

# Cerebral Palsy



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## What is Cerebral Palsy?

Cerebral Palsy arises from a particular type of brain damage. This can be caused by lack of oxygen during labour, injury or infection.

## Living with Cerebral Palsy

The most obvious effects of Cerebral Palsy are on movement and can result in stiffness, floppiness, unsteadiness, difficulty in controlling movement or unwanted involuntary movement. Some people with Cerebral Palsy may have other disabilities such as hearing, sight, speech or breathing impairments. Occasionally fits may also occur. In some cases, the individual may be a wheelchair user.

Control of the muscles is not very efficient and so any exertion can be tiring. Some individuals will need assistance with everyday tasks such as dressing.

Where 'speech' muscles are affected communication can prove difficult and frustrating. Excitement can make this worse. A patient unhurried approach helps. In some cases other communication aids are used such as 'Bliss' boards.

The extent of any disability depends on the part of the brain that has been damaged. So although communication may be hampered the understanding or learning part of the brain may be unimpaired, alternatively physical movement may be slightly affected whilst severe learning difficulties exist.

Adolescence can bring increased difficulties. Along with the usual developmental changes, both physical and emotional, an individual with Cerebral Palsy can lose further mobility. Some young people with Cerebral Palsy may attend

special schools. These can have a wide catchment area and take individuals away from their own neighbourhood. Scouting offers the opportunity to make friends close to home, which might otherwise not exist.

Many individuals with Cerebral Palsy receive medication, which needs to be carefully monitored.

## Practical Tips

Patience is the key word! If you can create and maintain a relaxed atmosphere many problems will not even arise.

Try not to make too many assumptions before you have discussed the individual's condition. Many involuntary movements such as grabbing, biting, kicking and elbowing will be just that, but sometimes they are just bad behaviour! Everyone should be aware of any commonly repeated involuntary movements. They will soon learn to keep out of kicking or elbowing distance.

Other things to consider are:

- Seating in transport (not - next to the driver.)
- Watching out for arms rigidly outstretched when going through doors (try going through backwards)
- Easily grabbed items (scarves and wood badge beads) should be tucked out of reach.

If a spasm occurs don't try to apply force to 'locked' joints, you could cause serious injury. Coaxing and reassurance along with gentle massage should help relax the muscles. This will also help when dressing or undressing, especially when trying to put on shoes or splints.

One side effect of lack of muscle control is dribbling. A plentiful supply of wipes will enable this to be handled sensitively.

### **What else do I need to know?**

Leaders will need to be fully acquainted with the nature of the individual's condition and how it is controlled. Before undertaking any form of prolonged activity i.e. outings, camps or holidays, discussions should take place to ascertain what regular routines should be followed.

Care should be taken during activities that require eating! Plastic cutlery or polystyrene cups are easily bitten through. Knowing what a person uses at home to assist their feeding (such as straws or special crockery or cutlery) is essential. When eating at home is helped by 'finger feeding' you will need to discuss the way in which this is done to avoid losing the ends of your fingers!

Dressing and undressing need not pose problems as long as you discuss how it is done with those who do it most often! You will need to ask exactly how much help you should give and how much an individual is expected or expecting to do themselves. Find out if an individual has a preference for how they sit, stand or lie. Do they have a 'good side' or a particular order of dressing to make things easier?

If regular exercise is part of the normal routine you may have to plan this into your activities.

Swimming, hydrotherapy or physiotherapy may all have a part to play in this.

In the past Cerebral Palsy was called Spasticity. While the term 'spastic' describes a particular type of Cerebral Palsy, it has also been used outside its medical use as an insult. This term, when not applied in a strict medical sense is offensive.

Leaders must recognise that in young people where Cerebral Palsy is controlled by medication it can, as part of the adolescent process, become the subject of rebellion. This needs a good deal of understanding, discussion and monitoring.

### **Further information**

Discuss with the individual and/or their parents the extent to which help is needed and learn any practical tips that they have to offer. They might also be able to arrange for you to have a chat with the GP or specialist involved if it is felt to be helpful. In particular try to find out if there are any known triggers that cause spasms.

### **Support Organisations**

#### **Scope**

PO Box 833  
Milton Keynes  
MK12 5NY  
Helpline: 0808 800 3333 (Monday – Friday: 9am - 9pm; Weekends: 2pm - 6pm)  
Telephone: 020 7619 7100  
Email: [cphelpline@scope.org.uk](mailto:cphelpline@scope.org.uk)  
Web site: [www.scope.org.uk](http://www.scope.org.uk)

#### **Capability Scotland**

ASCS  
11 Ellersly Road  
Edinburgh  
EH12 6HY  
Telephone: 0131 313 5510  
Fax: 0131 346 1681  
Email: [ascsc@capability-scotland.org.uk](mailto:ascsc@capability-scotland.org.uk)  
Web Site: [www.capability-scotland.org.uk](http://www.capability-scotland.org.uk)

#### **Cedar Foundation**

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BT9 7AS  
Telephone: (028) 9066 6188  
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