

Activity	<p>Activity is defined by the World Health Organization as the "execution of a task or action by an individual". Examples of activities are eating, talking, and walking. Within this classification system, the essence is <i>being able to do</i> these activities, <i>not necessarily actually doing</i> them in daily life. In contrast, see "participation".</p> <p>World Health Organization. <i>International Classification of Functioning, Disability and Health</i>. Geneva: World Health Organization; 2001. http://www.who.int/classifications/icf/en/</p>
Adaptive behaviour	<p>Adaptive behaviours are behaviours that children use to meet their personal needs and to respond to and interact with the physical and social environment.</p> <p>Zeitlin S, Williamson GG. <i>Coping in Young Children: Early Intervention Practices to Enhance Adaptive Behavior and Resilience</i>. Baltimore, MD: Paul H. Brookes; 1994.</p>
Affect	<p>A person's 'affect' is their display of feeling or emotion.</p> <p>http://www.minddisorders.com/A-Br/Affect.html</p>
Balance	<p>Balance is a term to describe the ability of the body to maintain an upright position against gravity and also to move from one place to another without falling.</p> <p>http://en.wikipedia.org/wiki/Balance_(ability)</p>
Basal and ceiling approach	<p>The basal and ceiling approach is an approach to measuring development or function such that only items that are around an individual's ability level are given and scored. Use of this method typically means that fewer items are given, but it does require the range of items to be ordered from easiest to most difficult. Normally, one needs to provide three scores in a row indicating abilities that the child has mastered. Then, items are given that are gradually more difficult until the individual has three scores indicating no ability to do a specific task.</p> <p><i>Move & PLAY study team</i></p>
Cerebral palsy (CP)	<p>"Cerebral palsy (CP) describes a group of permanent disorders of the development of movement and posture, causing activity limitations that are attributed to non-progressive disturbances that occurred in the developing fetal or infant brain. The motor disorders of cerebral palsy are often accompanied by disturbances of sensation, perception, cognition, communication, and behaviour, by epilepsy, and by secondary musculoskeletal problems."^{pg9}</p> <p>Rosenbaum P, Paneth N, Leviton A, Goldstein M, Bax M. A report: the definition and classification of cerebral palsy April 2006. <i>Developmental Medicine and Child Neurology</i>. 2007; Suppl. 109:8-14.</p>
Co-morbidities	<p>Co-morbidity is the presence of one or more health conditions in addition to a primary condition such as cerebral palsy.</p>

	http://en.wikipedia.org/wiki/Comorbidity
Coordination	<p>Coordination is a sequence of muscular actions or body movements occurring in a purposeful, orderly fashion (smooth and efficient).</p> <p><i>Mosby's Medical and Nursing Dictionary, 2nd Edition. St. Louis: CV Mosby Co., St. Louis, 1986</i></p>
Correlation	<p>A correlation is the extent to which two or more things (or variables) are associated with one another. A correlation can be positive (as one thing increases, the other also increases; for example, height and weight typically represent a positive correlation) or negative (as one thing increases, the other decreases; for example, as the cost of gasoline goes higher, the number of miles driven decreases).</p> <p>Additional Information: There are a wide variety of methods for measuring correlation including: intraclass correlation coefficients (ICC), the Pearson product-moment correlation coefficient, and the Spearman rank-order correlation. All of these correlation coefficients can range from 1 (which is a perfect association or match) to 0 (which represents no association or match at all).</p> <p>http://www.medicine.mcgill.ca/stroking-assess/definitions-en.html</p>
Dissociated movement	<p>Dissociated movement is the ability to move one part of the body independently from another part.</p> <p>Boyce W, Gowland C, Rosenbaum P, Hardy S, Lane M, Plews N, Goldsmith C, Russell D, Wright V, Potter S, Harding D. <i>Gross Motor Performance Measure Manual</i>. Kingston, ON: Queen's University; 1999.</p>
Distribution of involvement	<p>Distribution of involvement is the term commonly used to describe areas of the body that are affected by cerebral palsy (ie. monoplegia (one limb, usually the arm), hemiplegia (one side of the body; both the arm and the leg), diplegia (legs are more involved than arms), triplegia (three limbs involved – usually both legs and one arm), and quadriplegia (all four limbs and the trunk are affected)).</p> <p><i>Based on commonly used definitions, albeit without universal acceptance</i></p>
Endurance	<p>Endurance is the quality that enables us to keep doing active movement over time, without getting tired or out of breath.</p> <p>http://en.wikipedia.org/wiki/Endurance</p> <p>When we use this term, we refer to endurance that depends on the heart and lungs delivering oxygen to muscles to support the active movement.</p>
Factor analysis	<p>Factor analysis is a statistical method that takes many small pieces of information and resolves them into larger distinct “chunks” of information based on similarities. Take “food” for example. There are many different types of food, but food can be “chunked” into categories such as fruits, vegetables, dairy products, and meats/fish.</p> <p><i>Move & PLAY study team</i></p>

