

OCCUPATIONAL THERAPY TREATMENT

PLANNING

Treatment programmes are highly individualised and are geared to the individual's intellectual, language and social-emotional abilities. For children with spastic CP, receiving occupational therapy services in the first years of life is often critical and may determine whether they will ever be able to carry out dressing, feeding, grooming handwriting and other skills.

After the occupational therapist evaluates your child, she will plan a treatment programme geared at your child's needs. Your role as carer in the planning process will be to help identify your child's most important goals, which are to be achieved. Due to fact that an important goal in occupational therapy is to help the child become as independent as possible, training in using special equipment that encourages the development of functional skills is also given. The occupational therapist will also advise you regarding handling techniques, positioning home skills and the home and school environment. She may also advise you about structural adaptations that will eventually help to guide your child towards a maximal independent lifestyle.

By deciding exactly what you want for your child and your family to gain from using the occupational therapy services, you can help shape the course the therapy will take.

A PAMPHLET DESIGNED FOR PARENTS AND CARERS OF CHILDREN SUFFERING FROM SPASTIC CEREBRAL PALSY.

WHAT IS SPASTIC CEREBRAL PALSY?

Spastic cerebral palsy (CP) is a brain disorder characterised by impairment and abnormalities of voluntary movement and posture. Deficits in intelligence and language may also occur. This term is used to describe a disorder, which is persistent and caused by a non-progressive brain lesion. This condition implies that there has been an event or process any time during the prenatal, perinatal or postnatal periods causing a change in brain development, and hence subsequent function. The severity of impairment ranges from mild to severe. The lesion is permanent and static and the condition is life-long, but there are inevitable changes, which occur as a result of maturation and growth.



Carmen Deguara SROT (compiled as part of the final pediatric credit for the completion of the Diploma)

WHAT IS OCCUPATIONAL THERAPY?

Occupational therapy is the use of purposeful activity with individuals with limited physical ability, psychosocial dysfunction, developmental or learning disabilities or the ageing process in order to maximise independence, prevent disability and maintain health. The practice encompasses evaluation, treatment and consultation.

THE ROLE OF THE OCCUPATIONAL THERAPIST WITH A CHILD SUFFERING FROM SPASTIC CEREBRAL PALSY.

The occupational therapist works as part of the interdisciplinary team and will focus on the child's functional abilities. Here are some of the areas an occupational therapist might work on with a child with cerebral palsy:

- Problems with muscle tone or movement quality that prevent a child from using his hands and arms efficiently - for example, problems keeping head straight, trunk and shoulders positioned correctly to allow for independent movement.
- Basic hand skills such as holding, manipulating, and releasing objects. Also accuracy of aim in activities such as taking objects or placing pegs on a board, and grasping.
- More complex hand skills such as cutting with a scissors and writing.

- Skills that require eye hand coordination for example -throwing and catching a ball.
- Use of arms for weight bearing - for example when crawling and reaching for objects.
- Dressing, grooming, and other personal self care skills.
- Feeding skills and oral motor skills such as chewing and swallowing that involve the use of muscles in and around the mouth and the face.
- Perceptual skills that require an understanding of spatial concepts - for example, puzzle completion, depth perception, constructing structures such as block designs, colour, shape, letter and number recognition.
- Sensory processing functions - i.e. receiving and interpreting information from the senses. For example awareness that a body part has been touched or moved in space.
- Sensory Integration or using information from the senses to learn and develop skills. For example, developing balance, coordinating two sides of his body, learn how to plan and sequence movements, recognise a shape just by the feel.
- Basic non-verbal communication (making and understanding gestures) and functional communication.

