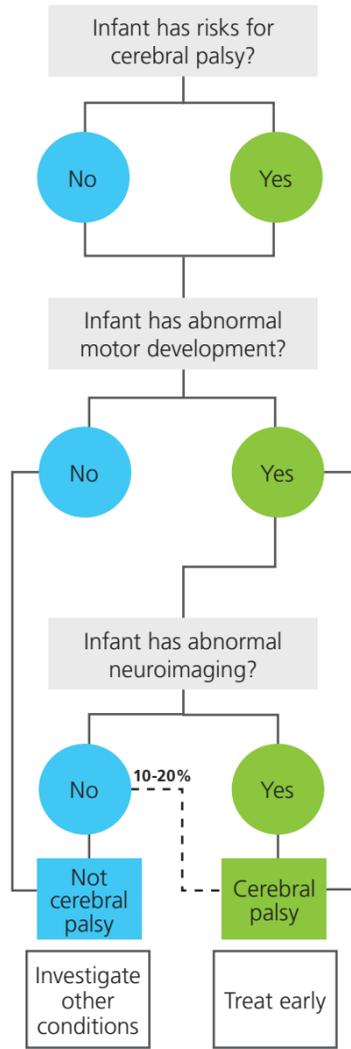


Cerebral Palsy

DIAGNOSIS AND TREATMENT

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	10.0%
• <28 weeks	5.0%
• 28-31 weeks	0.7%
• 31-37 weeks	
Term Born	12.0%
• Encephalopathy	0.1%
• Healthy, no known risks	

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.

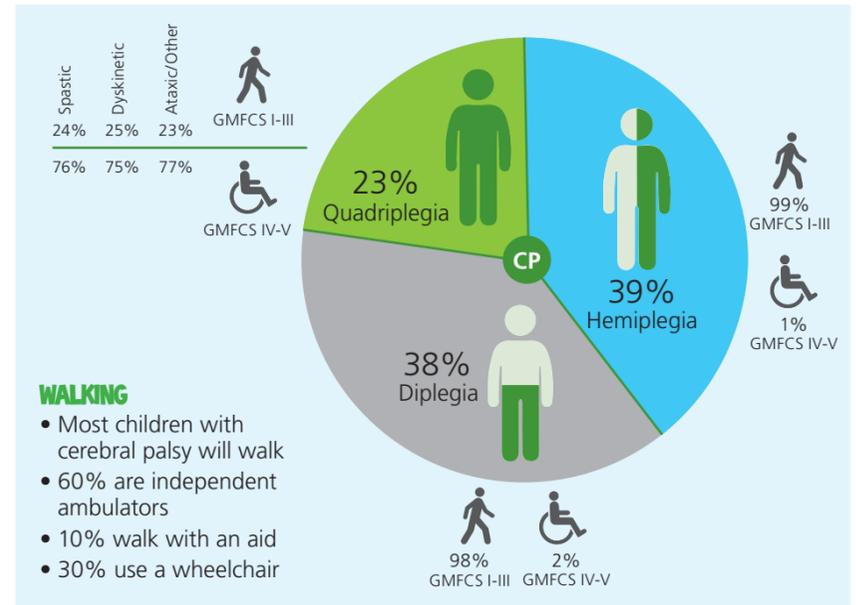
Neuroimaging

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%

17 million people with cerebral palsy worldwide

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

World Cerebral Palsy Day worldcpday.org

Proudly supported by The Allergan Foundation

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

