

### What is it?

Cerebral Palsy, a non progressive neurological condition, is caused by brain injury or abnormal brain growth. It affects the cells responsible for muscle tone, strength and coordination. The brain injury occurs before or during a child's birth or during the first 3 years of life. It is one of the most common causes of lasting disability in children. Medical issues that put a child at risk for CP include premature birth, low birth weight, hypoxic event at birth, head injury, bacterial infection and RH incompatibility. Often times however, a cause remains unknown.



### What are common effects?

Parents of children with CP are often the first ones to notice the symptoms. Many are not readily seen at birth and will develop within the first 3 to 5 years as the child grows and develops. The symptoms, and intellectual impairment, can widely vary and range from mild to severe.

- Problems with suck and swallow at birth
- Shrill cry
- Unusual body positioning
- Developmental delay
- Vision problems
- Poor facial muscle tone
- Hearing problems related to infections
- Poor facial muscle tone
- Inadequate nutrition related to caloric needs
- Respiratory infection related to aspiration
- Dehydration related to poor swallowing
- Orthopedic problems
- Seizure disorder

### What are the types?

*Spastic:* Most common form, describes tightness or stiffness of muscles.

*Athetoid:* Describes the involuntary, unpredictable movement that is present even at rest. Often have very weak muscles and can feel floppy when transferred or carried.

*Ataxic:* Least common form of CP, describes shaky movements or tremors.

*Most children will have a combination of all forms to describe their movement patterns.*

### What part of the body is affected?

*Hemiplegia:* One side of the body is affected

*Diplegia:* Both legs more greatly affected than arms

*Quadriplegia:* Both arms and legs are affected, trunk and face are also affected

## **Suggested school accommodations**

- PT/OT/Speech consult to identify needs
- Identify muscle stiffness, muscle tightness
- Monitor poor motor skills
- Monitor visual, hearing, speech impairment
- Use of assistive technology
- Offer clear, concision direction
- Allow time for response
- Allow time for classroom activity transitions
- Consider class locations and distance
- Allow extra time for organization and activities
- Provide support during transitions
- Monitor for anxiety, depression, fatigue
- Teach and involve peers in communication
- Note taker
- Provide copy outline of notes

## **SHNIC school nurses information:**

### **Specific health issues for individual health care plans**

- Diagnosis and complete history including type of CP, noting affected body parts
- Current surgical history
- Documentation of associated medical problems including seizures, feeding issues, bowel/bladder, etc.)
- Note hidden devices like a baclofen pump
- Orders to use feeding tube and/or replace per county policy
- Appropriate seizure orders with emergency action plan
- Feeding orders/protocol including supervision, safety concerns like positioning
- Calorie count, supplements and snacks if required
- Orders and documentation for fluid intake goal
- Orders for ambulation, orthotics or adaptive equipment
- Baseline skin assessment and monitoring for breakdown related to positioning and/or orthotics
- Transportation accommodations
- Adaptive PE



## Resources & Manuals

### **My Child at CerebralPalsy.org**

<http://cerebralpalsy.org/about-cerebral-palsy/types-and-forms/>

### **United Cerebral Palsy**

<http://ucp.org/resources/education/>

### **American Academy for Cerebral Palsy and Developmental Medicine**

<http://www.aacpdm.org/>

### **Cerebral palsy alliance- Early school years fact pack**

[https://worldcpday.org/wp-content/uploads/2015/10/early\\_school\\_years\\_fact\\_pack.pdf](https://worldcpday.org/wp-content/uploads/2015/10/early_school_years_fact_pack.pdf)