Children with Special Needs: 
Cerebral Palsy

The term cerebral palsy refers to any one of a number of neurological disorders that appear in infancy or early childhood and permanently affect body movement and muscle coordination but don’t worsen over time. Even though cerebral palsy affects muscle movement, it isn’t caused by problems in the muscles or nerves. It is caused by abnormalities in parts of the brain that control muscle movements. Many children with cerebral palsy are born with it, although it may not be detected until months or years after birth. Children born prematurely are at an increased risk for developing cerebral palsy.

Cerebral Palsy …

• Can’t be cured, but treatment will often improve a child’s capabilities. Many children go on to enjoy near-normal adult lives if they receive early intervention services and their needs are properly managed.
• Doesn’t always cause profound disabilities. While one child with severe cerebral palsy might be unable to walk and need extensive, lifelong care, another with mild cerebral palsy might be only slightly awkward and require no special assistance.

The early signs of cerebral palsy (usually appearing before a child reaches 3 years of age) are:

• Lack of muscle coordination when performing voluntary movements (ataxia).
• Stiff or tight muscles and exaggerated reflexes (spasticity).
• Walking with one foot or leg dragging.
• Walking on the toes or with a crouched or “scissored” gait.
• Muscle tone that is either too stiff or too floppy.
Implications for the classroom – It is important to understand that no two children with cerebral palsy are alike, just as no two children without disabilities are alike. These strategies have been shown to be effective with many children with cerebral palsy, but certainly not with all children. Individualization should be paramount when creating strategies and plans for instruction.

Early Intervention Services
With early intervention services (services that begin before a child is 3 years old) children have a greater chance at overcoming some of the symptoms of C.P., as well as learning new ways to accomplish challenging tasks. Physical and occupational therapy, speech therapy; braces and other orthotic devices; wheelchairs and rolling walkers; and communication aids such as computers with attached voice synthesizers, should all be therapies to explore in order to support a child’s development.

Providing accessible classroom activities
Making sure that a child with cerebral palsy has access to their classroom environment is critical to creating an inclusive classroom setting. Rearranging the furniture so that a child using a walker or wheelchair can maneuver in and out of learning centers; making sure that items can be reached by all children; and modifying classroom activities to meet the unique needs of your students are all essential to creating a supportive and accessible environment for children with C.P.

RESOURCES:
National Institute of Neurological Disorders and Stroke:
http://www.ninds.nih.gov/disorders/cerebral_palsy/cerebral_palsy.htm#What_is

United Cerebral Palsy:
http://www.ucp.org