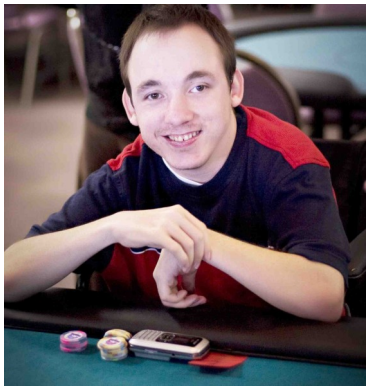
Different types of Cerebral Palsy

Spastic:

A child with spastic CP will typically have spasticity (muscle stiffness) on one side of the body - usually just a hand and arm, but may also involve a leg or the whole body. The affected parts may not develop properly. The child may have speech problems. In the majority of cases intelligence is not affected. Some children will have seizures. This type accounts for 80% of all CP.

Ataxic:

The child's balance and depth perception are affected. Depth perception refers to a person's ability to judge where objects are in relation to where he/she is.



It is the least diagnosed type of cerebral palsy. The child will find it difficult to tie his/her shoelaces, button up shirts, cut with scissors, and other fine motor skills. Because of balance difficulties, the child may walk with the feet far apart. There may be *intention tremors* - a shaking that starts with a voluntary movement, such as reaching out for a toy, the closer he/she gets to the toy the worse the tremors become. Most children with ataxic cerebral palsy are of normal intelligence and have good communication skills. Some may have erratic speech.

Athetoid:

This is the second most common type of cerebral palsy. Intelligence will nearly always be normal, but the whole body will be affected by muscle problems. Muscle tone is weak or tight - causing random and uncontrolled body movements. The child will have problems walking, sitting, maintaining posture, and speaking clearly (tongue and vocal cords are hard to control). Some children drool if they have problems controlling facial muscles.

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Cerebral Palsy

Information Brochure

What is Cerebral Palsy?

The term cerebral palsy refers to any one of a number of neurological disorders that appear in infancy or early childhood and permanently affect body movement and muscle coordination but don't worsen over time. Even though cerebral palsy affects muscle movement, it isn't caused by problems in the muscles or nerves. It is caused by abnormalities in parts of the brain that control muscle movements. The majority of children with cerebral palsy are born with it, although it may not be detected until months or years later. The early signs of cerebral palsy usually appear before a child reaches 3 years of age. The most common are a lack of muscle coordination when performing voluntary movements (ataxia); stiff or tight muscles and exaggerated reflexes (spasticity); walking with one foot or leg dragging; walking on the toes, a crouched gait, or a "scissored" gait; and muscle tone that is either too stiff or too floppy. A small number of children have cerebral palsy as the result of brain damage in the first few months or years of life, brain infections such as bacterial meningitis or viral encephalitis, or head injury from a motor vehicle accident, a fall, or child abuse.

What causes Cerebral Palsy?

The control of muscles takes place in the cerebrum. Cerebral palsy may appear to be a muscle condition, but it is, in fact, caused by damage to the cerebrum. The cerebrum is also responsible for our memory, ability to learn, and communication skills - that is why some people with cerebral palsy have problems with communication and learning. Cerebrum damage can sometimes affect vision and hearing.

Some babies are deprived of oxygen during labor and delivery (birth). Because of this, doctors used to think that asphyxia (oxygen deprivation) during birth was the cause of the brain damage. However, scientists discovered during the 1980s that less than one tenth of cerebral palsy cases were caused by oxygen deprivation during birth. Most cases of damage to the brain among cerebral palsy children occurred before they were born - more specifically, during the first six months of pregnancy.

Are there cures for Cerebral Palsy?

Cerebral palsy can't be cured, but treatment will often improve a child's capabilities. Many children go on to enjoy near-normal adult lives if their disabilities are properly managed. In general, the earlier treatment begins the better chance children have of overcoming developmental disabilities or learning new ways to accomplish the tasks that challenge them. Treatment may include physical and occupational therapy, speech therapy, drugs to control seizures, relax muscle spasms, and alleviate pain; surgery to correct anatomical abnormalities or release tight muscles; braces and other orthotic devices; wheelchairs and rolling walkers; and communication aids such as computers with attached voice synthesizers.

Sources

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