

Cerebral Palsy



Definition of a Disability

The Equality Act (2010) replaced the Disability Discrimination Act (2005) in providing protection and legal rights for disabled people. It uses the following definition of disability:

“The Act defines a disability as a physical or mental impairment which has a substantial and long-term (i.e. has lasted or is likely to last for at least twelve months) adverse effect on a person’s ability to carry out normal day-to-day activities.”

More information on the Act can be found at

http://www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG_4001068

Cerebral Palsy as a Disability

Cerebral Palsy is a very diverse and complex condition, ranging from very mild to profound, with no two people being affected in precisely the same way. Cerebral Palsy does not have a clear-cut single cause, and it is not a specific condition, but a group of complicated conditions that affect movement and posture because of damage to or failure in the development of the brain that controls movement.

Cerebral Palsy can be defined as “a persistent (but not unchanging) disorder of movement and posture, as the result of one or more non-progressive abnormalities in the brain, before its growth and development are complete. Other clinical signs may be present as well.” (World Commission for Cerebral Palsy - Cerebral Palsy: Problems and Practice)

Cerebral Palsy is non-progressive - it does not get worse or improve. The effects of the brain impairment, on the person’s movement and posture, do not go away. However, the effects on the body may become more (or less) obvious as time goes by. For example people with Cerebral Palsy can become increasingly better at managing their difficulties as they get older. Cerebral Palsy is not infectious.

‘Cerebral’ means that the cause of the difficulties is in the brain – not in the muscles themselves.

‘Palsy’ can be taken as meaning having difficulties with movement and posture - i.e. a ‘motor control’ impairment.

Cerebral Palsy is **not unchanging** and movement patterns may change. This may occur over time as someone develops, matures and/or as a result of therapeutic intervention, for example, physiotherapy.

Many forms of Cerebral Palsy are now recognised. It is often described according to the part of the body affected:

- **Hemiplegia:** one side of the body
- **Diplegia:** whole body affected.

Or according to the way in which the body is affected:

- **Spasticity:** the person finds it very difficult to move limbs so they have problems with posture and general movements
- **Athetosis:** involuntary movements such as twitches or spasms
- **Ataxia:** the person finds it difficult to coordinate their muscle groups so they have problems with balance, walking, etc.

It is sometimes the case that students have a mixture of these conditions, and other associated difficulties.

▶ **What are the learning implications?**

There is a huge variation between individuals. The disability can be anything from a fairly minor condition which affects the student’s life only to a small amount to a major disability which affects both the student’s own life comprehensively and that of their family.

It’s important to realise that some (but not all) students who have Cerebral Palsy also have other difficulties with learning, such as:

- Perceptual difficulties
- Communication difficulties
- Movement and control difficulties
- Problems with mixing socially, because it is hard for them to communicate.

It is very important to look for every possible way to communicate, but it is also important to keep a balance between accepting a student's genuine limitations and making sure they are provided with as many opportunities as possible to progress as far as they can. Developments in I.T are able to make significant differences to the quality of life of students with Cerebral Palsy.

▶ **Treatment and Management of Cerebral Palsy**

Although Cerebral Palsy is not curable, the condition can be managed by a number of different strategies:

▶ **Therapy**

- **Physiotherapy** aims to help people achieve their potential for physical independence and mobility. Physiotherapy is the treatment of disorders of movement and function in the body caused by problems in the muscles, bones or nervous system. Physiotherapists assess and treat these disorders by natural methods such as exercise, manipulation, heat as well as electrical or ultrasonic procedures. Physical therapy includes exercise, correct positioning, and teaching alternate ways of movement through the use of walkers, braces or a wheelchair.
- **Occupational Therapy** designs purposeful activities to increase independence through fine motor skills. Occupational Therapists help people use adaptive equipment such as feeding, seating and bathroom aids.
- **Speech Therapy** aims at improving communication and is often used during childhood. An individual may only need help to overcome a slight articulation problem or she/he may not be able to communicate verbally and may require a non-verbal communication system. Alternative communication systems include eye-gaze systems, blisssymbol boards, and electronic voice synthesizers.

