

Cerebral Palsy

Ages: 0-3

<p>What kinds of physicians will my child need?</p>	<p>Primary Care Physician - addresses general health needs of your child</p> <p>Orthopedic Surgeon/neuromusculoskeletal medicine - addresses the effects of cerebral palsy on muscles, nerves and bones</p> <p>Pediatric Neurologist/Neurosurgeon - for consultation about (possible) early surgery.</p> <p>Physical Therapist – addresses musculoskeletal and mobility impairments</p> <p>Occupational Therapist – helps your child interact with the environment and learn independence</p> <p>Speech Therapist - helps your child communicate effectively</p> <p>Nutritionist - addresses your child’s nutritional health</p> <p>Psychologist - addresses the emotional and social health of your family.</p>
<p>What other conditions may affect my child?</p>	<p>Epilepsy - in some cases, epilepsy occurs with cerebral palsy. The onset of epilepsy is normally within the first year of life. Antiepileptic drugs help with controlling seizures.</p> <p>Stunted growth - children with CP may have trouble eating due to muscle spasms of the mouth and other eating muscles (pseudobulbar palsy). Make sure your child is getting the required nutrients to grow healthily and consult your doctor to see if the gastric surgeries listed above would be effective for your child.</p> <p>Bladder and Bowel issues - spastic CP can affect muscles controlling the bladder and bowel, which can lead to incontinence. Adapted toilet seats, handrails, and clothing help with toilet success. Constipation is a common problem, resulting in decrease appetite and decrease water uptake. Simple diet modifications (drinking lots of water, juice, and eating lots of fruit) as well as the use of laxatives help with constipation.</p> <p>Sleeping issues - sleeping can be a problem with some children, especially for those with visual impairments. Adaptive pillows (for comfort and positioning while sleeping) and melatonin drug therapy are used to help.</p> <p>Pulmonary (lung) issues - bronchopulmonary dysplasia, reactive airway disease, aspiration, and recurrent chest infections are not uncommon with CP; a respiratory function analysis should be done on your baby.</p> <p>**It is important to know that these conditions are more common in individuals with CP, but a diagnosis of CP does not mean that your child will develop them.**</p>
<p>What kind of surgeries will my child need? When?</p>	<p>Surgery is not always necessary, but may be recommended to correct contractures (when a muscle or joint shortens without stimulation), and reduce spasticity of muscles in legs. Make sure you talk to your doctor about risks, benefits and long term effects of any surgery your child may receive.</p> <p>Possible surgeries:</p> <ul style="list-style-type: none"> • Surgeons may perform a gastrostomy or insert an intensive nasogastric tube if feeding and weight gain is difficult for your child because of orofacial (mouth/face) impairments. These surgeries can be done at

	<p>almost any age.</p> <ul style="list-style-type: none"> • Surgery to relieve spasticity in the hips and legs is also a possibility – there are two types: <ul style="list-style-type: none"> ○ tenotomy - involves removing sensory information from the tendons, lengthening them and decreasing spasticity and improving mobility ○ selective dorsal rhizotomy (SDR) - involves making tiny incision within the spinal cord to remove sensory information to decreasing spasticity. This is normally only used in cases where spasticity significantly inhibits mobility. • The timing of these procedures is in debate. Some doctors believe it is best to perform surgery after the development of a mature gait pattern (5-8 years of age). They believe rapid growth, postural maturation, and physiologic ligamentous tightening during the first few years of life contraindicate these procedures in the younger child. Other doctors believe performing surgeries before the child is two years old may help them to develop more typically. Consult with your doctor for more information on these surgeries and other options for your child.
<p>What kind of assistive devices are available?</p>	<p>Adaptive devices are commonly used for children with CP, especially to help with proper body positioning, spasticity, and mobility. Please use the informational list of adaptive devices, consult your physician, or check out the websites listed below.</p> <p>Car seats, stroller, and push chairs – help with proper positioning and posture while doing everyday activities</p> <p>Orthotics (particularly for the foot) – to correct some bone deformations and make walking easier, prevent hip migration, and prevent joint contractures</p> <p>Tricycles – not only for recreational use, but also used for physical therapy purposes</p> <p>Walkers and gait trainers – help support your child while walking (and learning to walk)</p> <p>Toileting chairs, Sleeping aids, Table and chairs, Bathing aids –used to make everyday activities more manageable</p> <p>Special handles and grips - for eating utensils, pens, pencils, making it easier for your child to hold things.</p> <p>Communication aids – such as a book or poster to spell out messages, and specialized computers that can talk for your child is he/she is difficult to understand.</p> <p>Computer technology – can help with multiple daily activities, like scanning documents, typing, pointing, etc. This can be very helpful if your child is non-verbal.</p> <p>Helpful websites: http://pattersonmedical.com/ http://www.ottobockus.com/</p>