Family ecology	<p>In this study, family ecology refers to many aspects of family life, including relationships among family members, what their daily life looks like, and interactions with their communities.</p> <p><i>Move & PLAY study team</i></p>
Gross Motor Function Classification System (GMFCS)	<p>The Gross Motor Function Classification System (GMFCS) is a 5-level classification system that describes the gross motor function of children and youth with cerebral palsy on the basis of their self-initiated movement with particular emphasis on sitting, walking, and wheeled mobility. Distinctions between levels are based on functional abilities, the need for assistive technology, including hand-held mobility devices (walkers, crutches, or canes) or wheeled mobility, and to a much lesser extent, quality of movement.</p> <p><i>Palisano R, Rosenbaum P, Walter S, Russell D, Wood E, Galuppi B. Development and reliability of a system to classify gross motor function in children with cerebral palsy. Developmental Medicine & Child Neurology. 1997;39: 214-223.</i></p>
Health	<p>Health is a state of complete physical, mental and social well-being and not merely the absence of disease or illness.</p> <p>https://apps.who.int/aboutwho/en/definition.html</p>
ICC (intra-class correlation)	<p>Intra-class correlation (ICC) is used to measure inter-rater reliability for two or more people acting as raters (i.e. agreement between two or more people). It may also be used to assess test-retest reliability (i.e. agreement over a short period of time in which no change is expected). The ICC can range from 1 (perfect agreement) to 0 (no agreement at all).</p> <p>http://www.medicine.mcgill.ca/strokeengine-assess/definitions-en.html</p>
Impairments	<p>Impairments are problems with body structure or function.</p> <p>World Health Organization. <i>International Classification of Functioning, Disability and Health</i>. Geneva: author; 2001.</p>
International Classification of Functioning, Disability and Health (ICF)	<p>The International Classification of Functioning, Disability and Health, known more commonly as ICF, is a classification of health and disability. It describes health and disability in terms of body functions and structure, activity (<i>what people can do</i>) and participation (<i>what people actually do</i>). It takes into consideration other factors such as the impact of personal (e.g. age, sex, and personality characteristics) and environmental (e.g. physical, social and attitudinal) factors on health and functioning.</p> <p>World Health Organization. <i>International Classification of Functioning, Disability and Health</i>. Geneva: World Health Organization; 2001. http://www.who.int/classifications/icf/en/</p>
Muscle strength	<p>Muscle strength is the force generation capability of a muscle group at a joint or body segment.</p> <p>Clarkson HM, Gilewich GB. <i>Musculoskeletal Assessment: Joint Range of Motion and Manual Muscle Strength</i>. Baltimore MD: Williams & Wilkins; 1989.</p>

Muscle tone	<p>Muscle tone is the muscle's resistance to an external stretch or the amount of resistance that a muscle has at rest.</p> <p><i>Move & PLAY study team</i></p>
Neuromuscular	<p>Neuromuscular is related to or affecting both nerves and muscles.</p> <p><i>Mosby's Medical and Nursing Dictionary, 2nd Edition. St. Louis: CV Mosby Co.; 1986.</i></p>
Participation	<p>Participation is defined as individual involvement in life situations (that is, <i>what people actually do</i>). For young children, involvement in life situations can be viewed as the degree to which children take part in their daily activities such as interactions with others and play. Participation can also refer to actual performance of activities such as talking and walking (that is, actually walking in daily life around the community versus being able to walk 5 meters in a school setting).</p> <p>World Health Organization. <i>International Classification of Functioning, Disability and Health</i>. Geneva: World Health Organization; 2001. http://www.who.int/classifications/icf/en/</p>
Playfulness / play	<p>Playfulness in children refers to a child's nature to approach play with delight and creativity and to be engaged in the activity and with their playmates.</p> <p><i>Move & PLAY study team</i></p>
Primary impairments	<p>Primary impairments are problems with body structures or body functions that are present at the time a condition is first diagnosed.</p> <p>World Health Organization. <i>International Classification of Functioning, Disability and Health</i>. Geneva: World Health Organization; 2001. http://www.who.int/classifications/icf/en/</p>
Quality of movement: coordination/dissociation	<p>Quality of movement can be described in many ways. In this study we refer to two aspects. First, coordination is the performance of smooth and controlled movements. Second, dissociated movement is the ability to move one part of the body independently from another part.</p> <p>Boyce W, Gowland C, Rosenbaum P, Hardy S, Lane M, Plews N, Goldsmith C, Russell D, Wright V, Potter S, Harding D. <i>Gross Motor Performance Measure Manual</i>. Kingston, ON: Queen's University; 1999.</p>
Range of motion	<p>Range of motion refers to the range that a joint is able to move.</p> <p>Clarkson HM, Gilewich GB. <i>Musculoskeletal Assessment: Joint Range of Motion and Manual Muscle Strength</i>. Baltimore MD: Williams & Wilkins; 1989.</p>

