

What is Important in Attending Children and Teenagers with Cerebral Palsy?

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Opinion

Maybe the first answer could be to have evidence of the technique to be used. Or perhaps the therapist to know well the technique that is going to be applied. Still, we can think about the goal setting to get more participation.

I would say yes for all these answers. But there is one point that is not much mentioned, mainly for those children who is more severely committed in their communication. The point I will mention is the connection to find out the way to get their interest, motivation and finally participation at the therapy. Of course, to have more participation outside as well [1].

Emotional connection is the motivation to participate in one's own health and well-being and collaborate with professionals in treatment. If the patient feels heard and is aware of the choices, more willingness to consent and participate in the procedures [2].

For achieving this important goal, the therapist must be entire with the child or teenager or young person. Therapist must find out the way to get the attention and interest of this person as a detective. The search should be at matters according to their age and their apparent understanding, but being aware that nice surprises can come out if the therapist find a good connection and gets their interest.

The bond with the therapist helps with attention and motivation [3]. In our tries we must pay attention at their facial expressions when we talk about the football team, or place they live, which transport they use to get grandmother house and so on.

Part of the contemporary Bobath concept definition highlights the reciprocal and dynamic interaction between therapist and client\patient for the best sensory motor process to the performance of the task and the acquisition of skills to carry out participation in meaningful activities [3].

But the fact is that if the therapist doesn't find the channel, the child or teenager can pass much time without show their capabilities and their potential understanding. The therapist must show their respect for the person that is being treating. It will make an enormous difference for them.

Not only respect that is an obligation but also affection and why don't say love? Don't evidence and love cannot be side by side like ebony and ivory? Not all the components of the interaction between the human being and his environment can be measure with numbers to perform statistical evidence.

How to assess the happiness? Maybe feeling and perceiving their smile, their prompt and acceptance of our asks and our presence.

After this introduction we should start the assessment guide asking child and family what they would like to set as a goal for the therapy for the one or more sessions. Based on their answer the therapist with her expertise could talk to them about the realistic points of their choice.

Checking the capacities of the child, searching what the child can do by themselves or with some devices. This observation will give some ideas of what the child could improve during the therapy and be used as a pretest or in other words check with video how the child does before and after one or more sessions. It must be filmed for later comparison.

Next step is to analyse the secondary and primary impairments to plan the specific intervention based in the primary impairments. The intervention will happen with tools that could facilitate their postural control according with their needs to get the goal settled. The most severe is the impairments the most handling the children will need. If the child is level IV and V of Gross Motor Function System Classification more help, they will need in order to get better alignment enough to produce active functional movement.

The simulation should be done at the end of the therapy to prepare for the functional goal using similar components. And, at

last, practice of the chosen function. The post test is filmed at the end of session or the number of sessions pre stabilised and compared with the pretest. At that time, we can compare the quantitative and qualitative parameters. If the therapist doesn't see improvement, she should check the reasons for that and make changes in the goal or in the intervention.

This is a summary of a Bobath Concept way of assessing and do the intervention in children with Cerebral palsy.

At conclusion we could say that evidence is very important in each session as well as in the groups, or studies that fits this so diverse population. But, without forget the child with cerebral palsy is not a label of diagnostic, but a person that we should help to be discovered.

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