



## ARTICULATING THE THERAPEUTIC APPROACHES OF THE SCOTTISH CENTRE FOR CHILDREN WITH MOTOR IMPAIRMENTS

The Scottish Centre for Children with Motor Impairments (SCCMI) wishes to clearly articulate the therapeutic approaches which may be employed to address the needs of children who engage with the programmes offered, with such transparency being an organisational characteristic. The nature of the therapeutic provision is the aim that SCCMI is formally acknowledged as a 'centre of excellence', a leading edge provider, with attention being given to emerging practice.

### The Professional Perspective

Cerebral palsy is the most prevalent childhood neuromuscular condition seen by rehabilitation practitioners, however, the evidence base supporting rehabilitation practice from a holistic perspective is weak. Much is yet to be learned about the multiple child, family, and environmental factors that contribute to outcomes important to these children and their families. From a professional perspective, the SCCMI therapeutic approach is based on the best information available and is characterised by:

- being progressive, up-to-date and constantly updated,
- being subject to developmental planning and adaptation,
- drawing upon good and identified best practice, and
- meeting the identified needs of service users.

### Articulating the Centre's Therapeutic Approach - the Individual Child's Perspective

From the individual child's perspective, following a detailed and comprehensive assessment which identifies a hierarchy of needs for the individual child, the therapeutic approach is:

- based upon an assessment of, and targeted towards fulfilling the child's potential,
- focused on achievement, progress and maximising independence levels,
- reflective of developments in neuroplasticity, pathology, recovery and adaptation, and
- incorporates methods to address primary and secondary musculoskeletal conditions.

### Characteristics of the SCCMI Therapeutic Approach

A key characteristic of the Centre's approach is the intensity and frequency of staff contact, which, due to the high staffing ratios can be all day, every day as deemed appropriate for the individual child, rather than the sporadic and short duration contact which may be provided from other agencies. Determining the most appropriate programme for each child is guided by the principles that therapists should not be constrained by the employment of a single approach and the methods which therapists decide to use should be focused on addressing the needs of the child rather than employing pre-determined approach.



## Details of the Therapeutic Approach

Fundamental therapeutic aims for children with cerebral palsy and related conditions are to:

- optimise motor function within each child's prognostic potential,
- prevent the development of secondary conditions that impact life-long health, and
- promote children's participation in their daily lives.

An analysis of the research and professional literature reveals that no single method or approach is identified as being capable of addressing the needs of child/young people affected by cerebral palsy and related conditions.

The SCCMI view was endorsed by Dr Margaret Mayston in the November 2011 publication of *Developmental Medicine and Child Neurology* which states...*"in the 21<sup>st</sup> century there are a plethora of treatment ideas.....presenting a challenge to both professionals and their families alike as to which physical interventions will be the most helpful. How can that decision be made? We need to....consider the needs of children and their families in order to provide a tailor made intervention for the individual to enable optimal participation in society. So often intervention studies for cerebral palsy try to show that one intervention is superior to another, but perhaps a better approach would be to acknowledge that there is no singular 'right way' to provide physical therapy for the person with cerebral palsy and to focus on determining what works best for whom and at what stage of the life span" ..... "therapy needs to be tailored to the individual's needs and abilities and be consistent with developmental and functional goals."*

Therefore what are considered to be the 'best' or most effective elements of the approaches described below are incorporated into the Centre's approach to addressing the needs of children in general and addressing the individual needs of each child. The Centre's therapeutic approach may include the approaches, methods and procedures articulated.

- Examination and Assessment - A comprehensive assessment of the child's abilities is fundamental in determining the nature of the therapeutic approaches which should be employed. In assessing a child's abilities and status, the Neuro-Developmental Treatment (NDT/Bobath) in conjunction with other measures (eg GMFM, GMFCS, Teaching Talking) may be used.
- In order to enable the integrated education and therapy approach which characterises the SCCMI approach, those elements of Conductive Education which can be clearly articulated, provides the basis of the therapeutic approach for those children assessed to be towards the 'more able and less complex' aspects of the disability spectrum. This includes a function-focused approach, the promotion of independence and group-based activities.
- The NDT/Bobath approach is used to address the needs of individual children which would not be addressed by group-based activities and the needs of children who are assessed to be towards the more severe side of the disability spectrum.
- The use of 'normal' exercise activities where appropriate.

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- (v) The use of Constraint Induced Therapy for children with hemiplegia.
- (vi) The use of TES as deemed appropriate to meet the specific individual needs.