

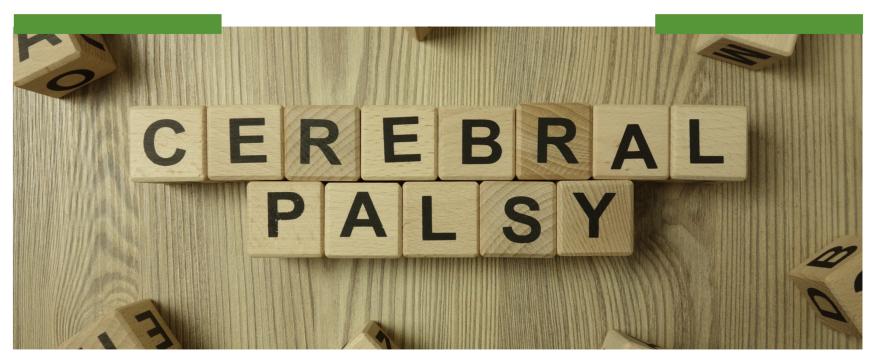
» PHYSIOBIZ ««

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CEREBRAL SPOTLIGHT: NAVIGATING CEREBRAL PALSY WITH EXPERT GUIDANCE







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Cerebral palsy (CP) encompasses a cluster of neurological disorders manifesting in infancy or early childhood, leading to enduring impacts on body movement and muscle coordination. This condition stems from damage or anomalies within the developing brain, disrupting its capacity to regulate movement, posture, and balance. "Cerebral" denotes the involvement of the brain, while "palsy" signifies motor function impairment.



CEREBRAL PALSY MAY
MAKE SOME THINGS
DIFFICULT, BUT IT ALSO
GIVES ME A UNIQUE
PERSPECTIVE ON THE
WORLD." – UNKNOWN





>>> CAUSES OF CP

Affects one limb, usually an arm.

The causes of CP vary; in some instances, regions of the brain responsible for muscle movement fail to develop properly during foetal development, while in others, damage occurs due to brain injury before, during, or after birth. Unfortunately, this damage is irreversible, resulting in permanent disabilities.

Cerebral palsy stands as the predominant motor disability observed in childhood, characterised by a multitude of diverse and multifaceted origins. Its causes encompass a wide spectrum including congenital, genetic, inflammatory, infectious, anoxic, traumatic, and metabolic factors. Damage to the developing brain can occur during prenatal, natal, or postnatal stages.

Statistics reveal that a substantial portion, approximately 75%-80%, of CP cases stem from prenatal injuries, while less than

10% result from significant birth trauma or asphyxia. Notably, prematurity and low birth weight emerge as pivotal risk factors, with the likelihood of CP escalating as gestational age and birth weight decrease.

>>> CLASSIFICATION OF CEREBRAL PALSY

The classification of conditions like CP serves a crucial purpose by grouping cases with similar characteristics together, aiding in setting realistic expectations and guiding treatment strategies. Cerebral palsy classification hinges on several factors, including severity, topographical distribution (which body parts are affected), muscle tone, and functional ability. Severity is typically categorised as mild, moderate, or severe, providing a broad yet accessible means of conveying the extent of impairment. While lacking specific criteria, this classification simplifies communication regarding the scope of the condition.

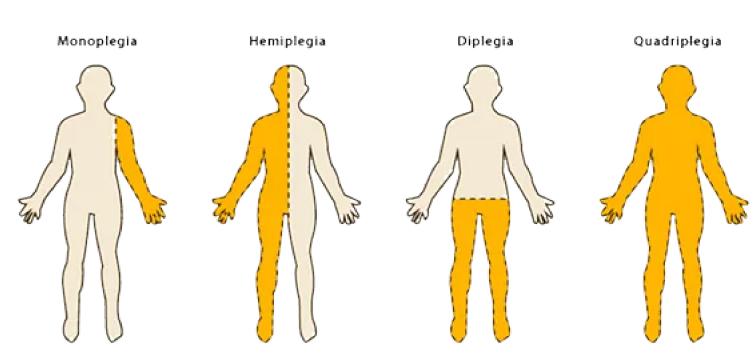
Topographical distribution helps us understand which parts of the body are affected by cerebral palsy. It works together with motor function classification to show us how and where the condition shows up in the body. This information proves valuable in tailoring treatment approaches.

Muscle tone describes the impact of cerebral palsy on muscle function and coordination. Terms such as hypertonia (increased muscle tone, often leading to stiff limbs, associated with spastic CP) and hypotonia (decreased muscle tone, resulting in floppy limbs, associated with non-spastic CP) are commonly employed to characterise muscle tone variations.

Affects symmetrical parts of

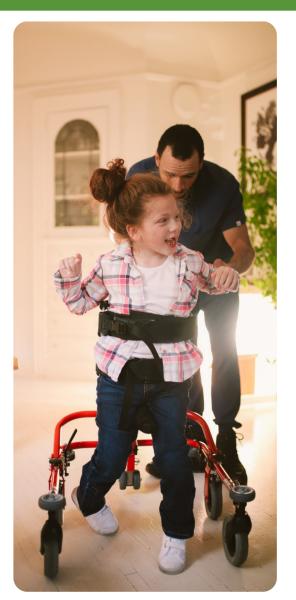
the body (legs or arms).

Affects all four limbs



Affects one side of the body.

including arm, leg, and trunk.



PHYSIOBIZ



>>> WHY PHYSIOTHERAPY?

Physiotherapy often serves as the initial approach in addressing CP, aiming to enhance motor skills and mitigate the progression of movement difficulties. Through a combination of strength and flexibility exercises, hippotherapy, and specialised equipment, physiotherapy endeavours to foster greater independence in children affected by CP.

The efficacy of physiotherapy varies depending on the severity and subtype of CP in each case. While children with milder forms may require only minimal therapy, those with more severe presentations may necessitate physical therapy alongside other interventions or medications. Initiating physiotherapy at the earliest opportunity typically maximises the potential for improvement in affected children.

Physiotherapy offers a multitude of benefits for individuals with CP, ranging from mobility enhancement to the prevention of future complications such as contractures and joint dislocations, achieved by promoting strength and flexibility. Many children with CP experience increased self-reliance through participation in physiotherapy sessions.

The primary objective of physiotherapy is to facilitate daily movements for children with CP, aiming to improve coordination, balance, strength, flexibility, endurance, pain management, posture, gait, and overall health.





References are available on request. Please email Dr Diana Coetzer at socialmedia@saphysio.co.za.