**What Is Cerebral Palsy?**

Cerebral palsy (CP) refers to a group of disorders that affect muscle movement and coordination. In many cases, vision, hearing, and sensation are also affected. The word “cerebral” means having to do with the brain. The word “palsy” means weakness or problems with body movement. CP is the most common cause of motor disabilities in childhood, affecting approximately [2 to 3 out of every 1,000 children](http://cerebralpalsy.org/about-cerebral-palsy/prevalence-and-incidence/).

Abnormal brain development or injury to the developing brain can cause CP. The damage affects the part of the brain that controls body movement, coordination, and posture. It may occur before birth, during birth, or shortly after birth. Most children are born with CP, but they may not show symptoms of a disorder until months or years later. Symptoms usually appear before a child reaches age 3 or 4.

The symptoms of CP vary from person-to-person. Some people with CP may have difficulty walking and sitting. Other people with CP can have trouble grasping objects. The symptoms can become more severe or less severe over time.

People with CP can have other problems, such as:

* seizures
* communication difficulties
* learning disabilities
* vision loss

There’s no cure for CP, but early diagnosis and treatment can greatly improve quality of life.

Advertisement

**What Are the Symptoms of Cerebral Palsy?**

The symptoms of CP range from mild to severe. They also vary depending on the part of the brain that was affected. Some of the more common symptoms include:

* delays in reaching motor skill milestones, such as rolling over, sitting up alone, or crawling
* delays in speech development and difficulty speaking
* stiff muscles
* abnormal muscle tone
* a lack of muscle coordination
* tremors or involuntary movements
* excessive drooling and problems with swallowing
* difficulty walking
* favoring one side of the body, such as reaching with one hand
* neurological problems, such as seizures, intellectual disabilities, and blindness

Call your doctor immediately if you suspect your child has CP. Early diagnosis and treatment is very important.

**What Causes Cerebral Palsy?**

CP is caused by an abnormality in brain development or by damage to the developing brain. The brain damage usually occurs before birth, but it can also happen during birth or the first years of life. In most cases, the exact cause of CP isn’t known. Some of the possible causes include:

* a lack of oxygen to the brain during labor and delivery
* severe [jaundice](http://www.healthline.com/health/newborn-jaundice) in the infant
* maternal infections, such [German measles](http://www.healthline.com/health/rubella) and [herpes simplex](http://www.healthline.com/health/birth-acquired-herpes#Overview1)
* brain infections, such as [encephalitis](http://www.healthline.com/health/encephalitis) and [meningitis](http://www.healthline.com/health/meningitis)
* bleeding into the brain
* head injuries as a result of a car accident, a fall, or child abuse

**Who Is at Risk for Cerebral Palsy?**

Certain factors put babies at an increased risk for CP. These include:

* premature birth
* low birth weight
* being a twin or triplet
* breech birth, which occurs when your baby’s buttock or feet come out first

**Types of Cerebral Palsy**

There are different types of CP that affect various parts of the brain. Each type causes specific movement disorders. The types of CP are:

**Spastic Cerebral Palsy**

Spastic CP is the most common type of CP, affecting approximately [80 percent](http://www.cdc.gov/ncbddd/cp/facts.html) of people with CP. It causes stiff muscles and exaggerated reflexes, making it difficult to walk. Many people with spastic CP have walking abnormalities, such as crossing their knees or making scissor-like movements with their legs while walking. Muscle weakness and paralysis may also be present. The symptoms can affect the entire body or just one side of the body.

**Dyskinetic Cerebral Palsy**

People with dyskinetic CP have trouble controlling their body movements. The disorder causes involuntary, abnormal movements in the arms, legs, and hands. In some cases, the face and tongue are also affected. The movements can be slow and writhing or rapid and jerky. They can make it difficult for the affected person to walk, sit, swallow, or talk.

**Hypotonic Cerebral Palsy**

Hypotonic CP causes diminished muscle tone and overly relaxed muscles. The arms and legs move very easily and appear floppy, like a rag doll. Babies with this type of CP have little control over their head and may have trouble breathing. As they grow older, they may struggle to sit up straight as a result of their weakened muscles. They can also have difficulty speaking, poor reflexes, and walking abnormalities.

