



apd

**WESTERN CAPE
ASSOCIATION FOR
PERSONS WITH
DISABILITIES**
TM. WCAPD

PO Box 1544
Millerton
7435

Phone : (021) 555-2881
Fax : (021) 555-2888
E-mail : director@apd-wc.org.za
Website : www.apd-wc.org.za

ShareCall : 0861 APD INFO
0861 273 4636

More information

Western Cape Cerebral Palsy Association
(021) 685-4150
ceo@wccpa.org.za

adding
value
to
lives

Focus on... Cerebral Palsy

Description of disability

Cerebral Palsy is a disability of posture and movement caused by damage to, or the imperfect development of those areas of the brain, which control movement. The damage may occur before or during birth or during childhood. The effect is that the control by the brain over the functioning of the musculature and co-ordination of the body is disturbed. There is no direct injury to the limbs as such. Sometimes damage results in deafness and some people with cerebral palsy experience perceptual difficulties. Others have such a severe degree of handicap they will not seek employment. Few people with cerebral palsy have above average intelligence although they may appear to be mentally retarded because of speech difficulties. However, as a result of their disability most cerebral palsied people are below average intelligence so accurate assessment is essential. It is a static condition and will not result in deterioration. While the essential feature of cerebral palsy is that there is inadequate brain control over movement, other areas of the brain are very frequently also involved, so that the vast majority of persons with cerebral palsy have additional disabilities. The most important of these is mental impairment. A small percentage of all children with cerebral palsy have above average, average or only slightly below average intelligence and are therefore capable of profiting from formal education, the remainder have moderate to very severe intellectual disabilities, and these benefit from admission to training schools or special care centres.

Speech difficulties, ranging from slightly slurred speech to lack of any intelligible speech can create severe problems. Recurrent seizures (epilepsy) occur in about 20% of these children. Visual and hearing impairments are also quite common. A number of children experience difficulties in perception, that is to say the ability to give full meaning to what they see, hear or touch., leading to learning problems. In some cases the associated difficulties may be more handicapping than the movement problems. Probably the most devastating disability is the inability to communicate. Where a child has neither use of his hands nor intelligible speech, it often requires a considerable time, patient observation and experience to determine the child's true intellectual level.

Speech difficulties, ranging from slightly slurred speech to lack of any intelligible speech can create severe problems. Recurrent seizures (epilepsy) occur in about 20% of these children. Visual and hearing impairments are also quite common. A number of children experience difficulties in perception, that is to say the ability to give full meaning to what they see, hear or touch., leading to learning problems. In some cases the associated difficulties may be more handicapping than the movement problems. Probably the most devastating disability is the inability to communicate. Where a child has neither use of his hands nor intelligible speech, it often requires a considerable time, patient observation and experience to determine the child's true intellectual level.

Speech difficulties, ranging from slightly slurred speech to lack of any intelligible speech can create severe problems. Recurrent seizures (epilepsy) occur in about 20% of these children. Visual and hearing impairments are also quite common. A number of children experience difficulties in perception, that is to say the ability to give full meaning to what they see, hear or touch., leading to learning problems. In some cases the associated difficulties may be more handicapping than the movement problems. Probably the most devastating disability is the inability to communicate. Where a child has neither use of his hands nor intelligible speech, it often requires a considerable time, patient observation and experience to determine the child's true intellectual level.

Speech difficulties, ranging from slightly slurred speech to lack of any intelligible speech can create severe problems. Recurrent seizures (epilepsy) occur in about 20% of these children. Visual and hearing impairments are also quite common. A number of children experience difficulties in perception, that is to say the ability to give full meaning to what they see, hear or touch., leading to learning problems. In some cases the associated difficulties may be more handicapping than the movement problems. Probably the most devastating disability is the inability to communicate. Where a child has neither use of his hands nor intelligible speech, it often requires a considerable time, patient observation and experience to determine the child's true intellectual level.

What Causes Cerebral Palsy?

Cerebral Palsy is not a disease and it is unusual for two cases to occur in the same family. Broadly speaking, a child with Cerebral Palsy is born once in every 400 live births. Cerebral Palsy may be caused by many factors, not all of which have yet been identified. Problems may occur during pregnancy, during birth or immediately after birth. Another group of cases, known as acquired cerebral palsy, occur as a result of damage to the brain during childhood. This may arise as a result of illness

(meningitis or encephalitis) or may be due to accidental brain injury, especially resulting from motor vehicle accidents, which are unfortunately becoming more frequent.

Classification of Cerebral Palsy

There are three main forms of Cerebral Palsy-
Spasticity, Athetosis and Ataxia.

Spasticity is the most common type. This results from damage to the motor cortex of the brain. The spastic child has increased tone in the affected muscles and frequently develops joint contractures requiring surgical intervention. The spasticity may affect one side of the body only (hemiplegia) or both legs with only slight arm involvement (diplegia) or all limbs and trunk may be affected (quadriplegia or 'Total Body Involvement').

The main feature of athetoid Cerebral Palsy is fluctuating muscular control associated with involuntary movements. The child with ataxia has an unsteady gait, with tremor on attempting activities and difficulty with balance and co-ordination. It is linked to injury to the cerebellum. It is a much less common form of Cerebral Palsy.

Some may have a combination of more than one of these three types. Whatever the classification, they may be mildly, moderately or severely affected. It may be difficult to diagnose cerebral palsy with any certainty in very young infants and it is often not possible to classify them into one or other type when they are very young.

Treatment of Cerebral Palsy

Cerebral Palsy cannot be cured as no way has yet been found to restore damaged or underdeveloped brain cells. The damage will not increase, but the effect of the damage may become more obvious as the child grows older. However, correct treatment given early in life can offer great benefit. Diagnosis and assessment should be followed by a comprehensive treatment programme and the parents should be shown how to carry out a part of it at home as they have an essential part to play in the programme. The treatment is undertaken by physiotherapists, occupational therapists and where necessary, speech therapists. One person alone cannot manage Cerebral Palsy - ideally there should be team involvement. Apart from the parents, the doctor looking after the child and the therapists, other important members of the team include other medical specialists, the social worker, the psychologist, teachers and other caregivers. Many children, especially those with spasticity require orthopaedic surgery.

Prognosis

While some educable cerebral palsy children can cope in mainstream schools, with extra assistance where necessary, others, especially those with additional disabilities, need special schools, which can provide for all their educational needs. The aim of the treatment and the management of all children with cerebral palsy is to provide them with the best possible quality of life and to enable them to reach their own maximum potential as adults and be integrated into the life of their community, and if feasible, earn their living.

