

FREQUENTLY ASKED QUESTIONS – CHILD NEUROLOGY / NEURODEVELOPMENTAL DISABILITIES

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- 1. For what type of developmental and behavioral concerns should a child be referred to Child Neurology?**
Significant delay in one or more developmental categories, global developmental delay, suspected or diagnosed autism spectrum disorder, developmental regression, any concerns associated with neurologic signs/symptoms such as focal exam findings, abnormal tone or weakness, incoordination or abnormal gait, abnormal movements, headaches, concern for seizures, micro/macrocephaly, concerns for a neurocutaneous disorder, concerns for a metabolic or genetic condition, medication management for significant behavioral concerns. This is not an exhaustive list.
- 2. What is a Neurodevelopmental Disabilities specialist? What is the role of a Neurodevelopmental Disabilities specialist vs. a general Child Neurologist?**
Neurodevelopmental disabilities (NDD) is a specialized offshoot of Child Neurology. It is its own residency program (6 years vs 5 years for Child Neurology), but all NDD programs are aligned with Child Neurology programs so an NDD specialist receives the same general child neurology training, along with more intensive training in neurodevelopmental conditions. NDD specialists are board certified in NDD, Child Neurology, and Pediatrics. As an NDD specialist, I see a variety of conditions including autism spectrum disorder (confirmed or suspected), speech and language disorders, motor disorders, hypotonia, genetic and metabolic conditions, learning disabilities, intellectual disability, complex ADHD. I also continue to see children with general neurologic conditions such as epilepsy, headaches, tics, stroke, etc.
- 3. When should children be referred (age, during what part of the overall evaluation for developmental-behavioral concerns)?**
Any age! We see newborns to young adults.
- 4. Who can refer a child to Neurology/NDD?**
This likely depends on the patient's insurance – either a primary care physician, another subspecialist, or in some cases, families can self-refer.
- 5. What happens during a Neurology/NDD appointment (duration, evaluations, exams, other testing)?**
Most initial patient evaluations take about 1 hour. During this time, the neurologist will take a detailed history and perform a physical exam. Occasionally, we will have caregivers complete questionnaires that pertain to their child's symptoms. By the end of the visit, we have come up with a plan for next steps – this may include medical tests which are scheduled separately, referrals to other services/specialists, recommendations for therapy, or treatment options.
- 6. When are medical tests or imaging recommended and is there anything that you want us to do before they see you?**
Testing recommendations are highly dependent on each individual patient, their symptoms, and the exam findings. Often there are times when no further medical workup is recommended (at least initially). Generally speaking, there is no need to order any tests before a patient is seen by us; it is difficult to make recommendations on a patient before they are seen. However, if there are developmental concerns, it is helpful if the primary care physician has already referred the patient for Early Intervention services or similar services, when applicable.
- 7. What happens after the appointment?**
The family is given recommendations for next steps and a follow-up plan is made. If medical tests are ordered, some will require insurance authorization (neuroimaging, prolonged EEGs, genetic tests). In this case, the hospital's central authorization department will work on the authorization and then notify the family once the test is approved.

8. What can parents do to help their children while they wait for their Neurology appointment?

Talk to the child's primary care physician about their concerns. If there are developmental concerns and the child is under 3 years, consider contacting Early Intervention / Regional Center for an evaluation. If there are developmental, behavioral, or learning concerns in an older child, consider contacting the school district for a psychoeducational / IEP evaluation. Start therapies if these have been recommended. If there are concerns for abnormal movements or spells concerning for seizure, try capturing them on video. If the child has had any prior evaluations, assessments, an IEP, or medical testing, please bring copies of all these reports to their appointment.



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