



Cerebral Palsy腦性麻痺(英文)

Definition

Cerebral palsy (CP) is a dyspraxia encompassing a group of non-progressive, non-contagious conditions that cause physical disability in human development and usually there are medical complications as mental retardation (MR), epilepsy, behavior, and vision and hearing problems.

Causes

Despite years of debate, the cause for the majority of CP is uncertain. Some contributing causes of CP are asphyxia, hypoxia of the brain, birth trauma, premature birth, severe jaundice, central nervous system infections, and certain infections in the mother during and before birth. CP is also more common in multiple births.

Clinical Manifestations

1. Difficulty in feeding, especially sucking and swallowing.
2. Asymmetric body shape.
3. Hypertonia or hypotonia.
4. Developmental delay of movement and speech.
5. Impairment of vision, hearing, and speech ability.
6. Weakly weep or too much crying.

Classification

CP is divided into three major classifications to describe different movement impairments and also to reflect the areas of the brain damaged.

1. Spastic : the most common type, occurring in 70% to 80 % of all cases. Moreover, spastic CP accompanies one of the other types in 30 % of all cases. People with this type are hypertonic and also may be partial plegia.
2. Ataxic : forms of ataxia are less common types of Cerebral Palsy, occurring in at most 10% of all cases. Some of these individuals have hypotonia and tremors. Motor skills might be affected, as balance, especially while walking.
3. Athetoid/dyskinetic : Athetoid or dyskinetic is mixed muscle tone—sometimes hypertonia and sometimes hypotonia. People with athetoid CP have trouble holding themselves and often show involuntary motions. About one quarter of all people with CP have athetoid CP. People with dyskinetic may be affected by dystonia and choreo-athetosis, they can't stop changing their postures or brandishing their extremities.

Treatment and Medical Care

1. Rehabilitation: earlier extensor training can prevent contracture.
2. Make patients eat by themselves and parents should monitor their nutrition.
3. For the cause of patient's poor balance and bad muscle control, we may be vigilant for their safety.
4. Avoid respiratory tract infection: since patients have poor control on the intercostal muscle and diaphragm, we have to be in caution for their infection or aspiration pneumonia.
5. Train patients to have good excretive function.
6. Arrange appropriate places to rest, play, and educate.
7. Speech therapy : help patients control their muscles of the mouth and jaw, and improve communication. Therapy often starts before a child begins his or her education and continues throughout the school years.
8. Brush teeth for children with CP to prevent their teeth from decay.
9. Notice that if child with strabismus causes his/her poor control of eye muscles.
10. Since physical disability is so obvious, some disabilities like visual, hearing, speech, MR, and epilepsy might be ignored.
11. Family support is very important to make parents getting adaptive.

Principles of Rehabilitation

1. Some children will stretch taut when they' re getting nervous; therefore we have to avoid such situation to make the training going smoothly.
2. Train their body and muscle in initial years. While growing up, change the focus for the coordination of limbs.
3. Use other physical therapies to decrease the ossifying joints and increase muscle strength. For an instance : If children at 4 -5 yr cannot hold their posture at sitting or standing straight, then parents may take the passive constraining way to train their child. First, make him/her sit on a chair immobilized to limit their voluntary movements; leave the specific limbs free to use; lead the child to execute designate motions; then according to the designate motions to adjust his/her fetters and which parts to be opened.
4. Communicating auxiliary tools will be a great help for children, especially for the ones .

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