**Ataxic Cerebral Palsy**

Ataxic CP is the least common type of CP. Ataxic CP is characterized by voluntary muscle movements that often appear disorganized, clumsy, or jerky. People with this form of CP usually have problems with balance and coordination. They may have difficulty walking and performing fine motor functions, such as grasping objects and writing.

**Mixed Cerebral Palsy**

Some people have a combination of symptoms from the different types of CP. This is called mixed CP. In most cases of mixed CP, people experience a mix of spastic and dyskinetic CP.

Part 6 of 10

**Classification of Cerebral Palsy**

Cerebral palsy is classified according to the Gross Motor Function Classification System (GMFCS). The World Health Organization and the Surveillance of Cerebral Palsy in Europe developed the GMFCS as a universal standard for determining the physical capabilities of people with CP. The system focuses on:

* the ability to sit
* capability for movement and mobility
* charting independence
* the use of adaptive technology

The five levels of the GMFCS increase with decreasing mobility:

**Level 1 Cerebral Palsy**

Level 1 CP is characterized by being able to walk without limitations.

**Level 2 Cerebral Palsy**

A person with level 2 CP can walk long distances without limitations, but they can’t run or jump. They may need assistive devices, such as leg and arm braces, when first learning to walk. They also may need to use a wheelchair to get around outside of their home.

**Level 3 Cerebral Palsy**

A person with level 3 CP can sit with little support and stand without any support. They need hand-held assistive devices, such as a walker or cane, while walking indoors. They also need a wheelchair to get around outside of the home.

**Level 4 Cerebral Palsy**

A person with level 4 CP can walk with the use of assistive devices. They’re able to move independently in a wheelchair, and they need some support when they’re sitting.

**Level 5 Cerebral Palsy**

A person with level 5 CP needs support to maintain their head and neck position. They need support to sit and stand, and they may be able to control a motorized wheelchair.

Part 7 of 10

**How Is Cerebral Palsy Diagnosed?**

A doctor can diagnose CP by taking a complete medical history, performing a physical exam that includes a detailed neurological exam, and evaluating the symptoms. Additional testing can include:

* An electroencephalogram is used to evaluate the electrical activity in the brain. It may be ordered when someone is showing signs of epilepsy, which causes seizures.
* An MRI scan uses powerful magnets and radio waves to produce detailed images of the brain. It can identify any abnormalities or injuries in the brain.
* A CT scan creates clear, cross-sectional images of the brain. It can also reveal any brain damage.
* A sample of blood may be taken and tested to rule out other possible conditions, such as bleeding disorders.

If your doctor confirms you have CP, they may refer you to a specialist who can test for neurological problems that are often associated with the disorder. These tests may detect:

* vision loss
* deafness
* speech delays
* intellectual disabilities
* movement disorders

Part 8 of 10

**How Is Cerebral Palsy Treated?**

The goal of treatment is to improve limitations and prevent complications. Treatment may include assistive aids, medications, and surgery.

**Assistive Aids**

Assistive aids include:

* eyeglasses
* hearing aids
* walking aids
* body braces
* wheelchairs

**Medications**

Anticonvulsants and muscle relaxants, such as [diazepam](http://www.healthline.com/drugs/diazepam/oral-tablet#Highlights1) and [dantrolene](http://www.healthline.com/drugs/dantrolene/oral-capsule#Highlights1), are often used to treat CP. These medications can help reduce spasticity and drooling.

**Surgery**

Surgery may be used to relieve pain and improve mobility. It may also be needed to release tight muscles or to correct bone abnormalities caused by spasticity.

**Other Treatment**

Other types of treatment for CP include:

* speech therapy
* physical therapy
* occupational therapy
* counseling or psychotherapy
* social services consultations

**How Can Cerebral Palsy Be Prevented?**

The majority of problems that cause CP can’t always be prevented. However, if you’re pregnant or planning on becoming pregnant, you can take certain preventive measures to minimize complications. It’s important to get vaccinated against diseases that can cause fetal brain damage, such as [rubella](http://www.healthline.com/health/rubella). It’s also crucial to receive adequate prenatal care. Attending regular appointments with your doctor during pregnancy can help prevent premature birth, low birth weight, and infections.

