HOME CARE PROGRAM FOR CHILDREN WITH CEREBRAL PALSY (CP)

By
Rupali Sen
Assistant Professor, OT.
National Institute for Locomotor Disabilities,
Kolkata
INDEX

- GOOD CARRYING POSITIONS
- DEFORMITY PREVENTION WITH PROPER POSITIONING
- FACILITATE DEVELOPMENT OF MILESTONES
GOOD CARRYING POSITIONS

• Carry the child like this, when his face is downward.
• Position the child’s hips and knees bent and the knees separate while carrying.
• Carrying baby like this frees his/her head and arms to move and look around.
DEFORMITY PREVENTION WITH PROPER POSITIONING

• If the child has an urge to go backwards, position the child as shown below:
• If the child is habitually in an abnormally bent or flexed position, position the child as shown below:
To encourage the child to raise his/her head when lying down, attract her attention with brightly coloured objects that make strange or pretty sounds.
If the baby has trouble raising his/her head because of a weak back or shoulders, try placing a blanket under his/her chest and shoulders. Get down in front of him/her and talk to him/her. Or put a toy within reach to stimulate interest and movement.
BRIDGING

• Let your child lie down on his/her back, fold their knees, then encourage your child to lift up his/her buttock.
ROLLING

• Attract the child's attention by holding a toy in front of him/her, encourage the child to reach sideways for the toy, then move the toy to one side, so the child turns his/her head and shoulders to follow it. Then move the toy upward, so that he/she twists onto his/her side and back.
• If he/she does not roll over after various tries, help the child by lifting his/her leg.
- Slowly roll his/her hips and legs from side to side.
SUPINE TO SIT

- Do not pull the child up if his/her head hangs back.
- If a child with cerebral palsy stiffens as you pull his/her arms, hold the shoulders and lift slowly.
SUPINE TO SIDELYING TO SIT

- Turn the child to one side as you lift the child.
SITTING PRACTICE

- Maintain child’s sitting posture by using a CP chair.
• Pillows can be used as well.
Let him/her “ride” your knee. Play “horsy” and slowly move your knee up and down and sideways so that he/she shifts his/her weight from side to side.
KNEELING

- After the child gets his/her balance on hands and knees, you can help him/her begin to stand – and walk – on her knees.
ENCOURAGE BALANCE IN KNEELING

- Place child in a kneeling position. You should kneel behind the child, placing your hands on the child's hips.
- Gently push child slightly forward.
- Allow child to regain balance.
• Gently pull child backwards.
• Again allow child to regain balance.
KNEELING TO HALF KNEELING

• Place the child in kneeling position. You should kneel behind the child with your hands on child's sides.
• Gently pull one hip to side and down so that child's weight is on that knee.
• Child may bend opposite hip and bring leg forward. If child does not do this, assist the child.
MAINTAINING BALANCE IN HALF KNEELING

- Encourage the child to reach upwards and sideways for toys.
- You may place your hands over child's hips or the upright knee if child needs extra stabilization for balance.
HALF KNEELING TO STAND

- To encourage a child to pull up to standing, put a toy he/she likes on the edge of a table.
SIT TO STAND

- Place the child in sitting position on a stool.
- Hold the arms straight at the elbows with thumbs rotated upward.
- Slowly bring the body weight forward.
- Bring the body weight up as you encourage the child to stand.
STANDING PRACTICE

- When standing, support him/her with your leg. Hold his/her hips straight and forward over his/her feet. Sift his/her weight from side to side.
• If the child needs support to stand and his/her body is bent, or he/she cannot keep his/her heels on the ground, then standing frames can be used.
• While the child is standing hold the child like this:

• Not like this:
• Encourage the child to kick a ball while standing with support.
Pushcarts or walkers can provide both support and independence for the child who is learning to walk or who has balance problems.
THANK YOU