

What is Cerebral Palsy?

Cerebral Palsy (CP) is a **disorder of movement that results from damage to part of the brain**. So what does the term 'cerebral palsy' mean? 'Cerebral' refers to the brain and 'palsy' means weakness or paralysis or lack of muscle control.

Movement is a complex process. Getting up from a chair, riding a bicycle, turning a page, switching on the stove and even turning around to watch the cat all involve pathways that begin in the brain.

Some movements are automatic, for example, we withdraw our hands quickly from a hot surface, whereas other movements may require a lot of thought, for example, getting out of bed on a cold wet morning.

Many different diseases or conditions can affect the child's movements, there may be problems with the brain, spinal cord, nerves or muscles. In CP there is damage or lack of development in one or more areas of the brain.

The term '**cerebral palsy**' is used when the problem has occurred whilst the brain is still undergoing rapid development (before birth, around the time of birth or early in life up to the age of about 5 years).

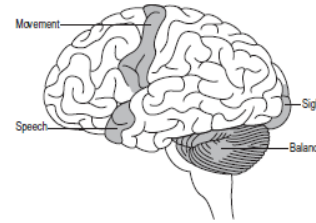
- Every child with CP is different, the term 'cerebral palsy', is like an umbrella term that describes a whole range of different problems.
- The movement problems can range from mild to severe. The child may be slightly clumsy in one arm or leg, and the problem may be barely noticeable, or the child may have more difficulties in performing everyday tasks and movements.
- Children with CP can have weak, stiff, awkward, slow or shaky movements or difficulties with balance.

How often does CP occur? CP occurs in about 2.0–2.5 per 1000 live births

What are the causes of CP?

Many risk factors for CP have been identified. The exact manifestation of the lesion will depend on many factors: When the insult occurred (before, during or after birth); The timing of the damage; The size of the lesion; What type of lesion it was; The location in the brain of the lesion.

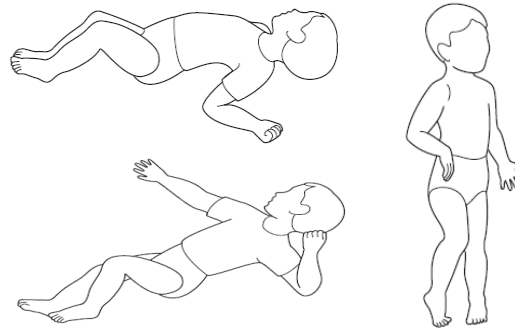
All these aspects will affect the type of movement disorder, the body parts affected and the severity of movement problems.



Consequences of the motor disorder

The child with CP may have different types of movement disorder: increased postural tone (hypertonia or spasticity), decreased postural tone (hypotonia), fluctuating tone (athetosis), a mixture of these (dystonia) or tremor (ataxia). The expression of these lesions will mean that the child with CP will display atypical postures and movements.

Some children with CP may have other disabilities or health problems associated with the motor disorder.



Children with Cerebral Palsy

Children with CP need the same love, care and acceptance as all other children, and are more like other children than unlike them

Practical tips on forming a relationship with the child:

Spend time together just watching each other. Get to know the child's movements and what they may mean. Look at the child in the eyes but do not force eye contact, as this can cause distress in children with a sensitive temperament. Just gently encourage the child to look at you.

Talk to the child. Children often enjoy hearing your voice and knowing you are around. Give them a chance to respond to you. Smile and play with the child. Children imitate adults, even very young children or children with cognitive difficulties respond to a song, a baby books and stories, rattles, stuffed animals and brightly coloured objects. Recognize the child's temperament.

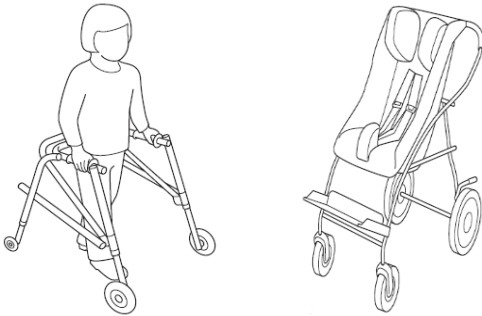
Children's temperaments may be easy or difficult. If the child is in a different situations than usual he or she may find some difficult to adapt to. Introduce the child to new situations gently to help him or her to learn to relax and trust you.

