

LETTER TO THE EDITOR

CHALLENGES FOR PEDIATRIC PHYSICAL THERAPISTS TO PROVIDE EARLY INTERVENTIONS TO CHILDREN WITH CEREBRAL PALSY

By writing in the Pakistan Journal of Rehabilitation, I would like to draw attention towards challenges faced by pediatric physical therapists in providing early interventions to infants and children who are at risk of Cerebral Palsy within families and communities.

Cerebral Palsy (CP) is a common motor disability that occurs in childhood and affects more than four children per 1,000 live births across the world¹. It is characterised by movement disorders that are attributed to a disturbance in brain development accompanied by secondary impairments². Among mild to severe CP types, early physiotherapy interventions play a key role in decreasing poor health conditions such as soft tissue stiffness and joint contractures²⁻³ and improves the pace of developmental milestones accomplishment. Interventions such as primary care also reinforces efficient practice to stimulate neural connections; as a result functional performance increases⁴. Numerous studies concluded the effectiveness of a variety of intervention modalities in physiotherapy such as constraint-induced movement therapy, strength training, gait training, virtual reality, whole-body intervention and hippo therapy on heterogeneous sub-groups of cerebral palsy including spastic diplegia, hemiplegia and tetraplegia. However, it is difficult to conclude if these types would respond differently to various interventions²⁻⁴. Even for some of the interventions, the evidence is not strong enough to be implemented as early intervention.

Early intervention is the best practice to reduce the risk of Cerebral Palsy, but still pediatric physical therapists face continuing challenges due to poor clinical judgment, lack of training and evidence of standard care that may result in withdrawal of child from rehabilitation⁵. These issues must be considered for the management of children with cerebral palsy since early identification is the foundation for ideal intervention. Studies should be conducted to identify challenges faced by pediatric physical therapists to encounter barriers for benchmark practices in clinical settings. Although generating evidence is ongoing, we must also look into the national and local needs in context before implantation.

Shahla Batool

Physiotherapist
Freelancer

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