

Research Article

MOTOR SKILLS PROFILE OF CHILDREN WITH AUTISM SPECTRUM DISORDER AND ITS ASSOCIATION TO SOCIALIZATION SKILLS, COMMUNICATION SKILLS AND SYMPTOM SEVERITY

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Informed consent form (English)

Introduction

Good day. I am Dr. Beia Katerina D. Llamado-Roxas, a third-year, fellow-in-training from the Section of Developmental and Behavioral Pediatrics of the National Children's Hospital. I am conducting a study about the motor skills profile of children with autism spectrum disorder and its association with their social-communication skills and symptom severity. You will be provided with the important information about this study, your rights as participants to confidentiality and privacy of information and results and how these will be honored, should you decide to participate.

purpose of the research

The Purpose of my study is to determine the motor skills profile of children diagnosed with autism spectrum disorder, ages 1.6-5.11 years old, in the outpatient department of Child Development Center of the National Children's Hospital. My study also aims to know the relationship of their motor skills to their social-communication skills and the severity of their symptoms.

Participant selection

Children who will be selected to participate are those who are newly diagnosed with autism spectrum disorder, ages 1.6-5.11 years old, in our institution and who have not received any therapy prior to their developmental assessment.

Voluntary participation

The participation of the child in this study is purely voluntarily. Withdrawal from this study may be done at any point of the conduct of the study. Declining to participate will not result to loss or diminution of services being provided by the section and the institution nor will affect the therapeutic plans for the child.

Procedures and protocol

Upon deciding to participate in this study, a written consent will be secured by the BAER technologist, a personnel from the Child Development Center. The child will then be assigned a research code to maintain his anonymity in the collection data form. After which, the child will be referred to Rehabilitation Medicine Service wherein the designated physical therapist will perform the motor assessment using the Peabody Developmental Motor Scales-2 in their outpatient clinic, with no additional cost. The parent will be advised on the result of the motor assessment and will be given recommendations by the physical therapist on how to address the motor deficits, should there be any.

Duration

Each developmental assessment including counselling takes about 1 ½-2 hours. An additional 30-45 minutes will be allotted for the motor skills assessment by the physical therapist. An hour of break in between assessments will be provided.

Risks

The risk in participating in this research apart from breach in confidentiality, also lies on subjecting the children to motor function assessment. Safe participation is ensured with the provision of padded walls and flooring of the testing room of

the physical therapist, who has 7 years of clinical experience in handling children with special needs. Should the patient incur any form of accident during testing, medical treatment shall be provided in the outpatient department or in the emergency room of the hospital, if necessary. Psychological support will likewise be provided should the interview result to emotional breakdown. Continuity of participation will not be forced upon. Patient participation may be withdrawn at any time.

Benefits

This study will provide direct benefits to the patients in the identification of their motor skills and the presence of impairments, if there are any. In this regard, parents can be educated first hand on these motor impairments and the strategies they can do at home to improve these, apart from language and cognitive stimulation that they are being constantly encouraged to do. Motor skills are important in doing activities of daily living, participation in household chores as well as performing activities in the classroom setting.

Compensation/reimbursements

No compensation monetary or in kind shall be given to participants.

Confidentiality

All information regarding the patients' information as well as the outcomes of the assessment will be kept strictly confidential. Patient anonymity will be observed by provided a research code for each participant. All data will be encoded in a passwordencrypted excel file. Access to which is limited only to the investigators of the study. Also, no video nor audio recording will be taken without your consent.

Sharing the results

Disclosure of the results of this study will only be given to those who are involved in the research process. Outcomes of the assessments will be shared to you in a summary form without any patient identifier. All information and results that will be obtained from this research will be used solely for the benefit of this study.

Right to refuse or withdraw

Refusal to participate in this study or even inclusion of the child's outcome of the assessment will be honored as well as your withdrawal from the study at any point in time. Doing so will not affect the services being provided to you by the section and the institution.

