



# **CEREBRAL PALSY: THE CAREGIVER'S POINT OF VIEW ABOUT PHYSIOTHERAPY IN CHILDREN**

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# Background

- Cerebral palsy (CP)

(Brazil, Ministry of Health, 2013)

- Structural and functional changes

(Jacques et al., 2010)

# Background

## Classification

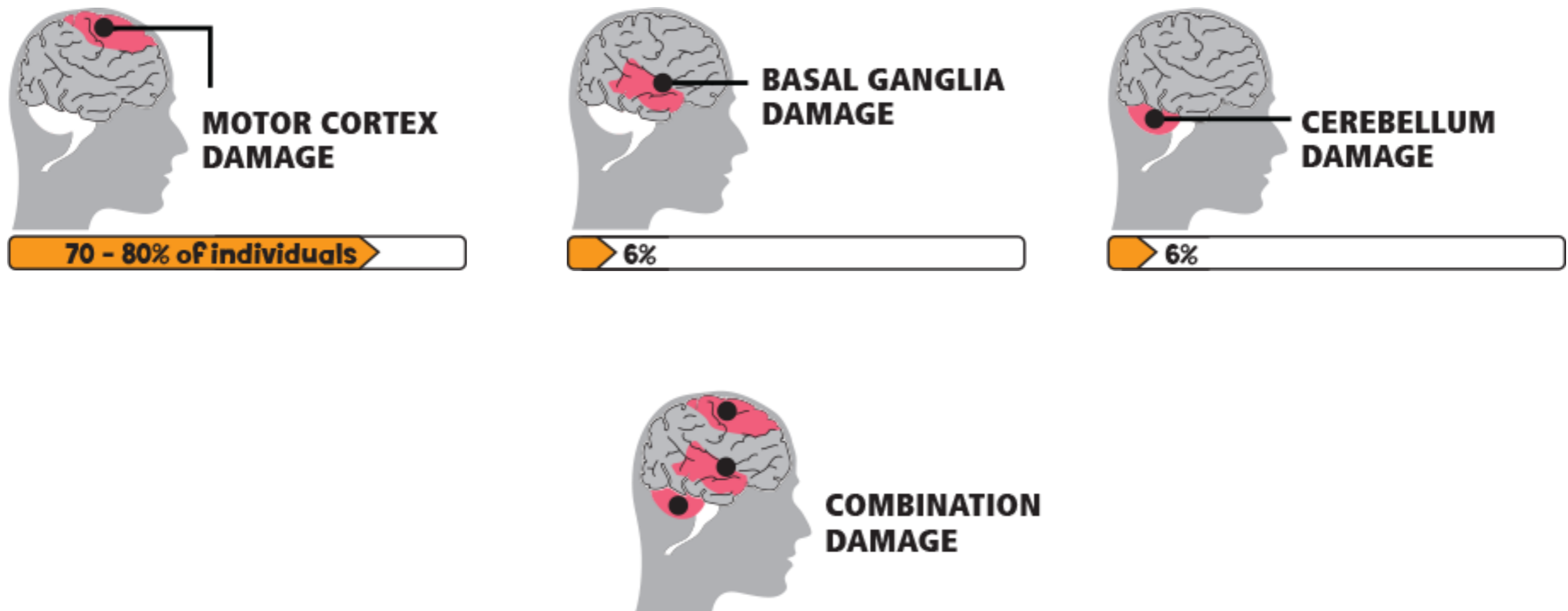


Figure 1.  
Clinical classification system.  
([cerebralpalsy.org.au](http://cerebralpalsy.org.au)  
accessed in Apr, 2016)