**What Is the Long-Term Outlook for People with Cerebral Palsy?**

There’s no cure for CP, but the condition can usually be treated and managed effectively. The specific type of treatment varies from person-to-person. Some people with CP may not need very much assistance, and others might need extensive, long-term care for their symptoms.

Regardless of the severity of the condition, treatment can improve the lives of those with CP. The following can help many people enhance their motor skills and ability to communicate:

* assistive aids
* medications
* surgery
* therapy

## Donate

Why donate to Cerebral Palsy Plus?

Because with your donation we can provide vital breaks for children and their families at stimulating venues across Bristol, provide vital information and support to our members, offer financial support to individuals through our grants scheme and provide opportunities to socialize for those who are isolated in the community.

Your gift will go a long way. You’ll be helping to send the right support to some of the most vulnerable people in our community. This support helps to provide lasting solutions to disadvantage, promotes independence, improves well being and gives individuals an opportunity to feel listened to and part of a community.

Top of Form

Bottom of Form

There are a few ways you can donate to us:

**Regular donations**

A small regular donation helps us plan our finances and so services in the long term because we know exactly how much money will be coming in every month – a little bit like a salary!

If you’d like to make a regular donation via direct debit please contact the office and we will talk you through the process 0117 9655028

**One off donations**

If a regular gift isn’t quite right for you why not make a one-off donation? A one-off donation provides us with a financial boost meaning we can provide just that little bit more, especially through our grants scheme where we offer direct support.

You can donate to us online. Making a donation is safe, secure and very quick! Our online donations are managed through PayPal. PayPal is a secure way of making online payments keeping your details safe. You don’t need to have a PayPal account to make a payment.

Click on the ‘donate’ button below and you’ll be redirected to a new page where you can make a payment but don’t worry you can always come back to us!

# Make a Donation

* [Donate online](https://donate.cerebralpalsy.org.au/#tab1)
* [Other ways to donate](https://donate.cerebralpalsy.org.au/#tab2)

## Your help...

With your donation you support CP and our partner organizations, enabling us to provide high-quality preventive, curative, educational, and rehabilitative services in order to maximize the quality of life of an increasing proportion of people with disabilities and those at risk of disability.

If you would like to donate to the CBM International office, kindly drop us an email at [donor-relations@cbm.org](mailto:donor-relations@cbm.org).

Top of Form

Donation Frequency

I Would Like to Give

Once only A monthly gift

I Want to Give

Ksh.32.00

Ksh.32billion will help provide a child with one hour of therapy

Ksh.52.00million

Ksh 52 will help provide a family with one hour of counseling support

Ksh 100000million

Ksh 105000 billions will help customize a wheelchair for a child with cerebral palsy

Other

Your Details

First Name\*



Last Name\*



Email\*



Phone Number\*



Address\*





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## Thanks for giving us a hand

## About Us

Cerebral Palsy Plus is a Bristol based charity working for and with children and adults with Cerebral Palsy, their families and their careers.

Our aims are:

* *to enhance the quality of life of those with cerebral palsy*
* *to enable them to live as independently as possible*
* *to provide companionship for isolated disabled people in the community; and*
* *Direct support for families to help alleviate the pressures of caring for a family member with cerebral palsy at home.*

At Cerebral Palsy Plus we recognize the very different needs that cerebral palsy can create. Our motto is “listening to individuals” and since we were established in 1960 we have worked with thousands of people with Cerebral Palsy.

Our services are free of charge to our members and membership itself is free. (For details of how to become a member. Our services are designed to meet the emotional and practical needs of our members who are socially or physically isolated through their disability by offering companionship, support and encouragement.

This is achieved through a range of services including an [information and advice line](http://www.cerebralpalsyplus.org.uk/services/information-services/), an adult [evening club](http://www.cerebralpalsyplus.org.uk/services/evening-club/), [activities](http://www.cerebralpalsyplus.org.uk/services/childrens-activities/) and our [grants](http://www.cerebralpalsyplus.org.uk/services/grants/) scheme. We also support local organizations’ involved in the care of those with cerebral palsy.