▶ **Medication**

- Someone with Cerebral Palsy may take medication for specific conditions as a result, such as seizures.

▶ Surgery

- When a child has finished growing, bone surgery may help to reposition and stabilise bones. Also: Neurosurgery involving surgery on the nerve roots, which control muscle tone or surgery which aims to reduce spasticity by severing some of the nerve roots in the spine.

▶ Orthotics, Casts and Splints

- Most children with Cerebral Palsy will have been prescribed orthotics, casts or splints to supplement their therapy programs. Adults may continue these strategies to help provide stability, keep joints in position, and help stretch muscles.

▶ Strategies

As each student is different, individual centred solutions need to be considered. **A student with Cerebral Palsy may request the following** although there may be **other individually specific requirements** requested and / or required:

- That tutorials or interviews take place in accessible venues which might include being in easy reach of an accessible toilet facility
- Adapted accommodation
- The use of a recorder in lectures or tutorials for later reference/transcription
- Reading lists and lecture notes in advance
- The use of specialist computer equipment for tutorials, lectures and personal study
- Extra time and / or the use of a word processor and / or a scribe and / or rest periods in examinations (Requests via college to the Proctors with appropriate evidence required)
- Additional time for the completion of course work, interviews or tutorials
- A support worker to help with travelling between locations and also to help with practical tasks such as finding and carrying library books and other essential items including

- A support worker may also work to facilitate communication or act as note taker / scribe

▶ **Requesting special examination arrangements**

Information about applying for special exam arrangements can be found at: <http://www.ox.ac.uk/students/shw/das/exams/>

Requests for examination concessions must be applied for via the college office.

▶ **How might a Support worker give support?**

- Encourage independence
- Help with movement from lesson to lesson
- Encourage support for the student from other students
- Be clear about what equipment is needed and how to use it
- Enable communication
- In some circumstances assist with toileting and the requirements of everyday living

▶ **Funding**

Information about applying for **funding** can be found at: <http://www.ox.ac.uk/students/shw/das/funding/>

▶ **Contacts**

Oxford University Student Union (OUSU)

Thomas Hull House, New Inn Hall Street, Oxford, OX1 2HU.

Vice-President – Welfare:

Tel: 01864 (2) 88461. Email: welfare@ousu.org

Web: www.ousu.org/welfare

OUSU has an active Disabilities Action Group, which works to raise awareness of disability issues in the University.

SCOPE, runs a Cerebral Palsy Helpline. Hours are Monday - Friday 9am to 9pm, Saturday and Sunday 2pm to 6pm, P.O. Box 833 Milton Keynes MK12 5NY. Tel: 0808 800 3333

E-mail: response@scope.org.uk Web: www.scope.org.uk

The Bobath Centre for Children with Cerebral Palsy, Bradbury House, 250 East End Road, East Finchley, London N2 8AU, Tel: 020 8444 3355, Fax: 020 8444 3399, E-mail: info@bobathlondon.co.uk
Website: www.bobath.org.uk/

► Publications

Focusing on Cerebral Palsy. Parkes, J, Donnelly, D, Hill, N. Scope, 2001.

Cerebral Palsy – A Complete Guide to caregiving. Miller, F. & Bachrach, S.J. John. 1995.

Cerebral Palsy Handbook – A Practical Guide for parents and Carers. Stanton, M. 1997.

Living with Cerebral Palsy, Pimm, P., 1999.

Scope parent Information Leaflets and Information Sheets on Cerebral Palsy, therapies, and conductive education. Contact the Cerebral Palsy Helpline on 0808 800 3333.

Disability Advisory Service

E-mail: disabililty@admin.ox.ac.uk

Website: www.ox.ac.uk/students/shw/das

Tel: +44 (0)1865 280 459

Fax: +44 (0)1865 289 830