Rasch analysis	<p>Rasch analysis is a statistical technique that orders individual items by difficulty level (e.g. picking up a very small item using the thumb and index finger is harder than grasping a tennis ball with all four fingers and the thumb).</p> <p>http://www.medicine.mcgill.ca/stroking-assess/definitions-en.html</p>
Regression analysis	<p>Regression analysis is a statistical method that examines the relationship between variables. Typically this method is used when a researcher wants to determine if a change in one variable is related to a change in other variables. For example, is there a connection between the amount of time spent studying for an exam, the number of classes attended, and the final grade on the exam?</p> <p>Move & PLAY Study Team</p>
Relationship	See “correlation”
Reliability	<p>Reliability can be defined in a variety of ways. It is generally understood to be the extent to which a measure is stable or consistent and produces similar results when administered repeatedly, either by the same person on 2 or more occasions (intra-rater); by different people (inter-rater), or over a short time (test-retest) in which no change is expected.</p> <p>http://en.wikipedia.org/wiki/Reliability_(statistics)</p> <p>http://www.medicine.mcgill.ca/stroking-assess/definitions-en.html</p>
Secondary impairments	<p>Secondary impairments are problems with body structures or body functions that are NOT present at the time a condition is first diagnosed. Instead, they develop over time as a result of primary impairments. Potentially, they are preventable. For example, with appropriate daily routines, it might be possible to enhance muscle strength, range of motion and spinal alignment and endurance.</p> <p>Bartlett, D.J., Palisano, R.J. A multivariate model of determinants of motor change for children with cerebral palsy. <i>Physical Therapy</i>. 2000;80:598-614.</p>
Self-care	<p>Self-care includes basic tasks that involve bodily issues (e.g. bathing, dressing, toileting, transferring, eating and walking) that are done on a regular basis. They are also referred to as Activities of Daily Living (ADL).</p> <p>http://en.wikipedia.org/wiki/Activities_of_daily_living</p>
Sensitivity- to- change	<p>Sensitivity- to- change reflects the ability of a measure to detect change over time. It represents the idea that the change is statistically significant (i.e. it is not due to chance), but not necessarily clinically significant (i.e. meaningful for those experiencing a certain amount of change).</p> <p>http://www.physicaltherapyonline.net/content/79/4/420.full</p>

Spasticity	<p>Spasticity is an increase in muscle tone beyond what most people experience, accompanied by an increase in the deep tendon reflexes. For example, with spasticity of the legs, there is an increase in tone of the leg muscles so that it is difficult to bend the knee and the knee jerk reflex is exaggerated. The extent of spasticity depends on how quickly the muscle is stretched (higher spasticity with a faster stretch).</p> <p>http://www.medterms.com/script/main/art.asp?articlekey=10974</p>
Standardized measure	<p>A standardized measure is a test designed in such a way that the questions, conditions for administering, scoring procedures, and interpretations are consistent. That is to say, it is done the same way every time.</p> <p>http://en.wikipedia.org/wiki/Standardized_test</p>
Statistically Significant	<p>A result that is identified to be statistically significant means that the difference or association is not likely due to a chance finding. Most researchers accept a 5% probability (i.e. $p < 0.05$) that a finding is due to chance. Said in another way, they are 95% confident that their finding is "true".</p> <p>http://en.wikipedia.org/wiki/Statistical_significance</p>
Structural Equation Modeling (SEM)	<p>Structural Equation Modeling is a statistical technique for testing and estimating causal relations. It allows both exploratory and confirmatory modeling, meaning it is suited to both theory development and theory testing. Confirmatory modeling usually starts out with a hypothesis that gets represented in a causal model. The concepts used in the model must then be operationalized through the use of measures, questionnaires or surveys to allow testing of the relationships between the concepts in the model. The model is tested against the obtained measurement data to determine how well the model fits the data.</p> <p>http://en.wikipedia.org/wiki/Structural_equation_modeling</p>
Validity	<p>Validity is the degree to which an instrument measures what it is supposed to measure, and does so accurately (for example, a clock measures time with accuracy to the minute or second, depending on the model).</p> <p>http://www.medicine.mcgill.ca/strokeengine-assess/definitions-en.html</p>