

**Figure 1**

The different areas of care required at each stage of DMD

<b>Stage 1: PRESYMPTOMATIC</b>  May be diagnosed at this stage if CK found to be elevated by chance or if positive family history  May show developmental delay but no gait disturbance	<b>Stage 2: EARLY AMBULATORY</b>  Gowers' manoeuvre Waddling gait May be toe-walking Can climb stairs	<b>Stage 3: LATE AMBULATORY</b>  Increasingly laboured gait Losing ability to climb stairs and rise from floor	<b>Stage 4: EARLY NON-AMBULATORY</b>  May be able to self-propel for some time Able to maintain posture May develop scoliosis	<b>Stage 5: LATE NON-AMBULATORY</b>  Upper limb function and postural maintenance is increasingly limited	
Requires diagnostic workup and genetic counselling		Likely to be diagnosed by this stage unless delayed for other reasons (e.g. concomitant pathology)			<b>DIAGNOSIS</b>
Anticipatory planning for future developments Ensure immunisation schedule complete	Ongoing assessment to ensure course of disease is as expected in conjunction with interpretation of diagnostic testing  At least six-monthly assessment of function, strength and range of movement to define phase of disease and determine need for intervention with steroids, ongoing management of steroid regime and side-effect management				<b>NEUROMUSCULAR MANAGEMENT</b>
Education and support Preventative measures to maintain muscle extensibility/minimise contracture Encouragement of appropriate exercise/activity Support of function & participation Provision of adaptive devices, as appropriate	Previous measures continued  Provision of appropriate wheelchair and seating, and aids and adaptations to allow maximal independence in daily activities, function and participation				<b>REHABILITATION MANAGEMENT</b>
Orthopaedic surgery rarely necessary		Consideration of surgical options for Achilles tendon contractures in certain situations	Monitoring for scoliosis: Intervention with posterior spinal fusion in defined situations  Possible intervention for foot position for wheelchair positioning		<b>ORTHOPAEDIC MANAGEMENT</b>
Normal respiratory function  Ensure usual immunisation schedule including 23-valent pneumococcal and influenza vaccines	Low risk of respiratory problems  Monitor progress		Increasing risk of resp. impairment  Trigger respiratory assessments	Increasing risk of resp. impairment  Trigger respiratory investigations and interventions	<b>PULMONARY MANAGEMENT</b>
Echocardiogram at diagnosis or by 6 years	Maximum 24 months between investigations until age 10 years, annually thereafter	Assessment same as in the younger group Increasing risk of cardiac problems with age; requires intervention even if asymptomatic  Use of standard heart failure interventions with deterioration of function			<b>CARDIAC MANAGEMENT</b>
Monitoring for normal weight gain for age Nutritional assessment for over/underweight				Attention to possible dysphagia	<b>GASTROINTESTINAL MANAGEMENT</b>
Family support, early assessment/intervention for development, learning and behaviour	Assessment/intervention for learning, behaviour and coping Promote independence and social development			Transition planning to adult services	<b>PSYCHOSOCIAL MANAGEMENT</b>