

resonance imaging (MRI)

Causation and timing: Identification of a clearly identified cause such as a postnatal event (e.g., meningitis, traumatic brain injury).

CP has four primary types of movement disorders: spastic, dyskinetic, ataxic, and mixed ([Nehring, 2010](#)). The most common clinical type, spastic CP (77.4% reported by the [Centers for Disease Control and Prevention \[2013\]](#)), represents an upper motor neuron muscular weakness ([Box 30-1](#)). The reflex arc is intact, and the characteristic physical signs are increased stretch reflexes, increased muscle tone, and (often) weakness. Early neurologic manifestations are usually generalized hypotonia or decreased tone that lasts for a few weeks or may extend for months or even as long as a year.

Box 30-1

Clinical Classification of Cerebral Palsy

Spastic (Pyramidal)

Characterized by persistent primitive reflexes, positive Babinski reflex, ankle clonus, exaggerated stretch reflexes, eventual development of contractures

- 70% to 80% of all cases of cerebral palsy (CP)
- Diplegia: All extremities affected; lower more than upper (30% to 40% of spastic CP)
- Tetraplegia: All four extremities involved—legs and trunk, mouth, pharynx, and tongue (10% to 15% of spastic CP)
- Triplegia: Three limbs involved
- Monoplegia: Only one limb involved