

5. To promote socialization experiences with other affected and unaffected children

Each child is evaluated and managed on an individual basis. The plan of therapy may involve a variety of settings, facilities, and specially trained persons. The scope of the child's needs requires multidisciplinary planning and care coordination among professionals and the child's family. The outcome for the child and family with CP is normalization and promotion of self-care activities that empower the child and family to achieve maximum potential.

Ankle-foot orthoses (AFOs, braces) are worn by many of these children and are used to help prevent or reduce deformity, increase the energy efficiency of gait, and control alignment. Wheeled scooter boards allow children to propel themselves while on the abdomen, or total body is supported while the legs are positioned with wedges to prevent scissoring. Wheeled go-carts provide sitting balance which may serve as early “wheelchair” experience for young children. Manual or powered wheelchairs allow for more independent mobility (Figs. 30-1 and 30-2). Strollers can be equipped with custom seats for dependent mobilization. A number of wheelchairs can be customized to meet the needs and preferences of older children.

