

LETTER TO THE EDITOR

ERB'S PALSY: DO SOMETHING TODAY THAT YOUR FUTURE COULD THANK YOU FOR...

It has been observed that in developing countries, there is small number of hospitals, who understand the child's problems and implement proper rehabilitation. Unluckily, they only focus on inpatients care. In addition, Communal- based, observational studies in developing countries provide an estimated prevalence of juvenile disabilities ranging from 0.4-12.7%¹.

Similarly, the leading cause of increasing number of Erb's palsy is due to birth defects and lack of awareness of physical therapy. Which in turn highlight the neglected aspect of this disability. Erb's palsy may occur due to breech delivery, prolong labor leading to injury at the time of birth in case it is not handled with care. Moreover, forceful pulling of head and neck of infant when passes through birth canal, fetal macrosomia², stretching or pressure on shoulder of infant that may lead to major and complex brachial plexus injuries. These commonly involves upper cervical trunk (C5-C6) that requires special care and handling.

The findings also suggests and it has been estimated through various evidences that the incidences of brachial plexus palsies are around 1.5 cases per 1000 live births, and it has not declined despite of recent advances in obstetrics³. The fact that needs attention is being highlighted through their view of certain studies that reported approximately 5000 cases of neonatal brachial plexus palsies, of which 580-1050 are permanent in United State⁴. These brachial plexus palsies result in negligible movement on affected shoulder with absent reflexes, and poor grip of hand in infants that are affected by this problem. In spite of these conditions it may also lead to persistent weakness of affected shoulder with glenohumeral abduction deformities with contractures as severe as 65 degrees⁵.

Clinicians play a pivotal role in assessment and identification of Erb's palsy in neonates. Early diagnosis may help in preventing the further complications and increase recovery of functional activities, but physical therapy has major contribution to improve child's abilities with multidisciplinary care for children with Erb's palsy⁶. Physical Therapists are specifically trained to promote the lives and activities of daily living of infants. Strengthening exercise techniques have been applied by therapists to increase muscular range, constraint induced therapy and certain types of splints also help in reducing the chance of secondary complications. Moreover, the physical therapists plan their goals with child's family to reach the early outcomes and facilitate child to reach their potential up to maximum level and independently perform daily functions.

The rehabilitation is based on the facts and evidences that the contribution of patients or their family members is vital in overall recovery. Similarly, the previously mentioned contributors need to be focused on and make them aware in order to have advanced rehabilitation. The first step in creating the awareness is knowledge that can be accessible and an encouragement along with proficiency. Also, the collaboration of pediatric clinics with the expert therapist can develop better performance.

Through this epistle, it is therefore suggested that people who are suffering from pediatric disorders specially birth related disorders and are at the risk of Erb's Palsy must seek information and manage to recover the pediatric disorder. In order to move towards healthier rehabilitation for improved quality of life.

Farah Iqbal

Lecturer

Ziauddin College of Physical Therapy

Ziauddin University

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