



FIG 30-4 Manual jaw control provided from the side.

Safety precautions are implemented, such as having children wear protective helmets if they are subject to falls or capable of injuring their heads on hard objects. Because children with CP are at risk for altered proprioception and subsequent falls, the home and play environments should be adapted to their needs to prevent bodily harm. Appropriate immunizations should be administered to prevent childhood illnesses and protect against respiratory tract infections, such as influenza or pneumonia. Dental problems may be more common in children with CP, which creates a need for meticulous attention to all aspects of dental care. Transportation of the child with motor problems and restricted mobility may be especially challenging for the family and child. Attention must be given to the child's safety when riding in a motor vehicle; a federally-approved safety restraint should be used at all times. It is recommended that children with CP ride in a rear-facing position as long as possible because of their poor head, neck, and trunk control ([Lovette, 2008](#)). Car restraints especially designated for children with poor head and neck control are available and should be used.*

The involvement of physical therapy, speech therapy, and occupational therapy is particularly important in establishment and maintenance of muscle function, development of adequate speech and phonation, and identification of modifications necessary for the child's environment so that ADLs can be performed to the child's satisfaction.