	http://www.especialneeds.com/home.php
<p>What kinds of therapies are available?</p>	<p>Drug therapy can be used to control seizures associate with CP, reduce spasticity (in the short term, not necessarily long term), and control pain. They may be taken orally, or a pump can be surgically implanted to administer the drugs. The most common drugs for CP are oral Baclofin and Botox shots.</p> <p>Physical therapy helps keep muscles strong and flexible, which is important for children with spasticity. PT can help with walking, using a wheelchair, walker or braces, standing, climbing stairs, and using gross motor skill to kick a ball or ride a bike.</p> <p>Occupational therapy helps to teach your child how to care for him/herself and establish independence. This can range from toileting to dressing to writing.</p> <p>Sensory integration therapy is often used with OT and helps overcome problems experienced by many young children in absorbing and processing sensory information. Encouraging these abilities ultimately improves balance, and steady movement.</p> <p>Special braces are often used with PT to help compensate for muscle imbalance and improve mobility.</p> <p>Speech therapy helps your child learn to use throat and face muscles properly to communicate, eat, and breathe properly.</p> <p>Botox injections or botulinum toxin (BT-A, botox), can lead to muscle relaxation, reduced spasticity, increased range of motion, possible reduction of scissoring of the legs. Botox blocks nerve transmission to the muscles, therefore relaxing muscles. Each injection lasts from 3 to 6 months and is administered by a doctor. Researchers have found that botox works best for children under the age of six, especially true for children who have not developed fixed joint contractures. It is most effective when used in the early stages of spasticity while the child’s bones are still developing and before problems with bone development and deformity set in.</p> <p>Water therapy or aqua reduces the pressure on the child’s bones and joints, enabling them to move more freely than they can on land. It helps increase muscle strength, improve coordination, increase endurance, and relieve stress.</p>
<p>What sort of expectations should I have for my child’s physical development?</p>	<p>Your child’s physical capabilities depend on the type of CP. Most children with CP have motor developmental delay but the severity of motor deficit varies from child to child. Early intervention is important so that your child can develop to his/her full capability. Talk with your doctor about the specific needs of your child.</p>
<p>What sort of</p>	<p>There is no way to determine intellectual capability for people with CP – it</p>

<p>expectation should I have for my child's intellectual development?</p>	<p>depends on the type of cerebral palsy and what areas of the brain it affects. CP is often accompanied by a learning disability and delays in intellectual development. However, there is often an increase in motor, social, and intellectual function once they reach school age and are given more opportunities to learn. It is important not to underestimate the capabilities of your child, but be patient and allow them to excel to their full potential.</p>
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Cerebral Palsy

Ages 4-12

From the ages of 4-12 you will still need to continue using the same information as above regarding doctors to consult and therapies that are available, so please refer back to the chart for ages 0-3. This chart includes additional things you may need to do after your child turns 4.

<p>What should I continue to do?</p>	<ul style="list-style-type: none"> - Keep regular appointments with your doctors and therapists. - Make sure your child stays active. - Monitor any changes, especially in your child's musculoskeletal development. - Enjoy your child!
<p>What kind of surgeries will my child need?</p>	<p>Again, surgery is not always necessary, but may be helpful to correct musculoskeletal problems. It is important that you continuously check in with your orthopedic surgeon as your child grows to monitor any changes that may occur or need to be corrected. The surgeries described above are still important to consider at all ages. As your child grows, various skeletal problems may occur and sometimes surgery is available to help correct them and improve mobility. This type of surgery is required only if the bones (in particular, leg bones) are significantly deformed and must be realigned. This is called derotation osteotomy. This is normally only used for severe impairments - consult your doctor to see if this is an option for your child.</p>
<p>What kind of assistive devices are available?</p>	<p>The previous list of adaptive devices (in the 0-3) is still applicable, but here are a few more options for your growing child. For more details about any of this equipment look at the adaptive devices list or the websites listed above.</p> <p>Wheelchairs – can help with proper body positioning and simply getting around. Wheelchairs can be self propelled or electric.</p> <p>Computer technology – can help with multiple daily activities, like scanning documents, typing, pointing, etc. This can be very helpful if your child is non-verbal.</p>
<p>What kinds of therapies are available?</p>	<p>Again, this is not an exhaustive list, but continue with therapies listed above and consider these types of therapies as your child gets older:</p> <p>Massage therapy – may help to relax tense muscles, improving mobility.</p> <p>Counseling – to help modify behavioral and emotional difficulties in children and in your family life too.</p> <p>Hyperbaric oxygen treatment is a form of therapy that involves your child sitting in a pressurized air chamber while pure oxygen is administered at a</p>

	<p>controlled pressure. This can lead to improved breathing, new blood vessel growth, decrease swelling and inflammation, deactivations of toxins, strengthened immune system</p> <p>Hippotherapy – a new type of therapist which involves interacting with horses to aid in achieving normal balance, improving posture, movement, muscle strength, and overall coordination.</p>
What will my child do for school?	<p>Going to school is important for emotional and social development of your child. Your child has a right to attend public school and receive the same free education as every other child. Before sending them to school, you should know if your child has a learning disability or physical disability that may impair their learning. If he/she does, then they qualify for special education assistance. Depending on the school district, your child may be “mainstreamed” and placed in general education classes with everyone their age, but with a modified work to accommodate their learning disability. This is known as “inclusion” in the public schools. Your child may also be placed in a special education classroom with other students who qualify for special education accommodations.</p> <p>Additional information about Individualized Education Programs (IEP): http://www.cerebralpalsysource.com/Education_and_Patients/iep_cp/index.html</p>

Cerebral Palsy

Ages 13-18

What new challenges will my child experience as he/she gets older?	<p>Puberty can be a difficult time, but it may be especially challenging for teens with CP. Rapid growth can cause weight gain and clumsiness in any teen, but can make it even more difficult for someone with CP to move around. A person's muscles can also become tighter as the bones grow, which can restrict movement even more. Continue with regular appointments with your doctors to monitor your child's health and consider how surgeries and adaptive devices described above may help your child.</p>
What else can I do?	<p>Keep regular appointments with your doctors and therapists to help monitor health.</p>

Cerebral Palsy

Ages 19 and beyond

What new challenges will my child experience as he/she gets older?	<p>Although CP is not a progressive disease, it is important to continue with regular appointments with your doctors to ensure that no complications arise. Symptoms may worsen due to secondary factors or damage to the body. People with CP tend to develop arthritis at a younger age because of the stress placed on the joints by spastic muscles. The type of wheelchair or walker a person with CP uses may need to change based on their life style. Please look at the list of adaptive equipment, other websites, and talk with your doctor if you feel you need to modify the type of devices you use.</p>
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References

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