Cerebral Palsy

Cerebral Palsy is a physical disability that affects movement and posture.

**DIAGNOSIS**

- Infant has risks for cerebral palsy?
  - No
  - Yes

- Infant has abnormal motor development?
  - No
  - Yes

- Infant has abnormal neuroimaging?
  - No
  - Yes

**Assessing Motor Development**

- Age: <20 weeks (corrected)
- Age 6-12 months

**Abnormal Neuroimaging**

- % of all CP
  - Periventricular white matter injury: 19%
  - Cerebral malformation: 11%
  - CVA: 11%
  - Grey matter injury: 22%
  - Intracranial haemorrhage: 3%
  - Infection: 2%
  - Non-specific: 19%
  - Normal: 13%

**Risks For Cerebral Palsy**

- Maternal Risks (thyroid, pre-eclampsia, bleeding, infection, IUGR, placental abnormalities, multiple(s))+/-
- Born Premature
  - <28 weeks: 10.0%
  - 28-31 weeks: 5.0%
  - 31-37 weeks: 0.7%
- Term Born
  - Encephalopathy: 12.0%
  - Healthy, no known risks: 0.1%

**Neuroimaging**

- Hammersmith Infant Neurological Assessment (HINE). Helps predict severity.
  - Developmental Assessment of Young Children (DAYC).
  - 83% predictive.
  - Hammersmith Infant Neurological Assessment (HINE). 90% predictive.

**PROGNOSIS**

Cerebral palsy can affect different parts of the body:

- Most children with cerebral palsy will walk
  - 60% are independent ambulators
  - 10% walk with an aid
  - 30% use a wheelchair

**PAIN, BEHAVIOIR AND SLEEP DISORDERS**

- Treat early & ensure pain is managed
- Conduct investigations & allow more time
- Assess early & accommodate
- Assess swallowing safety & monitor growth
- Assess early & accommodate

**ASSOCIATED CONDITIONS AND EVIDENCE-BASED TREATMENT**

CP is almost always accompanied by a number of associated conditions and these can be as disabling as the physical condition.

<table>
<thead>
<tr>
<th>PAIN</th>
<th>INTELLECTUAL DISABILITY</th>
<th>NON-AMBULANT</th>
<th>HIP DISPLACEMENT</th>
<th>NON-VERBAL</th>
<th>EPILEPSY</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 in 4</td>
<td>1 in 2</td>
<td>1 in 3</td>
<td>1 in 3</td>
<td>1 in 4</td>
<td>1 in 4</td>
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<tr>
<td>Treat to prevent sleep &amp; behavioural disorders</td>
<td>Poorer prognosis for ambulation, continence, academics</td>
<td>Independent sitting at 2yrs predicts ambulation</td>
<td>6-12 monthly hip surveillance using x-ray</td>
<td>Augment speech early</td>
<td>Seizures will resolve for 10-20%</td>
</tr>
</tbody>
</table>

**BEHAVIOUR DISORDER**

- 1 in 4
  - Treat early & ensure pain is managed
- 1 in 4
  - Conduct investigations & allow more time

**BLADDER INCONTINENCE**

- 1 in 5
  - Conduct investigations & ensure pain is managed

**SLEEP DISORDER**

- 1 in 10
  - Assess early & accommodate

**BLINDNESS**

- 1 in 15
  - Assess swallow safety & monitor growth

**NON-ORAL FEEDING**

- 1 in 25
  - Assess early & accommodation

**DEAFNESS**

World Cerebral Palsy Day worldcpday.org

The content for this infographic was drawn from: