발달지연 아동 및 뇌성마비 아동의 평가실태와 물리치료사들의 평가에 대한 인식도 조사

박혜정
 아주대학교병원 물리치료실

이충휘, 조상현
 연세대학교 보건과학대학 재활학과 및 보건과학연구소

권혁철
 대구대학교 재활과학과

Abstract

Physical Therapist’s Understanding and the Usage of Assessment Tools for Children With Delayed Development and Cerebral Palsy

Park Hey-jeong, M.Sc., P.T.
Dept. of Physical Therapy, Ajou University Hospital

Yi Chung-hwi, Ph.D., P.T., Cho Sang-hyun, M.D., Ph.D.
Dept. of Rehabilitation Therapy, College of Health Science, Yonsei University

Institute of Health Science, Yonsei University

Kwon Hyuk-cheol, Ph.D., P.T., O.T.
Dept. of Rehabilitation Science, Taegu University

The purposes of this study were to research the current state of evaluation of children with delayed development and cerebral palsy and determine pediatric physical therapists’ knowledge of assessment tools and their use. The subjects were 130 pediatric physical therapists (general hospitals, university-related hospitals, rehabilitation centers, etc.). Data was obtained from August 24, 1999 to October 18, 1999 by means of a survey questionnaire. The results were as follows:

1. The current state of pediatric physical therapist evaluation of children with delayed development and cerebral palsy.

1) Tools used to assess functional areas of children with cerebral palsy were: subjective description format-128 (47.1%); the GMFM-58 (21.3%); facility-generated tool-51 (18.8%); and DDST-15 (5.5%).

2) Tools used to assess developmentally delayed children were: subjective description format-121 (50.6%); the GMFM-43 (18.0%); facility-generated tool-41 (17.2%); and DDS T-14 (5.9%).
3) After their college or university study, therapists who had attended lectures on evaluation were 113 (86.9%); 13 (10.0%) therapists had not attended any lectures on evaluation.

2. Test scores of physical therapists' professional knowledge of evaluation procedures: high (more than 36 points)-74 (56.9%); moderate (18~35 points)-39 (30.0%); and low (below 17 points)-none.

1) For therapists treating cerebral palsied children, 73 (65.2%) were in the high range, 39 (34.8%) were in the moderate range and none were in the low range.

2) For therapists treating children with delayed development, 71 (65.7%) were in the high range, 37 (34.3%) were in the moderate range and none were in the low range.

Although the general degree of professional knowledge of evaluation was quite high, there was a lack of variety in the assessment tools used with a large number of therapists depending on subjective description. Possible reasons for the low rate of objective assessment tool use: 1) Poor clinical environment: too many clients and limited treatment time. 2) Lack of any medical insurance fee category for specific assessment tools. 3) Lack of continuing education opportunities in pediatric evaluation skills during or after either college-based (3 year) or university-based (4 year) education programs.

Based on the study results, provision of more extended educational opportunities would promote the use of a greater variety of objective assessment tools by pediatric physical therapists.

**Key Words:** Cerebral palsy: Delayed development: Pediatric physical therapist: Assessment tools.

1. 서론


그러나 발달지연을 호소하는 1세 미만의 영아들을 뇌성마비로 진단하기는 매우 어렵고(김세주와 조영진, 1988; Ellenberg와 Nelson, 1981; Harris, 1987; Illingworth, 1966; Levin, 1980), 대부분의 아동물리치료사들도 치료 전후에 장애아동들의 객관적으로 평가하는데 어려움을 느끼므로 진단 및 치료를 위하여 보다 정확하고 민감한 평가도구의 사용을 필