				L.3	G.4	C.3					
<b>M. WALKS DOWN STEPS</b>	M.1				M.2				M.3	G.4	C.3					
<b>N. WALKS ON UNEVEN GROUND</b>	N.1				N.2				N.3	G.4	C.3					
<b>O. WALKS UP SLOPES</b>	O.1				O.2				O.3	G.4	C.3					
<b>P. WALKS DOWN SLOPES</b>	P.1				P.2				P.3	G.4	C.3					

PREREQUISITE SKILLS FROM OTHER SECTIONS ARE INDICATED BY ITALICIZED LETTERS AND NUMBERS

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## ***Step Two: Setting Goals***

*Select specific functional activities for the participant to perform. By asking the participant (if the participant has expressive language) and by talking to the parents or caregivers, you can pinpoint activities important to the family both now and in the future. There are three basic categories of questions we like to ask families:*

1. Questions that pertain to the activities and desires of the participant at this time.

**Example:** *"What does your child wish he could do today that he cannot do?"*

1. Questions that pertain to the needs and desires of the family members right now.

**Example:** *"What activity is difficult for you when physically helping the participant?"*

1. Questions that pertain to the future life of the participant and the family.

**Example:** *"By the time my child is an adult, I want him to at least be able to \_\_\_\_\_? \_\_\_\_\_".*

Go to Step Three.

## ***Step Three: Task Analysis***

*Select goals to help the participant become more independent in performing the specific activities targeted in Step Two.*

In STEP TWO you asked, "Why is this activity difficult for the participant to perform right now?" The answer will usually indicate the most critical skill(s) needed for these activities.

**Example:** Mary wishes she could run with her sisters and friends while they are playing at home.

Q: What keeps Mary from doing this now?

A: Although Mary can move her legs reciprocally, she can't maintain her balance while walking.

Possible conclusions after team discussion: Mary should work on standing (Section C) and walking (Section G).

The **last three steps** of the MOVE Curriculum address the **teaching of skills** selected in the first three steps.



# PROMPT REDUCTION PLAN

NAME \_\_\_\_\_

GOALS AND PARAMETERS \_\_\_\_\_

BEGINNING DATE \_\_\_\_\_

\_\_\_\_\_

ENDING DATE \_\_\_\_\_

\_\_\_\_\_



ENTRY LEVEL					
Date _____					
0	1	2	3	4	5

ACHIEVED					
Date _____					
0	1	2	3	4	5

ACHIEVED					
Date _____					
0	1	2	3	4	5

ACHIEVED					
Date _____					
0	1	2	3	4	5

TARGET GOAL					
Date _____					
0	1	2	3	4	5

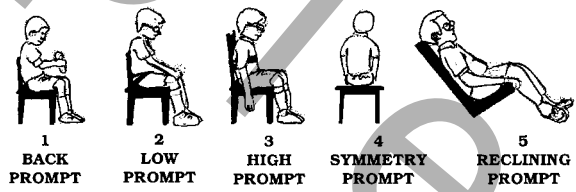
- A. HEAD CONTROL
- B. TRUNK CONTROL
- C. HIP CONTROL
- D. FOOT CONTROL

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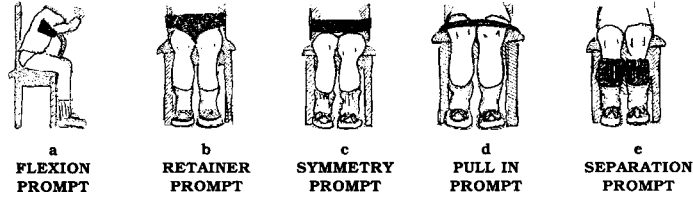
## A. HEAD CONTROL



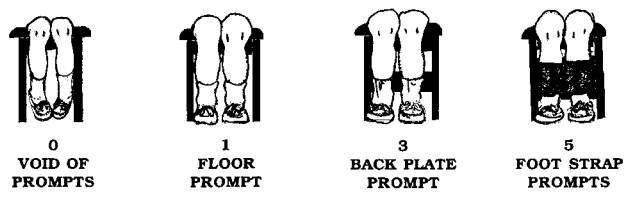
## B. TRUNK CONTROL



## C. HIP CONTROL



## D. FOOT CONTROL



## ***Step Four: Measuring Prompts***

*Chart the amount of assistance needed by the participant to perform the selected activities today.*

As a team, discuss how the participant is performing the selected activity today (activity from STEP TWO).

