



GMFM-88/GMFM-66 Administration Overview

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Gross Motor Function Measure (GMFM) is a clinical measure to evaluate changes in the gross motor function in children with cerebral palsy (CP). There are two versions of GMFM: GMFM-88 and GMFM-66. Items on GMFM-88 span aspects of what World Health Organization International Classification of Functioning, Disability and Health refers to as gross motor activity ranging from activities such as lying and rolling to walking, running and jumping skills. GMFM-66 consists of a subset of 88-items. The aim of GMFM-88/GMFM-66 is to evaluate a CP child gross motor ability, monitor the child's development, assist with goal setting and planning therapy and evaluate the outcome of motor interventions and therapies. The GMFM version should be used depends on the aim and the population. If your aim was a detailed description of the child's current motor ability and the child was very young, then GMFM-88 is the best one to choose. On the other hand, GMFM-66 uses fewer items which is more valid to measure the change over time in children with CP. GMFM-66-IS and GMFM-66-B&C are shorter versions of GMFM-66 that are used for unilateral CP children.

Although GMFM was validated for CP children, GMFM-88 had evidence and validated to be used for Down syndrome and brain injury children. On the other hand, other than these populations the reliability and validity of the GMFM-88 is not yet established. The original validation sample included children from 5 months to 16 years old. There are five dimensions: A: lying and Rolling; B: Sitting; C: Crawling and Kneeling; D: Standing; and E: Walking, Running

and Jumping to assess the GMFM-88. While with the development of GMFM-66, goal area may be useful to assess children with CP but not to assess children wearing orthosis or using assistive devices. However, with development of GMFM-66, the need for goal areas is no longer necessary.

The GMFM-88 may take 45 to 60 minutes to be administered, while the GMFM-66 may take 20 to 30 minutes to be administered. The environment should be comfortable for the child and equipped with the necessary items. This environment must remain the same overtime for reassessment. The equipment can be found in any standard physiotherapy gym. Therapists should be familiar with GMFM guidelines and score sheet prior to the assessment. Whatever version was chosen to be administered, the same version must be used for reassessment for a child over time to eliminate the variability in scores and make the detection of true change easier.

Biography

Fatimah Alzaher has completed her BScPT from King Saud University in 2007 and MScPT from Imam Abdulrahman Bin Faisal university in 2018 from Saudi Arabia. She is working as a senior PT in King Fahad Military Medical Complex in Dhahran since 2007 till now. Successfully treating patients and training fresh graduates in different fields of physiotherapy such as orthopedic, neuro, pediatric and other physiotherapy subspecialties.

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