



Neurological Rehabilitation: Chapter 38. Cerebral palsy (Handbook of Clinical Neurology)

Ruth M. Kent

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Cerebral palsy affects movement and posture causing activity limitation; it is a lifelong condition, with foreseeable complications. There are evidence-based interventions that will prevent participation restriction. Childhood interventions are generally delivered within multidisciplinary rehabilitation programs. Sadly young adults are often not transferred to an appropriate multidisciplinary adult neurodisability service. An unexplained neurological deterioration should warrant further investigation. Pain is an important underreported symptom and musculoskeletal complaints are prevalent. Disabled adults have less participation socially, in employment, marriage, and independent living related to health problems, discrimination, or lack of access to information, support, and equipment. Evidence-based interventions include a variety of modalities at all International Classification of Functioning, Disability, and Health levels to include support and adaptations. Rehabilitation interventions that have been shown to be effective include surgery in childhood, ankle-foot orthoses, strength training, and electrical stimulation. Management of spasticity is beneficial and has an evidence base. Orthotics and casting are also used. Systematic reviews of upper limb therapies also show the benefit of physical therapy exercise, strengthening, fitness training, and constraint therapy. Occupational therapy has a weaker evidence base than in other disabling conditions but many modalities are transferable. Speech therapy is effective although no specific intervention is better. Psychological wellbeing interventions, including improving self-efficacy, health knowledge, and coping skills, are beneficial. Management of continence, nutrition, and fatigue promote wellbeing.

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