

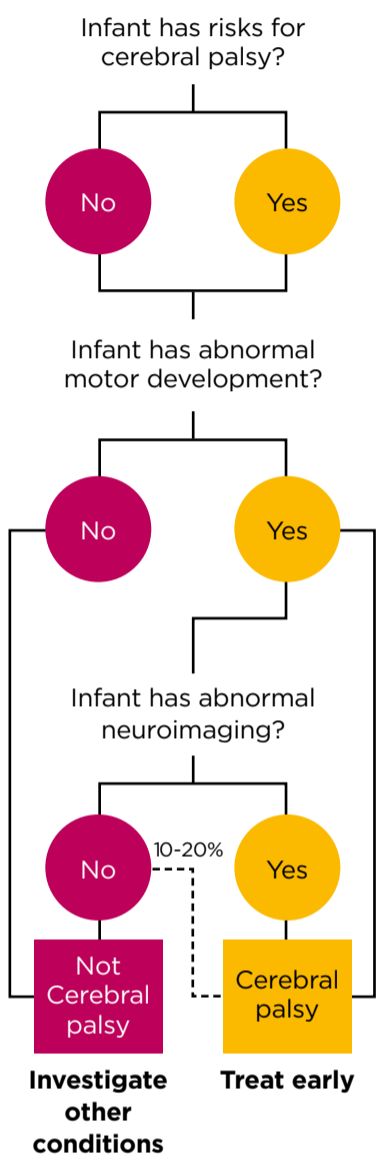
CEREBRAL PALSY

DIAGNOSIS AND TREATMENT

17 million people
with cerebral palsy worldwide

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

DIAGNOSIS



RISKS FOR CEREBRAL PALSY

Risk Factor	CP Risk
Maternal Risks (thyroid, pre-eclampsia, bleeds, infection, IUGR, placental abnormalities, multiples)+/-	
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%

ASSESSING MOTOR DEVELOPMENT

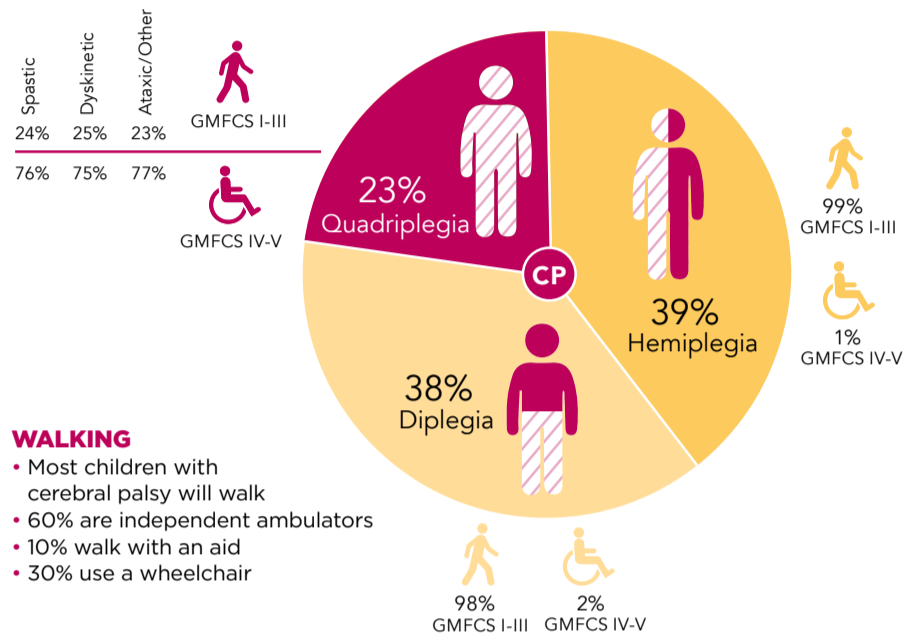
Age: <20 weeks (corrected)	Age 6-12 months
General Movements Assessment. 95% predictive.	Developmental Assessment of Young Children (DAYC). 83% predictive.
Hammersmith Infant Neurological Assessment (HINE). Helps predict severity.	Hammersmith Infant Neurological Assessment (HINE). 90% predictive.

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.



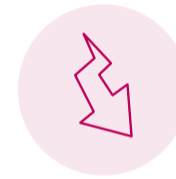
SEVERITY

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.

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

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