Children need to find ways to relax when they are stressed. Caregivers need to be aware that the child needs to prepare and adjust to new and different situations than usual. Prepare the child for what will happen to him. Try adjusting your language or use gestures to let the child understand what is about to happen. If the child is nervous and distressed, if possible, slow down as quickly as possible. Do not worry if you make a mistake, no one is perfect. Do not be afraid to ask for help.

Consequences of the motor disorder

The severity of the movement problems

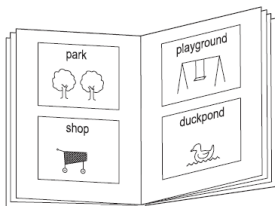
A classification system, called the Gross Motor Function Classification System, provides information about the movement problems of children with CP based on their functional ability and their need for walking frames, wheelchairs and other mobility devices. There are five levels: children in levels 1 and 2 walk independently, children in level 3 generally need walking frames or elbow crutches, children in levels 4 and 5 use wheelchairs



Speech and language problems

The development of speech involves a number of factors, including learning to control the movements around the mouth and attaining the necessary learning skills. Some children with CP will not have any difficulties in learning to talk; others will need alternative methods of communication.

Careful consideration needs to be given to those children whose communication difficulties are such that they cannot properly express their thoughts and ideas.



Poor saliva control (dribbling or drooling)

Children often dribble in the early years, this can persist in children with CP due to problems with control of the muscles around the mouth. It is often associated with eating and drinking difficulties and with delayed or absent oral speech.

What other problems may the child have?

Epilepsy

Epilepsy may develop in about one in three of all children with CP. There are various types of epilepsy and medication is prescribed following a careful diagnosis of the seizure type. Some children may only have very occasional seizures whereas in others the problem may be more persistent.

Intellectual or learning disability

There is a wide range of intellectual ability in children with CP. Children with severe physical disabilities may have normal intelligence.

Perceptual difficulties

Some children with CP may have perceptual difficulties, for example, they may have problems judging the size and shape of objects or understanding distances.

Visual or hearing problems

Visual problems include strabismus that may require patching, eye drops or surgery. Refractive errors, such as being longsighted or short-sighted, may be improved by the use of glasses. In addition some children do not see well because of problems arising in the part of the brain that controls vision. This is called cortical visual impairment.

Difficulties with hearing are uncommon in children with CP. There are various types of hearing loss. Hearing aids can be used in certain types of hearing loss. An increasing number of children with severe or profound hearing loss are being offered cochlear implants. Hearing is vitally important for the development of speech and communication.

Children with Cerebral Palsy

Health problems

Children with CP have the same health problems as other children of the same age. They are just as likely to develop coughs and colds and other common childhood illnesses. Some children with severe CP may have specific health problems:

- Constipation (it is important that constipation is controlled with dietary modifications - more fiber and more fluids)
- Malnutrition due to difficulty in chewing and swallowing coordination;
- Gastroesophageal reflux (food back into the oesophagus) - Symptoms may include vomiting, discomfort and have a lack of appetite. Conservative measures, such as ensuring the child is upright after a meal and thickening liquids, can be helpful. Sometimes medication is used to reduce stomach acid content;
- Pain - some children with severe CP have bone deformities that can cause pain.
- Recurrent lung infection - This is more likely to occur in children with severe chewing and swallowing difficulties.

Even in difficult circumstances something can be done to help the child

There are times when you can not protect the child and keep he or she from going through tense or stressful times, but there are many ways you can help the child to prepare to deal with the less good experience. Talk to him or her and make sure they he or she know's you're there to help.

If the child cannot understand such explanations due to age or disability, it is still worth talking to the child in a calm voice and trying to relax the child; try to help him with proper techniques, including the use of massage, soft music, and multisensory toys.

Be involved and approach to the child honestly and truthfully. You will see that he or she recognizes your authenticity and commitment. .