

FREQUENTLY ASKED QUESTIONS (FAQs) RELATED TO THE GMFCS

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CLASSIFICATION:

Q. What is the GMFCS?

A. The GMFCS, or Gross Motor Function Classification System, is a five-level classification that differentiates children with cerebral palsy based on the child's current gross motor abilities, limitations in gross motor function, and need for assistive technology and wheeled mobility. The GMFCS contains 4 age bands (under 2 years, 2-4 years, 4-6 years and 6-12 years), and is intended for use with children to 12 years of age. Work is currently underway to extend the classification through adolescence.

Palisano, R., Rosenbaum, P., Walter, S., Russell, D., Wood, E. & Galuppi, B. (1997). Development and validation of a Gross Motor Function Classification System for children with Cerebral Palsy. *Developmental Medicine and Child Neurology*, 39, 214-223.

Q. Who can use the GMFCS?

A. Physical therapists, occupational therapists, physicians, and other health service providers familiar with movement abilities of children with cerebral palsy can use the GMFCS. Parents of children with cerebral palsy aged 6 to 12 years have been shown to be accurate in classifying their children using an adapted version of the GMFCS (Morris, Galuppi and Rosenbaum, 2004). Work is currently being conducted with parents of children 2 to 4 years and 4 to 6 years of age.

Morris, C., Galuppi, B.E., & Rosenbaum, P.L. (2004). Reliability of family report for the Gross Motor Function Classification System. *Developmental Medicine and Child Neurology*, 46, 455-460.

Q. How long does it take to learn the GMFCS?

A. Therapists and physicians can reliably use the GMFCS with no training simply by reading the criteria.

Q. How long does it take to classify a child using the GMFCS?

A. Service providers familiar with a child can complete the GMFCS in less than 5 minutes. Those unfamiliar with the child (and therefore requiring an observation session), may require 15 to 20 minutes to complete the GMFCS. Most distinctions are fairly clear and decisions about which level most closely resembles the child's current gross motor function can be made quite quickly. Sometimes (i.e., at certain ages), the distinctions between two adjacent levels are more subtle and require more careful deliberation before making a classification.

Q. Do I need to observe the child in order to complete the GMFCS?

A. A classification can be made based on general familiarity with a child's current gross motor abilities without necessitating an observation. Information about the child's usual performance and limitations in gross motor function in home, school and community settings can be obtained by parent/caregiver interview or by review of recent clinic notes that describe gross motor function.

Q. How can the GMFCS information be used?

A. The GMFCS has application for clinical practice, research, teaching, and administration (have interactive link/"hot" buttons to each of the words: clinical practice, research, teaching, administration).

In **clinical practice**, knowledge of a child's GMFCS level is very useful for communicating with parents and setting the stage for collaborative goal setting.

For example, the probability of ambulation for a child classified at level V is extremely low and very different from children in levels I, II, or III. As a result, the system is extremely useful in terms of intervention planning at the levels of impairment and activity. An emphasis in intervention for children in levels IV and V might be health promotion, prevention of secondary impairments, and use of technology and adapted equipment, whereas intervention for children in levels I, II, and III might be focused more on achievement of gross motor abilities.

In **research**, the GMFCS is useful in:

1. **sample selection** (i.e. identifying a more homogeneous subset of children with cerebral palsy with similar gross motor abilities);
2. **sample description** (thereby facilitating communication between researcher and consumers), and
3. **stratification** (to assist in ensuring that groups in experimental research studies are comparable).

In **teaching**, the GMFCS is a very useful tool to introduce students and service providers in all disciplines to the complexities of cerebral palsy relating to the extremely wide variation in gross motor abilities of children with this diagnosis.

In **administration**, the GMFCS is useful in terms of caseload management and resource allocation in health, recreation, and education settings for children with cerebral palsy.

Q. How frequently should a child be classified using the GMFCS?

A. A child should first be classified when referred for rehabilitation services to assist with realistic goal setting and appropriate intervention planning. Children might also be classified during interdisciplinary or special clinic visits or when a child is in an older age band. The most recent information indicates that GMFCS levels are quite stable after 2 years of age and children are not likely to change levels even following intervention. This is currently being studied in more depth.

Q. How can I obtain a copy of the GMFCS brochure?

A. The one-page GMFCS brochure can be downloaded at no cost from the *CanChild* website www.canchild.ca. Distribution of the GMFCS has been made possible through a grant from the United Cerebral Palsy Research and Education Foundation in the United States.