

Cerebral Palsy

Cerebral palsy is not a disease or an illness. It is a movement problem (palsy) because of an injury or lack of development of the brain (cerebral) before, during or after birth. The brain injury affects control to some of the muscles.

This problem with muscle control can range from mild (toe-walking) to severe (cannot sit up alone). Your child's brain problem does not change; however, muscle tightness may increase as your child grows. Children with cerebral palsy may have slower development than other children their age. They often take much longer to sit, crawl and walk.

CAUSES AND RISK FACTORS

Cerebral palsy has many causes.

- A brain that has not formed normally.
- A combination of low blood flow and/or low oxygen to the brain.
- Bleeding in the brain around the time of birth.
- Mother has an infection during her pregnancy that affects the womb.
- Genetic, meaning it is linked to other members of the family.
- Meningitis, which causes inflammation of the covering of the brain.
- Brain injury before the age of 2.
- Premature birth.

SYMPTOMS AND TYPES

Cerebral palsy is classified by the movement type and/or the parts of the body involved.

Types of Movement

- Spastic - stiffness and tightness in muscles
- Hypotonic - floppy muscles
- Athetoid - uncontrolled muscle movement
- Ataxic - problems with balance and coordination
- Mixed - combination of any of the above types

Parts of the body

- Hemiplegia - one arm and one leg on same side of the body
- Diplegia - most involvement in both legs
- Quadriplegia - all four extremities involved

Other problems linked to cerebral palsy include:

- Learning disabilities
- Swallowing problems
- Speech impairment
- Bowel and bladder problems
- Seizures
- Attention deficit
- Hearing loss
- Visual impairment

DIAGNOSIS AND TESTS

A doctor can diagnose cerebral palsy if your child has a history of known causes and physical signs are present. If it is unclear, your child may be referred to a specialist.

TREATMENT AND CARE

Physical and Occupational Therapy: The most important part of any therapy program is the daily stretching exercises that the physical or occupational therapists have set up for the child. Therapy is provided after surgery or to meet a specific goal.

Orthotics (Braces): Braces are used to

- Help muscle growth keep up with bone growth
- Prevent foot and knee damage
- Help support weak muscles
- Protect the muscles after surgery

Serial Casting: Casting is used to help stretch the muscles that have gotten so tight that exercise and bracing do not help. When the muscle is stretched enough, the cast is removed and your child must wear a brace.

Botulinum toxin A Injection: Botulinum toxin A (Botox®) can be used to cause temporary weakness of the muscle so that other treatments can be used.

Orthopedic Surgery: As your child grows, the doctor will decide whether surgery will help.

LIVING & MANAGING

Before age 3, it is hard to know how well your child will do in the future. Children with fewer limbs affected will generally do better than those with more involvement.

- Hemiplegia - child usually will walk alone
- Diplegia - child may walk alone or may need crutches/walker
- Quadriplegia - child usually will use a wheelchair



**Need an appointment or have questions?
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For our West Campus location, call 832-227-7678.**