

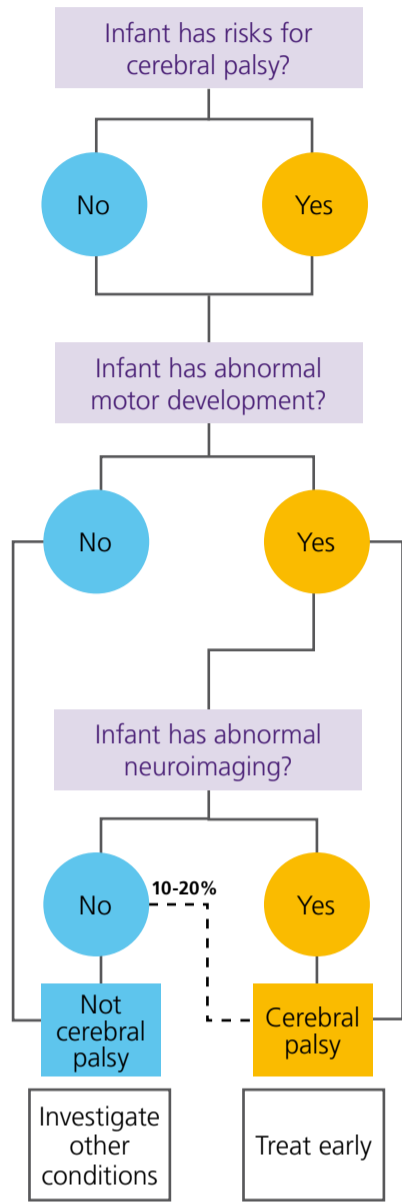
# Cerebral Palsy

## DIAGNOSIS AND TREATMENT

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

**17 million**  
people with cerebral palsy  
worldwide

### DIAGNOSIS



#### Risks for Cerebral Palsy

Risk Factor	CP Risk
Maternal Risks (thyroid, pre-eclampsia, bleeds, infection, IUGR, placental abnormalities, multiples)+/-	
<b>Born Premature</b>	
• <28 weeks	10.0%
• 28-31 weeks	5.0%
• 31-37 weeks	0.7%
<b>Term Born</b>	
• Encephalopathy	12.0%
• Healthy, no known risks	0.1%

#### Assessing Motor Development

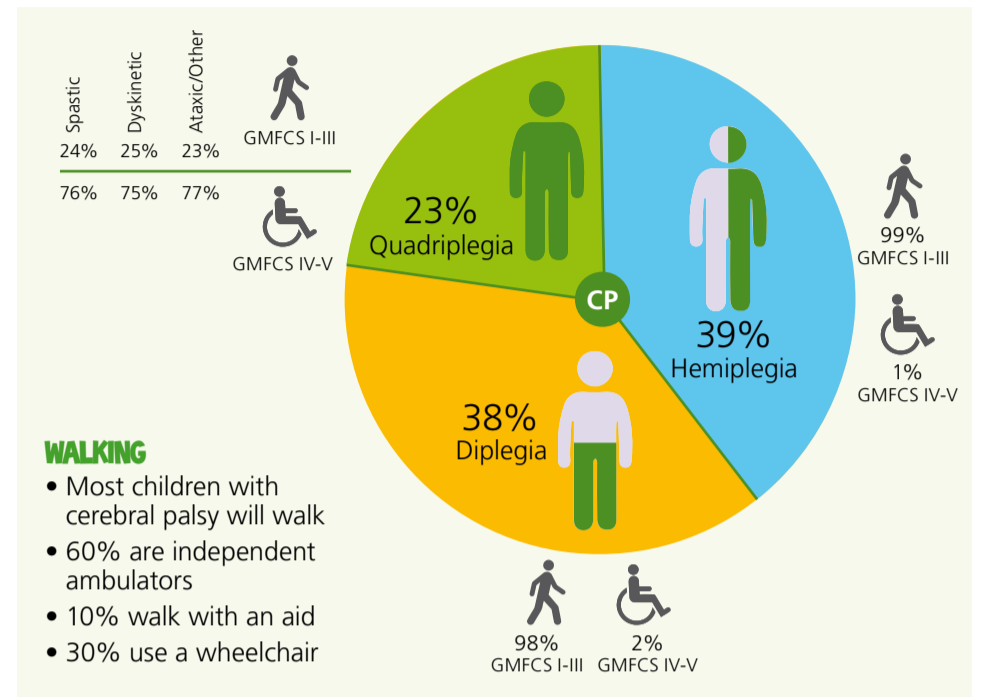
Age: <20 weeks (corrected)	Age 6-12 months
General Movements Assessment. 95% predictive.	Developmental Assessment of Young Children (DAYC). 83% predictive.
Hammersmith Infant Neurological Assessment (HINE). Helps predict severity.	Hammersmith Infant Neurological Assessment (HINE). 90% predictive.

#### Neuroimaging

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%

### PROGNOSIS

Cerebral palsy can affect different parts of the body:



#### WALKING

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



#### LIFE-LONG

Cerebral palsy is a life long disability. Disability may increase with age, and ageing may occur earlier.

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#### SEVERITY

Predictions of severity are most accurate at 2 years of age.



#### PAIN, BEHAVIOUR AND SLEEP DISORDERS

in people with cerebral palsy are under-recognised. Assess and treat.



#### TREATMENT

Without rehabilitation and orthopaedic management, a person with cerebral palsy can deteriorate physically.

### 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.

<b>PAIN</b>  <b>3 in 4</b> Treat to prevent sleep & behavioural disorders	<b>INTELLECTUAL DISABILITY</b>  <b>1 in 2</b> Poorer prognosis for ambulation, continence, academics	<b>NON-AMBULANT</b>  <b>1 in 3</b> Independent sitting at 2yrs predicts ambulation	<b>HIP DISPLACEMENT</b>  <b>1 in 3</b> 6-12 monthly hip surveillance using x-ray	<b>NON-VERBAL</b>  <b>1 in 4</b> Augment speech early	<b>EPILEPSY</b>  <b>1 in 4</b> Seizures will resolve for 10-20%
<b>BEHAVIOUR DISORDER</b>  <b>1 in 4</b> Treat early & ensure pain is managed	<b>BLADDER INCONTINENCE</b>  <b>1 in 4</b> Conduct investigations & allow more time	<b>SLEEP DISORDER</b>  <b>1 in 5</b> Conduct investigations & ensure pain is managed	<b>BLINDNESS</b>  <b>1 in 10</b> Assess early & accommodate	<b>NON-ORAL FEEDING</b>  <b>1 in 15</b> Assess swallow safety & monitor growth	<b>DEAFNESS</b>  <b>1 in 25</b> Assess early & accommodate

World Cerebral Palsy Day [worldcpday.org](http://worldcpday.org)

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The content for this infographic was drawn from:  
 1. McIntyre, S., Morgan, C., Walker, K. & Novak, I. (2011). Cerebral palsy-don't delay, Developmental Disabilities Research Reviews, Volume 17, Issue 2, pages 114-129. 2. Novak, I. (2014). Evidence-based diagnosis, health care, and rehabilitation for children with cerebral palsy, Journal of Child Neurology, 22 June 2014