# Background

## Classification

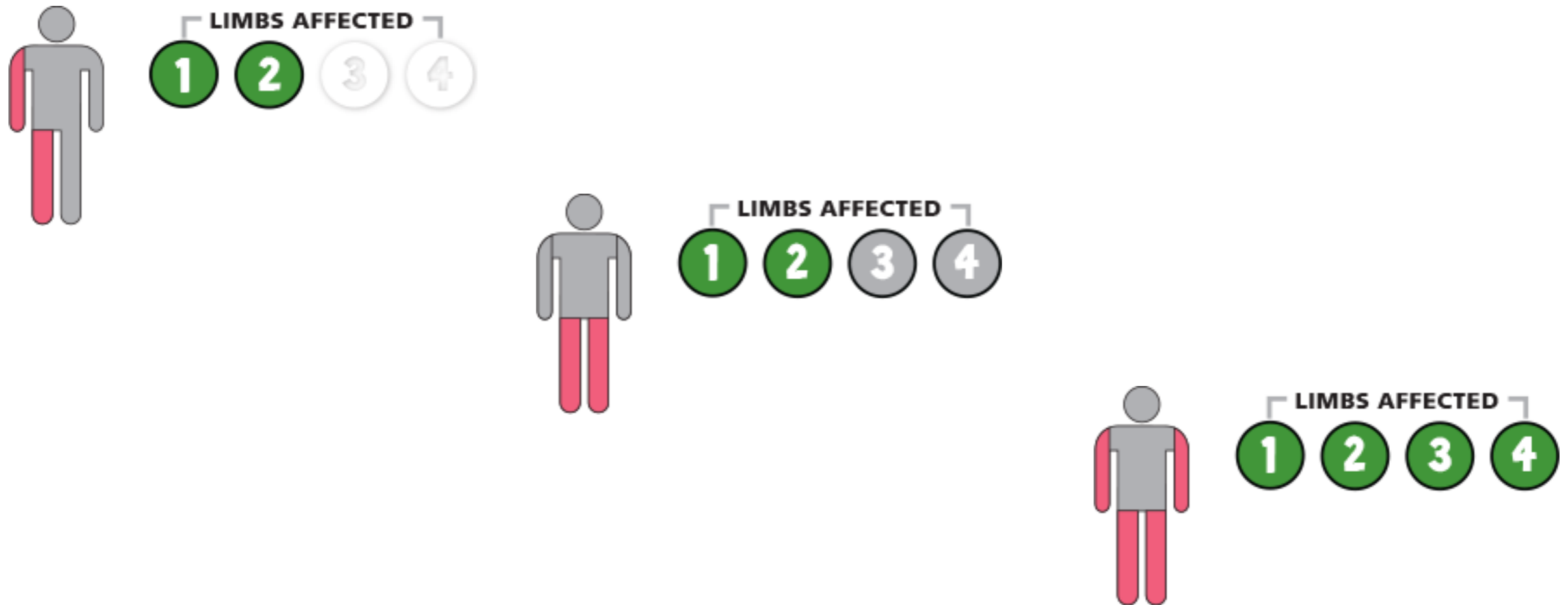


Figure 2.

Topographical classification system.

([cerebralpalsy.org.au](http://cerebralpalsy.org.au)

accessed in Apr, 2016)

# Background

## Classification

**GMFCS – E & R**  
**Gross Motor Function Classification System**  
**Expanded and Revised**

**GMFCS - E & R © Robert Palisano, Peter Rosenbaum, Doreen Bartlett, Michael Livingston, 2007**  
*CanChild* Centre for Childhood Disability Research, McMaster University

**GMFCS © Robert Palisano, Peter Rosenbaum, Stephen Walter, Dianne Russell, Ellen Wood, Barbara Galuppi, 1997**  
*CanChild* Centre for Childhood Disability Research, McMaster University  
(Reference: *Dev Med Child Neurol* 1997;39:214-223)

Figure 3.  
GMFCS - E& R.  
Palisano et al., 2007

# Background

- Physiotherapy

(Carvalho et al., 2010)

- Caregiver's stress

(Mancini et al., 2002; Pazin et al., 2007  
Sari et al., 2008)

# Background

- Degree of information

(Sorsdahl et al., 2010; Mello et al., 2012;  
Brandão et al., 2015; Imms et al., 2008  
Olawale et al., 2013; Dambi & Jelsma, 2014)

- Physiotherapist-patient-family interaction

(Ribeiro et al., 2008)

# Aim

To assess the overall knowledge and the point of view of caregivers regarding cerebral palsy and aspects of the physiotherapeutic treatment used in children with CP in Brazilian Amazonia forest region.



