

DIAGNOSTIC CATEGORY AND CLASSIFICATION

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

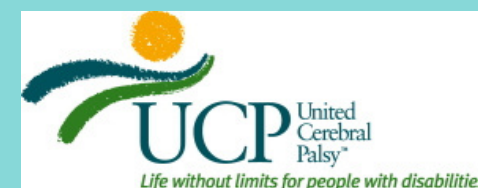
The American Academy of Cerebral Palsy and Developmental Medicine (AACPMDDM)

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 Public Schools of Virginia

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 above-average 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 leg.

Spastic quadriplegia- most severe and affects all four limbs. May also have co-morbid 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

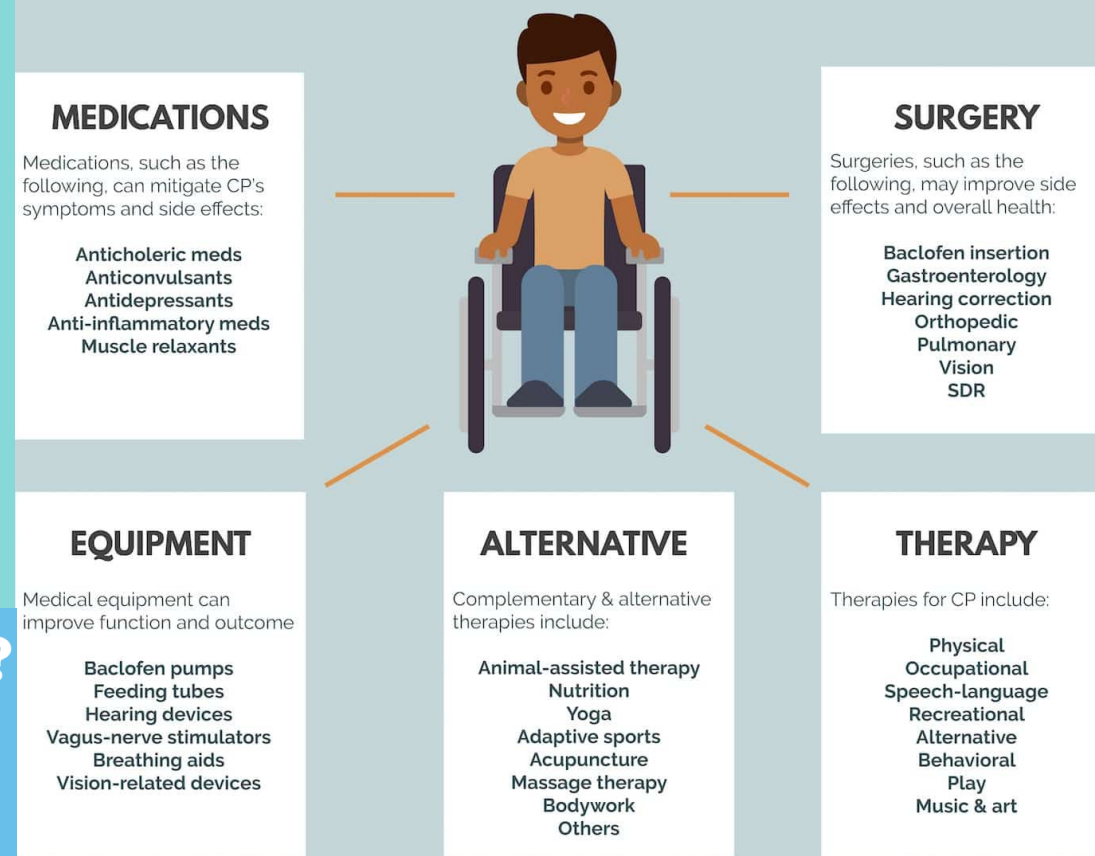


Causes of CP

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.

Treatment and Therapy for CEREBRAL PALSY



WHAT IS SPASTIC CEREBRAL PALSY?

