Cerebral Palsy

Cerebral Palsy (CP) is a condition where muscular control is inhibited by damage to the brain. CP is not a disease, but rather a physical disorder - the brain is physically damaged. This means CP is not progressive or communicable. Unfortunately, the disorder is not curable either. There are a variety of treatment to help the CP sufferer, but their condition will not improve or deteriorate.

CP is usually the result of injury before or shortly after birth. CP almost never develops after the first five years of life. CP can range from mild to severe, though the symptoms resulting from brain damage must be significant to be diagnosed as CP.

Types

There are two major categories of CP symptoms, and they may be mixed in a single patient in a variety of ways. CP sufferers may experience an inability to relax their muscles (known as spastic CP). This form of CP is marked by rigid muscles. The sufferer may have difficulty releases an object or bending a limb. The other major for of CP involved low muscle tone (known as ataxic CP). This usually means paired muscles are unbalanced in their strength, creating slow, uncontrolled movement. These two types of CP symptoms may exhibit themselves in the same person or even in the same muscle at different times.

Causes

CP usually occurs early in life, and though 50% of CP cases cannot be attributed to specific cause, the known causes of the initial brain damage can be divided into three major categories; prenatal, perinatal, and early childhood.

Many cases of CP develop prior to birth. Prenatal CP can be caused by brain hemorrhage. Certain infections passed from the mother to the child are also known to cause significant brain injury leading to CP. The mos well-known of these infections in Rubella or German Measles. Environmental factors prior to birth can also lead to CP in a developing child. Poor maternal nourishment or exposure to certain chemicals prior to birth can lead to CP.

Some cases of CP are believed to originate from complications during birth. Though some researchers believe most complication at birth actually derive from prenata complications, most doctors agree that some situations can contribute to the development of CP. Specifically, any situation at birth that threatens the brain - usually through lack of oxygen - can lead to CP. An unusually long birth or umbicular complications, for example, may cause brain damage.

CP is known to develop in the first few years of life through a variety of causes. The most common early childhood cause of CP is traumatic head injury. Asphyxia (such as choking or near-drowning) can also lead to brain damage and ultimately CP. Some brain infections are environmental factors (lead poisoning) are also known to cause CP in young children.

Treatment

Again, CP cannot be cured, but therapists and medical professionals can work with the patient to develop communication, life skills, mobility, and fine motor skills. Since CP is caused by brain damage, there are often secondary issues for medical professionals to address.

Speech therapists can work with the student to develop communication skills - either ora or alternate forms of communication. Many CP patients can develop speech skills, but there are also many who will not. For these patients, therapists may recommend alternatives such as keypads or signing. Speech therapists often also help with feeding since feeding and speech often involve the same sets of muscles.

Physical therapists can help the student develop muscles or learn to work with an present deformities. Physical therapists can develop exercises to strengthen muscles or increase muscular control

Occupational therapists can help develop life skills and help with the important area o posturing. Therapists can help CP students discover certain postures that will aid breathing, reduce drooling, or even help relax muscles.

In addition to these therapies, there are medical treatments for CP. Surgery may allow doctors to lengthen or cut tendons to increase mobility. Medication may help relax muscles and increase patient control. Braces may help improve motor function and prevent malformations.

What teachers should know

Strictly speaking, CP affects motor skills, not cognitive ability (barring additiona disorders or complications). Except for mild cases, however, the CP student will likel require classroom accommodations The CP student may have classroom difficulties stemming from communication problems. Even vision correction may be a problem if the condition prevents communication between the student and her doctors.

Severe CP sufferers will require invalid care - feeding, cleaning, etc. The student's medical condition may cause frequent absences or require home-bound education.

The milder CP student will not require significant modifications. Teachers should be aware of their condition. Modifications would vary by student, but might include seating the student near a door or aisle, providing notes, giving oral exams, or creating large -font handouts.

CP is often accompanied by other problems the teacher should be aware of. Fifty to 60% of CP sufferers also exhibit mental retardation. Vision & Hearing problems are common, as are unusual sensations and breathing difficulties.

Teachers can work with parents and therapists to help the CP student. Teachers should watch for changes in student posture or side effects of medication. Teachers should understand the child's limitations. Keep in mind that adolescence brings hormonal changes along with a growth spurt which may be especially difficult for a CP student to cope with. Muscular control may become more difficult, braces may no longer fit, etc.

Sources of informatio

- CP Links:
  http://www.irsc.org/cerebral.htm

- CP and Visual Impairment
  http://www.eastersealsma.org/jeff/cpasses.htm

- The CP Network:
  http://www.geocities.com/Heartland/Plains/8950/index.htm