DIAGNOSITC CATEGORY AND CLASSIFICATION

If diagnosed with CP, someone may qualify for services under the Orthopedic Impairment, Intellectual Disability, Speech

or Langauge Impairment, or Multiple Disabilities classification in IEDA or

Neurodevelopmental Disorder or Intellectual Disability in the DSM V

ASSESSMENT APPROACHES/CONTRIBUTIONS OF THE SCHOOL PSYCHOLOGIST

- Assessment tools with low-motor/motor-free accommodations have greater accuracy in estimating cognitive abilities than conventional norm-referenced tests.
- Complete a multimodal-multimethod assessment that involves intelligence, achievement, language, memory, motor skills, visual perception, executive functioning, adaptive functioning, and emotional functioning
- Consider testing language and motor tasks before deciding which other measures to use because some assessments rely more heavily on these skills
- Observe the students' movements, motor function, muscle strength, range of motion, etc
- Interview them about things that they do well, things that are hard for them, and their academic strengths and weaknesses
- There are many secondary impairments associated with CP, such as epilepsy, sensory impairment, sleep disorders, feeding issues, visual and hearing impairment, respiratory problems, musculoskeletal dysfunction, and chronic pain
- 50%–70% of children with CP meet the criteria for an intellectual disability.

Resources for Parents

The American Academy of Cerebral Palsy and Developmental Medicine (AACPMDM)

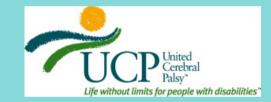
Cerebral Palsy Foundation

Cerebral Palsy Research Network

United Cerebral Palsy

The CDC





Resources for Teachers and School Professionals

Handbook for Occupational & Physical Therapy Services in the <u>Public Schools of Virginia</u>

Make the classroom physically accessible

Allow the use of alternative communication or personal response devices in the classroom,

Focus on inclusion in the classroom



What is Cerebral Palsy (CP)?

CP is the most common motor disability in childhood. It affects a person's ability to move and maintain balance and posture. About 1 in 345 children in the US have been identified with CP.



LONG TERM DEVELOPMENTAL **OUTCOMES**

- Cerebral palsy doesn't always cause profound disabilities and for most people with CP, the disorder does not affect life expectancy.
- Many children with CP have average to aboveaverage intelligence and attend the same schools as other children their age.
- Supportive treatments, medications, and surgery can help many individuals improve their motor skills and ability to communicate with the world.
- While one child with CP might not require special assistance, a child with severe CP might be unable to walk and need extensive, lifelong care.

TYPES OF CP

Spastic- Spastic CP affects about 80% of people with CP. Have increased muscle tone. Muscles are stiff and movements can be awkward Spastic diplegia- Muscle stiffness is mainly in the legs Spastic hemiplegia- a type of CP that affects only one side of a person's body. Usually, the arm is more affected than the lea.

Spastic quadriplegia- most severe and affects all four limbs. May also have comorbid disabilities like ID. seizures, or vision and hearing problems.

Dyskinetic CP- Problems controlling the movement of their hands, arms, feet, and legs, making it difficult to sit and walk.

Ataxic CP- Difficulties with balance and coordination Mixed CP- More than one type of CP





Spastic diplegia/ diparesis/bilateral



Medications, such as the following, can mitigate CP's symptoms and side effects: Anticholeric meds Anticonvulsants Antidepressants

Muscle relaxants

EOUIPMENT

Medical equipment can mprove function and outcome

> **Baclofen** pumps Feeding tubes Hearing devices Vagus-nerve stimulators **Breathing aids** Vision-related devices

WHAT IS SPASTIC CEREBRAL PALSY?



"SPASTIC" refers to muscular spasms and hypertonia.



"CEREBRAL" refers to the cerebrum the affected brain region.

"PALSY" refers to the resulting movement

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disorder.

Causes of CP

Cerebral palsy (CP) is caused by abnormal development of the brain or damage to the developing brain that affects a child's ability to control his or her muscles.

The abnormal development of the brain or damage that leads to CP can happen before birth, during birth, within a month after birth, or during the first years of a child's life, while the brain is still developing.



MEDICATIONS

Anti-inflammatory meds



Surgeries, such as the following, may improve side effects and overall health:

> **Baclofen** insertior Gastroenterology Hearing correction Orthopedic Pulmonary Vision SDR

ALTERNATIVE

Complementary & alternative therapies include:

> Animal-assisted therapy Nutrition Yoga Adaptive sports Acupuncture Massage therapy Bodywork Others

THERAPY

Therapies for CP include

Physical Occupational Speech-language Recreational Alternative Behavioral Play Music & art