







International Calssification of Functioning, Disability and Health

Zdrowie

Struktury i funkcje organizmu

Aktywność

Uczestniczenie

Czynniki osobnicze

Czynniki środowiskowe

WHO, 2001

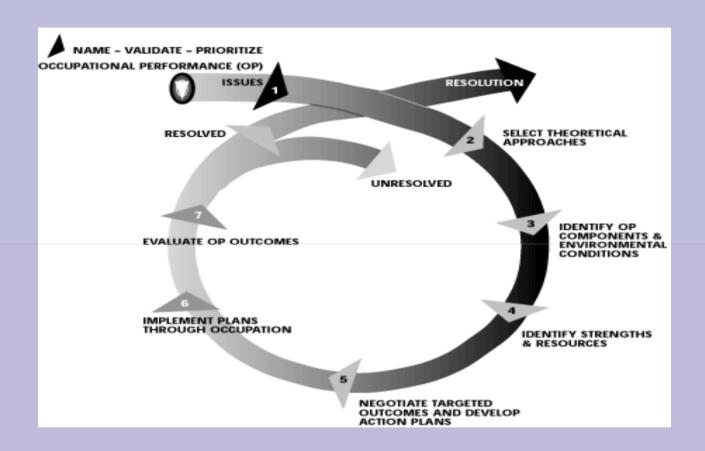
Wishes of child and parents

Possibilities
of child
and
parents

Treatment



OPPM



Occupational Performance Process Model (OPPM) as presented in Enabling Occupation: An occupational therapy perspective (CAOT, 1997)



OPPM

- Inventarisation of problems experienced by child & family (their perspective!!)
- 2. Analyse the problems; observation & assessment
- 3. Identify strengths & resources of the child and environment
- 4. Teamconference; "complete picture"
- 5. Set the goals
- 6. Treatment
- 7. Evaluation of treatment

Lasse



5 years old, unilateral (right sided) spastic CP

41 wks, caesarean section, 4700 g. Asymmetric hand function at age of 2 months

Diagnosis at 6th month: MRI brain: veneus infarction at left side Independent walking without aids at 19 month

(GMFCS I, MACS II).



COPM Lasse

Activities

- 1. Putting on and taking off socks and shoes
- 2. Ability to perform climbing activities (grasp and balance)
- 3. Putting on and off jacket, including zipper
- 4. bimanual performance in construction play
- 5. Independent cycling
- 6. Walking without stumbling/falling for more than 15 min.



Functional assessment

- Participation Activity- and Function level (ICF-model)
- Quantitative and qualitative
- Achievability of the goals
- To evaluate therapy

Focus in the workshops: COPM,PEDI,GMFM



OT assessment instruments

Function	Activities	Participation
Physical examination Capacity Melbourne EMG registration	PEDI AHA Toddler Act	COPM Individual activities & GAS



Evaluation of toddler activities



Consists of:

- Tearing
- Folding
- Cutting
- Glueing
- Colouring
- Threading beats
- Construction material



Scoring toddler activities

- Affected hand is used as assisting hand
- Needs physical help in folding and cutting
- Trunk rotation R, flexion elbow, pronated forearm, wrist flexion, ulnar deviation and thumb adduction during performance.
- General observations:
 - Compensates through stabilisation against body or on table
 - Appropriate pace in performance
 - Good planning and execution
 - Appropriate quality related to age
 - Interference of mirror movements during drawing
 - Bimanual coordination is difficult
 - Strength in grip; short in cutting and construction



PEDI Self care scale

- Using a knife for buttering and cutting;
- Pouring juice from a carton or pitcher;
- Rubs hands together to clean;
- Zips and unzips, buttons and unbuttons;
- Manages clothes before and after toileting;
- Taking off and putting on socks and shoes.



Assisting Hand Assessment



- Music box
- Bottle with beats
- Pan
- Peeka boo puppet
- Fibre animal
- Lego
- Colouring
- Marbles
- Head Prince/princess
- Bracelets and necklesses
- Wooden Cimbals

AHA Score

- AH most often used to stabilize and hold objects;
- Holds objects that are particularly easy to hold;
- Stabilization is not always reliable;
- Uses AH with a delay, seldom reaches with the AH
- Often uses different positions of upper arm, but not equilaterally
- Small variation in forearm position
- Mostly takes objects from the DH or relaxes grasp so the objects falls to the table.
- Bimanual activities are performed independently, with increased effort and some difficulty



