

Commentary

Cerebral palsy (CP) describes a group of permanent disorder of the development of movement and posture that cause activity limitations that are attributed to non-progressive disturbances that occurred in the developing fetal or infant brain.^[1] CP is suspected in children who have delayed or abnormal motor development, especially in those with a history of prenatal, perinatal, or postnatal brain insults. A definite cause can not be identified for many children who have CP. American academy of neurology has established practice parameters for the diagnostic evaluation of a child with CP.^[2] A brain MRI should be done in all cases of CP if the etiology has not been established.

Radiographic abnormalities are most commonly found in those with hemiplegia and quadriplegia.^[3] Parents often are concerned regarding the prognosis for independent ambulation of their child with CP.^[4] Good head control at 9 months, bearing of weight through their hands in prone position at eighteen months, sitting by twenty four months and crawling by thirty months have a good prognosis for independent ambulation.^[5]

There has been a rise in the awareness of the role of the family care in the process of habilitation of infants with special needs. It is of paramount importance to involve

both infant and family for early interventions. The emerging concept of family centered services (FCS) is reflection of changing participation of the family members over time. FCS is made up of a set of values, attitudes and approaches to services for children with special needs and their families. It recognizes that each family is unique; that the family is constant in the child's life; and that family members are expert on the child's abilities and needs. The family works together with the service providers to make informed decisions about the services and supports the child and family needs. In family centered services the strengths and needs of all family members are considered.^[6]

Anish *et al.*^[7] in their study 'Elementary school enrolment and its determinants among children with cerebral palsy' pointed out that disability of patients with CP is often complicated by socioeconomic backwardness which prevents them from availing basic human rights including education. The concept of conductive education (CE) developed by Andras Peto needs to be addressed here. It's a comprehensive method of learning by which individuals with neurological and mobility impairment, like cerebral palsy, learn to specifically and consciously perform actions that children without such impairment learn through normal life experiences. With conductive education, children may use specialized learning strategies to perform daily functions. This whole process depends on a close; inter personal relationship between the special teachers (called conductors) and the taught, and on the motivational force generated within the group. Although conductive education has been seen by parents as being very positive, research studies of the efficacy of CE has been inconclusive. Conductive education is generally very safe, and can provide children with insights and skills about their abilities, their role in their family and their social group. But not all children with cerebral palsy would be considered a good candidate for such programming, thus necessitating programme evaluation. Thus, this study emphasizes on improving motor skills and language skills

of the children with CP from a very young age, so that it may help child to seek some kind of education.

Girish C Bhatt

Department of Pediatrics, All India Institute of Medical Sciences,
Bhopal, India

Address for correspondence:

Dr. Girish C. Bhatt,
Flat no. 4012. Type IV, Residential Complex,
AIIMS, Bhopal, India.
E-mail: drgcbhatt@gmail.com

References

1. American Academy of Pediatrics. Policy statement: The Doman-Delacato treatment of neurologically handicapped children. *Pediatrics* 1982;70:810-2.
2. World Health Organization. International Classification of Functioning, Disability and Health. Geneva, Switzerland: World Health Organization; 2001.
3. Family Voices. National Center for Family/Professional Partnerships. Available from: www.fv-ncfpp.org. Accessed <http://www.fv-ncfpp.org/>. [Last accessed on 2011 Aug 30].
4. Rosenbaum P. Cerebral palsy: What parents and doctors want to know. *BMJ* 2003;326:970-4.
5. Fedrizzi E, Facchin P, Marzaroli M, Pagliano E, Botteon G, Percivalle L, *et al.* Predictors of independent walking in children with spastic diplegia. *J Child Neurol* 2000;15:228-34.
6. Rosenbaum P. Families and service providers: Forcing effective connections, and why it matters. In: Scutton D, Damiano D, Mayston M, editors. *Management of the motor disorders of children with cerebral palsy*. Cambridge, UK: Cambridge University Press; 2004. p. 22-31.
7. Anish TS, Ramachandran R, Sivaram P, Mohandas S, Sasidharan A, Sreelakshmi PR. Elementary school enrolment and its determinants among children with cerebral palsy in Thiruvananthapuram district, Kerala. *J Neurosci in Rural Pract* 2013;4(Suppl 1):s40-4.

Access this article online

Quick Response Code:



Website:

www.ruralneuropractice.com