

Cerebral Palsy



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0845 300 1818

What is Cerebral Palsy?

Cerebral Palsy arises from a failure of part of the brain to develop during birth or early childhood. This can be caused by lack of oxygen during labour, extreme prematurity, injury or infections. Occasionally it is due to an inherited disorder.

Cerebral palsy is the description of a physical impairment that affects movement. The movement problems vary from barely noticeable to extremely severe.

The three main types correspond to injuries to different parts of the brain:

- People with *spastic cerebral palsy* find that some muscles become very stiff and weak, especially under effort. This can affect their control of movement.
- People with *athetoid cerebral palsy* have some loss of control of their posture, and they tend to make unwanted movements.
- People with *ataxic cerebral palsy* usually have problems with balance. They may also have shaky hand movements and irregular speech.

The main effect of cerebral palsy is difficulty in movement. Many people with cerebral palsy are hardly affected, others have problems walking, feeding, talking or using their hands. Some people are unable to sit up without support and need constant enabling.

Sometimes other parts of the brain are also affected, resulting in sight, hearing, perception and learning difficulties. Between a quarter and a

third of children and adolescents, and about a tenth of adults, are also affected by epilepsy.

People with cerebral palsy often have difficulty controlling their movement and facial expressions. This does not necessarily mean that their mental abilities are in any way impaired. Some are of higher than average intelligence; other people with cerebral palsy have moderate or severe learning difficulties. Most, like most people without cerebral palsy, are of average intelligence.

There is no cure, but we do know that correct treatment from an early age can ease the effects of cerebral palsy. Occasionally children who appear to have cerebral palsy lose the signs as they get older. Most importantly, having a disability does not mean that someone cannot lead a full and independent life.

Living with Cerebral Palsy

The most obvious effects of Cerebral Palsy are on movement and can result in stiffness, floppiness, unsteadiness, difficulty in controlling movement or unwanted involuntary movement. Some people with Cerebral Palsy may have other disabilities such as hearing, sight, perception, speech or breathing impairments and learning difficulties. Occasionally seizures may also occur. In some cases, the individual may be a wheelchair user.

Control of the muscles is not very efficient and so any exertion can be tiring. Some individuals will need assistance with everyday tasks such as dressing.

Where 'speech' muscles are affected communication can prove difficult and frustrating. Excitement can make this worse. A patient

The Scout Information Centre

Gilwell Park Chingford London E4 7QW Tel + 44 (0)20 8433 7100 Fax + 44 (0)20 8433 7103 email info.centre@scout.org.uk www.scoutbase.org.uk

unhurried approach helps. In some cases other communication aids, such as 'Bliss' boards are used.

The extent of any disability depends on the part of the brain that has been damaged. So although communication may be hampered the understanding or learning part of the brain may be unimpaired and intelligence is unaffected, alternatively physical movement may be slightly affected whilst severe learning difficulties exist.

Adolescence can bring increased difficulties. Along with the usual developmental changes, both physical and emotional, an individual with Cerebral Palsy can lose further mobility. Some young people with Cerebral Palsy may attend specialist schools. These can have a wide catchment area and take individuals away from their own neighbourhood. Scouting offers the opportunity to make friends close to home, which might otherwise not exist.

Many individuals with Cerebral Palsy receive medication, which needs to be carefully monitored.

Practical Tips

Patience is the key word! If you can create and maintain a relaxed atmosphere many problems will not even arise.

Try not to make too many assumptions before you have discussed an individual's condition. Many involuntary movements such as grabbing, biting, kicking and elbowing will be just that, but sometimes they are just bad behaviour! Everyone should be aware of any commonly repeated involuntary movements. They will soon learn to keep out of kicking or elbowing distance.

Other things to consider are:

- Seating in transport (not - next to the driver.)
- Watching out for arms rigidly outstretched when going through doors (try going through backwards)

- Easily grabbed items (scarves and wood badge beads) should be tucked out of reach.

If a spasm occurs don't try to apply force to 'locked' joints, you could cause serious injury. Coaxing and reassurance along with gentle massage should help relax the muscles. This will also help when dressing or undressing, especially when trying to put on shoes or splints.

One side effect of lack of muscle control is dribbling. A plentiful supply of wipes will enable this to be handled sensitively.

What else do I need to know?

Leaders will need to be fully acquainted with the nature of the individual's condition and how it is controlled. Before undertaking any form of prolonged activity i.e. outings, camps or holidays, discussions should take place to ascertain what regular routines should be followed.

Care should be taken during activities that require eating! Plastic cutlery or polystyrene cups are easily bitten through. Knowing what a person uses at home to assist their feeding (such as straws or special crockery or cutlery) is essential. When eating at home is helped by 'finger feeding' you will need to discuss the way in which this is done to avoid losing the ends of your fingers!

Dressing and undressing need not pose problems as long as you discuss how it is done with those who do it most often! You will need to ask exactly how much help you should give and how much an individual is expected or expecting to do themselves. Find out if an individual has a preference for how they sit, stand or lie. Do they have a 'good side' or a particular order of dressing to make things easier?

If regular exercise is part of the normal routine you may have to plan this into your activities. Swimming, hydrotherapy or physiotherapy may all have a part to play in this.

Some people with people with cerebral palsy find certain foods e.g. marshmallows, dangerous to eat or need very high energy foods. Leaders

should acquaint themselves with the individual's capabilities and needs where appropriate.

In the past Cerebral Palsy was called Spasticity. While the term 'spastic' describes a particular type of Cerebral Palsy, it has also been used outside its medical use as an insult. This term, when not applied in a strict medical sense is offensive.

Leaders must recognise that in young people where Cerebral Palsy is controlled by medication it can, as part of the adolescent process, become the subject of rebellion. This needs a good deal of understanding, discussion and monitoring.

Further information


Discuss with the individual and/or their parents/guardians the extent to which help is needed and learn any practical tips that they have to offer. They might also be able to arrange for you to have a chat with the GP or specialist involved if it is felt to be helpful. In particular try to find out if there are any known triggers that cause spasms.

Support Organisations

Scope

6 Market Road
London
N7 9PW

Helpline: 0808 800 3333 (Monday – Friday: 9am - 9pm; Weekends: 2pm - 6pm)


 020 7619 7100

Email: cphelpline@scope.org.uk

 www.scope.org.uk


Capability Scotland

ASCS
11 Ellersly Road
Edinburgh
EH12 6HY

 0131 313 5510

Fax: 0131 346 1681

Email: ascs@capability-scotland.org.uk

 www.capability-scotland.org.uk


Cedar Foundation

Malcolm Sinclair House

31 Ulsterville Avenue

Belfast

BT9 7AS

 (028) 9066 6188

Email: info@cedar-foundation.org

 www.cedar-foundation.org