PT Assessment instruments

Function	Activities	Participation
Physical Examination	GMFM-66	СОРМ
EMG Force plate	Gait analysis (video)	Individual activities &
Energy consumption		GAS



Gross Motor Function Measure

- High knee walking
- Rifleman's position right/ getting up
- Standing on one leg right
- Kicking ball left leg
- Hopping on one leg (problem for both legs)

Physical examination

- Range Of Motion (active and Passive)
- Spasticity (modified method of Tardieu)
- Selectivity
- Muscle strength only when good selectivity (MRC, dynamometer)





Physical examination

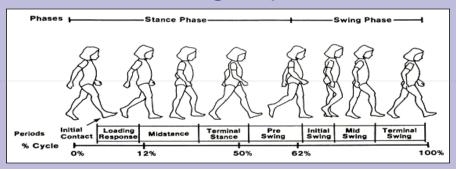
- •ROM → limitations in hip extension right (-5 deg.)
- •Spasticity → m. gastrocnemius medialis/lateralis
- •Strength → m. soleus MRC 3 mm. glutei MRC 3
- Selectivity → good selectivity



Analysis of gait

Initial contact

- -midfoot landing
- –Knee flexion → progression of flexion in loading response
- -weakness of m. soleus



Mid stance

- -extension of the knee, no dorsiflexion, early heelrise
- -forward leaning
- -Increased homolateral trunk movements
- -Weakness mm. glutei
- No limitations in selectivity



Analysis of gait

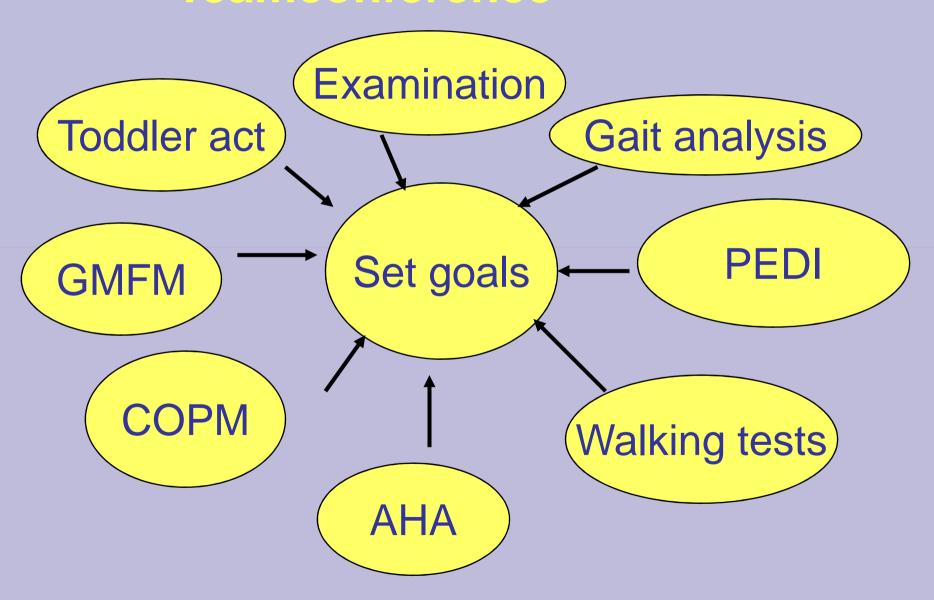
Terminal stance

- retraction of the pelvis, hip flexion
- No plantarflexion in terminal stance / preswing
- Weakness m. gastrocnemius
- M. psoas : -5 extention limitation
- No limitations in selectivity





Teamconference





Goals

After 3 months:

- Lasse puts on and off his socks independently at home and after gymnastics at school (Grip force and bimanual coordination)
- Lasse zips and unzips his jacket (Grip force and bimanual coordination)
- Lasse cycles in his play environment at home (integration of peddling stearing and increased endurance)
- Lasse walks for 30 minutes without feeling tired or stumbling
 - Increasing strength of m. soleus, mm. glutei, ROM of the hip
 - Decreasing tone of m. gastrocnemius and m. psoas
 - Improving balance (both general as well as focused on right leg)



Therapy focus

- BTX-A combined with intensive occupational and physiotherapy
- Task specific training based on the goalsetting and task analysis.
- Home therapy program with focus on implementation of the goals in everyday life.
- Parents present during therapy sessions to explain and instruct for home program



Thank you for the attention Workshop sessions to practice and discuss!!!