# Methods

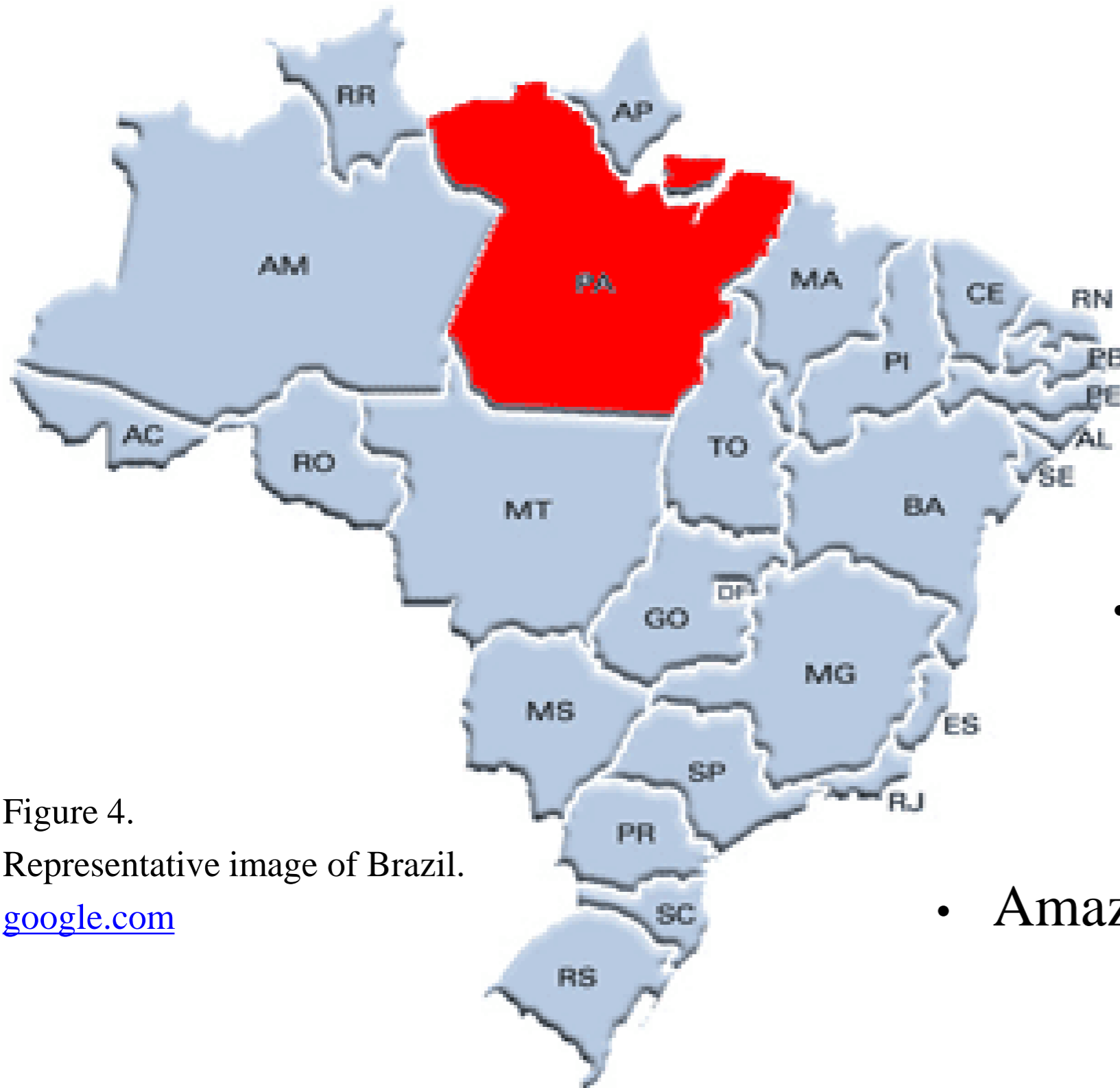


Figure 4.  
Representative image of Brazil.  
[google.com](http://google.com)