Refer to the Physical Prompts section of the MOVE Curriculum. Select the appropriate Prompt Reduction Plan(s) for this activity. Using these plans, determine how much help the participant needs to perform the activity at this time. Remember that you are describing **specific** activities. For example, if a sitting skill is critical to this participant, then put the sitting skill into the context of the activity. (To sit where — to do what?) Sitting on a chair in a restaurant to eat is quite different from sitting on a bus seat to travel.

Some people find the Prompt Pictures at the bottom of the Prompt Reduction Plans helpful in this step. (Please note: You will need to use the MOVE Curriculum for explanations of these prompts.) Use a different set of Prompt Reduction Plans for each activity.

**Fill in Step Four** on the Activity Sheets and the Entry Level on the appropriate Prompt Reduction Plans. **Go to Step Five.**

## ***Step Five: Reducing Prompts***

*Form a plan to allow a systematic reduction of assistance using the Prompt Reduction Plan.*

Determine the length of the instructional process. Many schools use a yearly I.E.P. (Individualized Education Plan). Other organizations establish service contracts for varying lengths of time. Fill in the appropriate Target Goal Dates on the Prompt Reduction Plans. Note that intermediate target dates are also provided on these plans. (There are three charts located between the Entry Level Chart and the Target Goal Chart on each Prompt Reduction Plan.)

Using the same Physical Prompt Plans you used in Step Four, determine which prompts you will reduce as the participant improves. These decisions should be based on the needs of the participant and the family or caregivers. If you are using the Prompt Pictures, circle the prompts you will reduce by the end of the teaching segment. Use a different color ink than the one used in Step Four. Fill in the Target Goal Chart of the Prompt Reduction Plan(s).

(You will need to refer to the Physical Prompts section of the MOVE Curriculum to understand prompts and prompt reductions.)

**Fill in Step Five** on the Activity Sheets and **go to Step Six.**

## **Step Six: Teaching Skills**

*Teach the skills using the teaching section of the MOVE Curriculum.*

Teaching suggestions are provided in the MOVE Curriculum for every skill tested in the Top-Down Motor Milestone Test. There are many different ways to teach the skills. Teaching methods should be determined by the team while being respectful of individual learning and teaching styles.

Decide who will be responsible for teaching the skill(s), who will keep the records, when the skills will be taught, what equipment (if any) will be used, and what teaching methods will be used.

### **Fill in Step Six on the Activity Sheets.**

When you are writing goals, you might consider a formula similar to this:

Goal: \_\_\_\_\_ will \_\_\_\_\_  
(participant) (sit, stand, walk or similar physical skill)

\_\_\_\_\_ (\_\_\_\_\_)  
(amt. of time/distance) (# of trials or percentage of time)

\_\_\_\_\_  
(describe activity)

using the following physical prompts: \_\_\_\_\_.  
(list prompts)

Goal: John will independently move his legs in a reciprocal pattern  
(participant) (sit, stand, walk or similar physical skill)

for ten feet while entering the cafeteria (75 percent of the time)  
(amt. of time/distance) (# of trials or percentage of time)

when preparing to eat lunch.  
(describe activity)

Using the following physical prompts: a gait trainer with trunk support, hip prompts, and forearm prompts.

**Fill in the Goals and Parameters on the Prompt Reduction Plans.  
Establish Aerobics routine.**