WHO to contact

If you have any concerns or queries regarding your participation in this study, you may contact: Dr. Elsie Locson, Head of the Institutional Review Board of the National Children's Hospital at 0287240656 to 0287240659 59 loc.102 and Dr. Beia Katerina Llamado-Roxas at 09178200415 or send an email at bkaterina21@yahoo.com.

Thank you!

Consent of participation: Signing this document will mean that you have understood all the information provided above and that you are voluntarily allowing your child to participate in the study.

Name of Parent/Legal Guardian

Signature

Date INFORMED CONSENT FORM (TAGALOG)

Autism Spectrum Disorder (ASD): Using the Diagnostic Statistical Manual-5 TR, a person is diagnosed with autism spectrum disorder if the following criteria are fulfilled:

Persistent deficits in social communication and social interaction across multiple contexts, as manifested by all of the following, currently or by history:

- Deficits in social-emotional reciprocity
- Deficits in nonverbal communicative behaviors used for social interaction
- Deficits in developing, maintaining and understanding relationships

Restricted repetitive behaviors, interests or activities as manifested by at least of the following, currently or by history:

- Stereotyped or repetitive motor movements, use of objects or speech
- Insistence on sameness, inflexible adherence to routines or ritualized patterns of verbal or nonverbal behavior
- Highly restricted, fixated interests that are abnormal in intensity or focus
- Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment

Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities or may be masked by learned strategies in later life)

Symptoms cause clinically significant impairment in social, occupational or other important areas of current functioning.

These disturbances are not better explained by intellectual developmental disorder or global developmental delay.

Data collection form

ID Number: _____	
Date of birth (MM/DD/YYYY) __ / __ / ____	
Date of assessment (MM/DD/YYYY) __ / __ / ____	
General data	
Age	_____ months
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age of gestation	<input type="checkbox"/> Preterm (<37 weeks) <input type="checkbox"/> Term (37-41 weeks) <input type="checkbox"/> Post-term (>41 weeks)
Mode of delivery	<input type="checkbox"/> Vaginal delivery <input type="checkbox"/> Cesarean section <input type="checkbox"/> Forceps/vacuum-assisted
Birthweight	_____ grams
Maternal infection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comorbidities	_____
Peripartum difficulties	<input type="checkbox"/> Fetal bradycardia <input type="checkbox"/> Tachycardia <input type="checkbox"/> Prolonged labor <input type="checkbox"/> Meconium staining
Maternal age at child's birth	_____ years
Paternal age at child's birth	_____ years
Maternal educational attainment	_____
Paternal educational attainment	_____

Employment status of mother	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed
Employment status of father	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed
Screen time per day	<input type="checkbox"/> 0 minutes <input type="checkbox"/> 1-29 minutes <input type="checkbox"/> 30 minutes-1 hour <input type="checkbox"/> 1-2 hours <input type="checkbox"/> < 2 hours	
Physical activity per day	<input type="checkbox"/> less than 30 minutes (most days of the week 4/7 days) <input type="checkbox"/> more than 30 minutes (most days of the week 4/7 days)	
Family history		
Genetic conditions	<input type="checkbox"/> None <input type="checkbox"/> First degree <input type="checkbox"/> Second degree	
Neurodevelopmental conditions	<input type="checkbox"/> None <input type="checkbox"/> First degree <input type="checkbox"/> Second degree	
Cognitive skills (DQ)	<input type="checkbox"/> ≥ 90 <input type="checkbox"/> 80-89 <input type="checkbox"/> 70-79 <input type="checkbox"/> ≤ 69	
Motor skills (PDMS-2)		
Stationary	Raw score: _____	
Locomotion	Raw score: _____	
Object manipulation	Raw score: _____	
Grasping	Raw score: _____	
Visual-motor integration	Raw score: _____	
Gross motor quotient	Quotient: _____	Interpretation
Fine motor quotient	Quotient: _____	Interpretation
Total motor quotient	Quotient: _____	Interpretation

Socialization and communication skills (BDI-2-NU)		
Personal-social	Raw score__ DQ:	Interpretation
Communication	Raw score__ DQ:	Interpretation

ASD symptom severity (CARS-2-ST)		
ASD symptom severity	Raw score__	Interpretation

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