

Early Signs of Cerebral Palsy

The following early warning signs might indicate possible cerebral palsy, and warrant a referral for assessment and diagnosis.

Abnormal Muscle Tone

Infants may exhibit either hypotonia, a significant lack of muscle tone characterized by loose, floppy muscles; or, hypertonia, an excessive degree of muscle tone characterized by tightness, stiffness, and constricted movement.

Typical signs of hypertonia related to spastic cerebral palsy might include:

- * Keeping one or both hands fisted, or keeping the thumb clenched inside the fist, if the child is over 4-5 years old.
- * Tightness of the hips, making it difficult to separate the infant's legs to diaper him;
- * Keeping the legs in an extended position, or crossing the legs or ankles; kicking the legs in unison, bringing the knees up to the chest together, rather than the alternating leg, bicycle style kicking of normal infants.
- * Evidence of lack of vision, inability to focus or to track moving objects.
- * Tongue thrust, moving tongue in and out of the mouth, excessive drooling.

Typical signs of hypotonia or lack of muscle tone may include an inability to maintain head control, and a generalized "floppiness" that will contribute to delayed motor development.

Abnormal Patterns or Delayed Motor Development

Delayed motor development may exhibit itself in numerous ways.

- * Failure to achieve head control, or to lift head and chest from a prone position when the child is on his stomach, if older than 5 months.
- * Failure to reach for objects or to transfer objects from one hand to the other, if older than 7 months.
- * Collapsing forward when placed in a sitting position, or rounded back when seated, if older than 8 months.

- * Inability to roll from back to front, if older than 6 months.
- * Inability to stand, if older than 10 months.

Abnormal patterns of motor development refer to developmental milestones that are only partially completed, or to differences in the infant's skill in mastering motor tasks using various parts of the body. For example:

- * Persistent use of only one hand when playing with a toy, including reaching across the body to retrieve an object, rather than reaching with the arm that is on the same side of midline as the object. Infants typically use both hands equally for the first 15 months of life.
- * Good use of hands and arms, but drags legs. While many infants go through a stage of "G.I. Joe" crawling on their stomachs, failure to progress to more advanced use of the legs might be indicative of cerebral palsy.
- * Trembling or inaccurate aim when reaching for an object may indicate athetoid cerebral palsy.
- * Walking on tiptoes. Young infants typically stand on their toes when held in a standing position in an adult's lap. By the time the child learns to walk, heels should be flat on the floor. A persistent toe-walking reflex may be indicative of cerebral palsy.

Recommendations for treatment intervention for cerebral palsy include:

Cerebral palsy is not a degenerative disorder in the classical sense. There is no progressive worsening of the brain dysfunction. However, the degree of disability is related to early intervention.

- * Early intervention can increase range of mobility and prevent unnecessary deterioration of motor abilities.
- * Early intervention can help children learn and grow in spite of their physical problems. (More than 50% of children with cerebral palsy have intellectual potential that is within the normal range.)
- * Physical therapy and proper medical management are necessary on an ongoing basis.
- * Developmental assessments should be performed to assist in determining treatment needs in all developmental areas.
- * Special infant stimulation programs can greatly improve motor development as

well as cognitive and social development.

- * Vision and hearing should be routinely screened and monitored as the child develops. Both can be affected by cerebral palsy.
- * Speech therapy should be provided for children whose motor ability to speak is involved. For severely involved persons, alternate communication systems (symbolic communication systems, "voice boxes," use of pictures) can increase language development even though speech is absent.
- * Parents will need considerable support and education. Caring for a child with cerebral palsy can be stressful and difficult. Special services and support for the parent can greatly increase their ability to manage.