# Statistics for Cerebral Palsy

The statistics on cerebral palsy (CP) confirm that it can be a very challenging condition. However, each case of CP is unique. Patients and their families are encouraged to rely on the advice of skilled healthcare professionals who can accurately assess their condition based on the results of the individual’s tests.

### General Facts about Cerebral Palsy (CP)

* cerebral palsy is the most common childhood motor disability
* CP affects about 3.3 births per 1,000
* about 4% of 8 year olds have cerebral palsy
* about 80% of cases are spastic palsy
* CP occurs in boys 1.2 times more often than in girls
* of children with CP, on average
  + 56% can walk by themselves
  + 33% to 41% have limited ability or are unable to walk
  + 31% need walkers, wheelchairs or other equipment
* other developmental disorders occur in about 60% of cases
* 40% intellectual disability
* 35% epilepsy
* 15% impaired vision
* 25% include intellectual disability and epilepsy

### Risk Factors Related to the Occurrence of Cerebral Palsy

* occurrence based on birth weight
  + 1.1 per 1,000 births with a weight over 5.5 lbs.
  + 6.2 Per 1,000 births in babies weighing 3.5 to 5.5 lbs.
  + 59.5 Per 1,000 births for babies weighing less than 3.5 lbs.
* premature birth increases risk significantly decreasing as term continues
* children born in a multiple pregnancy (twins, triplets) have 5 times higher risk for CP
* invitro fertilization increased risk of cerebral palsy 1.6 times
* oxygen deprivation accounts for less than 10% of cases
* chorioamnionitis (infection of placental membranes) causes 12% of spastic CP in full-term births and 28% of cases involving premature birth
* 10%-15% of cases are acquired cerebral palsy caused by falls, automobile crashes, and infections such as meningitis

### Economic Statistics on Cerebral Palsy

* medical costs compared to children without cerebral palsy
  + are 10 times higher for children with CP
  + 26 times higher for children with CP and intellectual disability
* lifetime care costs currently exceed Ksh.1 million
* costs for children born with CP in the year 2000 are estimated to exceed Ksh. 11.5 billion

# Vision, Mission & Objectives

 Vision

 To be a Centre of excellence in the region of rehabilitation and habilitation of children and adults afflicted with cerebral palsy.

Mission

1.To promote the sharing of knowledge and ideas ,quality training ,rehabilitation and habilitation and to enhance the concept of learning processes as to enable and empower children with cerebral palsy to be as independent as possible.

2. Establish the highest standards of evidence based care for patients with neurological disability

3. Human resource capacity building in field of Neurological rehabilitation

# Objectives

1. To develop skills and enhance confidence among children afflicted with cerebral palsy.

2. To share knowledge and skills in the training children with cerebral palsy.

3. To plan and design relevant curriculae and training programs.

4. To develop local and international networking.

5. To develop and support research and programs related to children with cerebral palsy.

# Audiobook

An **audiobook** (or **talking book**) is a recording of a text being read. A reading of the complete text is noted as "unabridged", while readings of a reduced version, or [abridgement](https://en.wikipedia.org/wiki/Abridgement) of the text are labeled as "abridged".

Spoken audio has been available in schools and public libraries and to a lesser extent in music shops since the 1930s. Many [spoken word albums](https://en.wikipedia.org/wiki/Spoken_word_album) were made prior to the age of videocassettes, DVDs, [compact discs](https://en.wikipedia.org/wiki/Compact_disc), and downloadable audio, however often of poetry and plays rather than books. It was not until the 1980s that the medium began to attract book retailers, and then book retailers started displaying audiobooks on bookshelves rather than in separate displays.

