

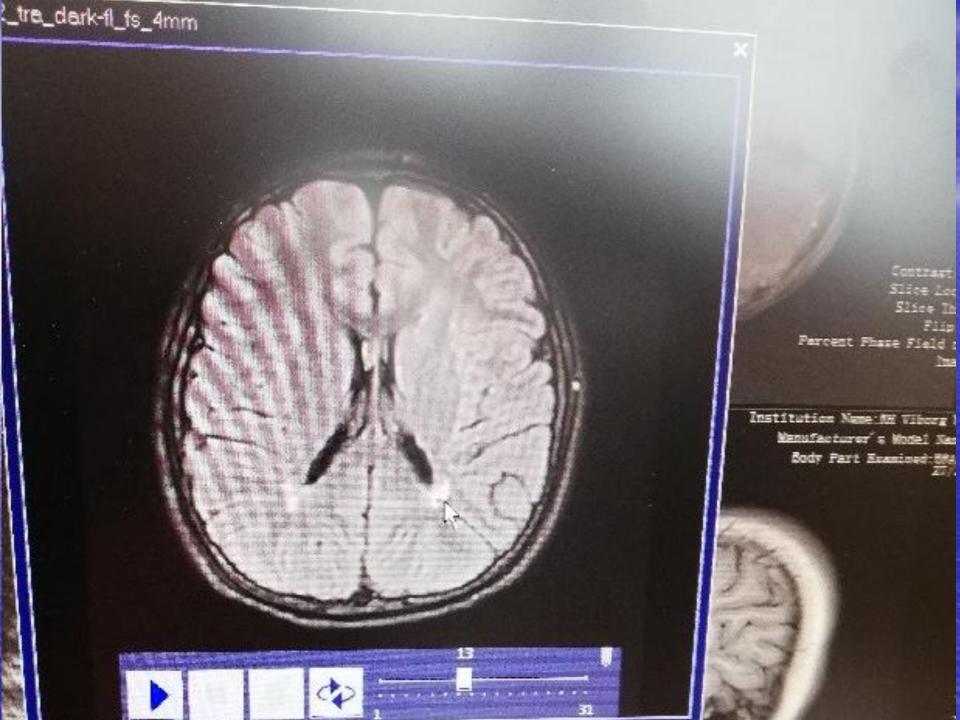
Cerebral Palsy

- Hypotonicity.
- Poor muscle control.
- Flexor / extension imbalance.
- Spastic posture and movement becomes habitual.
- Early therapy can prevent spasticity.

Case story

Jakob 13 years

 Brain scan because of some developmental issues.



Caudate Nucleus

Involved in motor control and learning.

 The pediatrician stated that he never had seen a child with this impact on the brain that was not spastic.

Why did Jakob "deny" to get spastic?

March 2007

Jakob 6 month.

Born 8 weeks premature. Hypotonic, almost never on his stomach and very passive.



July 2007. Jakob is 10 month

Ophthalmologist:

Occasional left esotropia

$$+2.25 = -1.75 \times 4$$

$$-0.50 = -0.75 \times 127$$

$$+6.50 = -1.25 \times 30$$

$$-$$
 +6.00 = -0.75 x 3

Prescription:

+5.00

+5.00

July 2007. Jakob is 10 month

Second opinion:

- Parallel all time.
- Passive: +4.00
- Active: 0.00
- Hypotonic
- Passive
- No head control

Recommendations:

- Maximum stomach time.
- Therapy ball.(Head control)
- Sit-ups (head control)
- Rolling exercises.
- Vestibular stimulation.
- Monocular stimulation, alternating
- Nutritional supplements.

September 2007. Jakob is 12 month.

- Tendency for right esotropia. Parallel most of the time.
- Improved tonicity and activity.
- Good head control.
- Tries to crawl, but feet slips.

Recommendations:

- Nutritional supplements.
- No shoes or socks.
- Stimulate and support crawling.
- Alternating monocular activities.
- Consider Rx. next time

Jakob, summary

- 6 month could not lift head 90. Parallel.
- 14 month could not stand without holding on. Intermittent eso.
- 21 month could walk on stairs, constant esotrope.