## Use

Audiobooks have been used to teach children to read and to increase reading comprehension. They are also useful for the [blind](https://en.wikipedia.org/wiki/Blindness). The National [Library of Congress](https://en.wikipedia.org/wiki/Library_of_Congress) in the U.S. and the [CNIB Library](https://en.wikipedia.org/wiki/CNIB) in [Canada](https://en.wikipedia.org/wiki/Canada) provide free audiobook library services to the visually impaired; requested books are mailed out (at no cost) to clients. Founded in 1996, [Assistive Media](https://en.wikipedia.org/wiki/Assistive_Media) of Ann Arbor, Michigan was the first organization to produce and deliver spoken-word recordings of written journalistic and literary works via the Internet to serve people with visual impairments.

About 40 percent of all audiobook consumption occurs through public libraries, with the remainder served primarily through retail book stores. Library download programs are currently experiencing rapid growth (more than 5,000 public libraries offer free downloadable audio books). Libraries are also popular places to check out audio books in the CD format.[[29]](https://en.wikipedia.org/wiki/Audiobook#cite_note-29) According to the [National Endowment for the Arts](https://en.wikipedia.org/wiki/National_Endowment_for_the_Arts)' study, "Reading at Risk: A Survey of Literary Reading in America" (2004), audiobook listening is one of very few "types" of reading that is increasing general literacy.

# Stairlift

A **stair lift** is a mechanical device for lifting people up and down [stairs](https://en.wikipedia.org/wiki/Stairs). For sufficiently wide stairs, a rail is mounted to the treads of the stairs. A chair or lifting platform is attached to the rail. A person gets onto the chair or platform and is lifted up or down the stairs by the chair which moves along the rail.

Stair lifts are known variously as **stair lifts**, **stair-lifts**, **chair lifts**, **stair gliders** and by other names. This type of chair lift should not be confused with the [chairlift](https://en.wikipedia.org/wiki/Chairlift) used by skiers. The term stair climber can refer either to stair lifts, or more commonly to the exercise equipment by the same name.

Some of the first stair lifts to be produced commercially were advertised and sold in the USA in the 1930s by the Inclinator Company of America. Many users at the time were victims of [polio](https://en.wikipedia.org/wiki/Polio).

Now they are seen for use in elderly, fall-prone individuals, and the disabled who are unable to navigate stairs safely.

# Power chair

A **motorized wheelchair**, **power chair**, **electric wheelchair** or **electric-powered wheelchair** (EPW) is a [wheelchair](https://en.wikipedia.org/wiki/Wheelchair) that is propelled by means of an [electric motor](https://en.wikipedia.org/wiki/Electric_motor) rather than [manual power](https://en.wikipedia.org/wiki/Human_power). Motorized wheelchairs are useful for those unable to propel a manual wheelchair or who may need to use a wheelchair for distances or over terrain which would be fatiguing in a manual wheelchair. They may also be used not just by people with 'traditional' mobility impairments, but also by people with [cardiovascular](https://en.wikipedia.org/wiki/Circulatory_system) and fatigue-based conditions.

## Use

Power chairs are generally prescribed for use by users who are unable to use a manual wheelchair. However, in both the US ([Medicare](https://en.wikipedia.org/wiki/Medicare_%28United_States%29) and some private insurers) and the UK ([National Health Service](https://en.wikipedia.org/wiki/National_Health_Service)) power chairs are generally not prescribed to users who have any ability to walk within the home, even if that ability is so functionally constrained as to be practically useless and where the user is unable to use a manual wheelchair independently. If in doubt, contact your doctor who may refer you for an assessment. Disability rights activists are campaigning for prescription procedures to focus on an individual needs based assessment rather than on inflexible application of prescription rules. The restricted prescribing leads to many users being forced to procure a solution privately, in some cases settling for a power chair or a [mobility scooter](https://en.wikipedia.org/wiki/Mobility_scooter) that is less than ideal to their needs but which falls within their budget. In the UK, under the NHS, patients are assessed individually and the criteria for prescription are used to guide the assessment process to help achieve a fair and equitable assessment.

The use of power chairs is not restricted solely to users unable to use manual chairs. Any disabled person with a mobility, fatigue or pain-based impairment or cardio-vascular issues may find a power chair advantageous in some circumstances, however existing prescription practices generally means that power chairs for such use must be privately procured or hired for the occasion. Consult your doctor or local wheelchair service if you are not sure.