- Qualitative study
- Pará state, Brazil
- Amazonia Forest

- Bettina Ferro de Sousa Teaching Hospital

# Methods

- Semi-structured interview  
(Turato, 2005)
- 5 caregivers of children (maximum of thirteen years)
- Diagnosed with cerebral palsy
- Perform physiotherapy in the department for at least three months

# Methods

- Caregiver's knowledge and their point of view about the syndrome and the role of physiotherapy in cerebral palsy
- The interviews were recorded and later transcribe
- The data analysis was performed through contents analysis.

# Results

## Sociodemographic characteristics

	Age (year)	Parity (n)	Education (years)	Gender
<b>C1</b>	24	1	16	F
<b>C2</b>	22	1	7	F
<b>C3</b>	23	3	16	F
<b>C4</b>	26	1	8	M
<b>C5</b>	32	2	16	M
<b>Mean</b>	25.4	1.6	12.6	
<b>Deviation</b>	3.9	0.8	4.6	

Table 1. Caregiver's age measured by years, parity by number of children, years of education (mean±deviation) and gender (F: female, M: male).

# Results

## Sociodemographic characteristics

	Age (years)	Treatment (months)
<b>P1</b>	2	10
<b>P2</b>	2	15
<b>P3</b>	4	36
<b>P4</b>	5	24
<b>P5</b>	5	24
<b>Mean</b>	3.6	21.8
<b>Deviation</b>	1.5	9.9

Table 2. Children age and treatment period measured by months measured (mean±deviation).

# Results/Discussion

## **Knowledge about Cerebral Palsy**

*“I do not know, because we (health professional and caregiver) have not discussed about this.” C1.*

# Results/Discussion

## **Knowledge about Cerebral Palsy**

*“It’s something we (parents) cannot explain, only the neurologist can explain it. As I left school early, I do not understand those things very well.” C3.*

# Results/Discussion

## **Knowledge about Cerebral Palsy**

*“My daughter does not have this disease... She is normal, she just doesn't walk.” C5.*



# Results/Discussion

## **Knowledge about Cerebral Palsy**

*“You see... It was not something new for me because I had a cousin who also had cerebral palsy, but it was much more severe condition compared to my son (...)” C2.*

# Results/Discussion

## Knowledge about Cerebral Palsy

*“The explanation they (health professionals) gave me is that he (child) has cerebral palsy, which was something that happened in her (mother) pregnancy, because she did not take care of herself, she didn’t do any prenatal care, it happened to him (child) because of a disease called toxoplasmosis, which is... which comes from animals, and it eventually affected his brain, his right eye and he ended up like this.” C4.*

# Results/Discussion

- Relationship between parents and health professionals

(Ribeiro et al., 2008)

- Educational level

- Denial

(Manuel et al., 2003)

# Results/Discussion

## **Physiotherapeutic treatment**

*“He has started to pick things up with one hand, he is already sitting and crawling on his own.” C1.*

# Results/Discussion

## **Physiotherapeutic treatment**

*“How he has improved! You can see perfectly how much he has improved. He did not move much on the bed, he was totally immobile. When he managed to turn onto his back he could not turn again. But now, he moves, he gets off the bed. Now he has begun to crawl. He’s a very clever boy.” C2.*

# Results/Discussion

## **Physiotherapeutic treatment**

*“It was helpful, after she started physiotherapy she could move more, she already tries to walk, she already gets up and takes some little steps.” C5*

# Results/Discussion

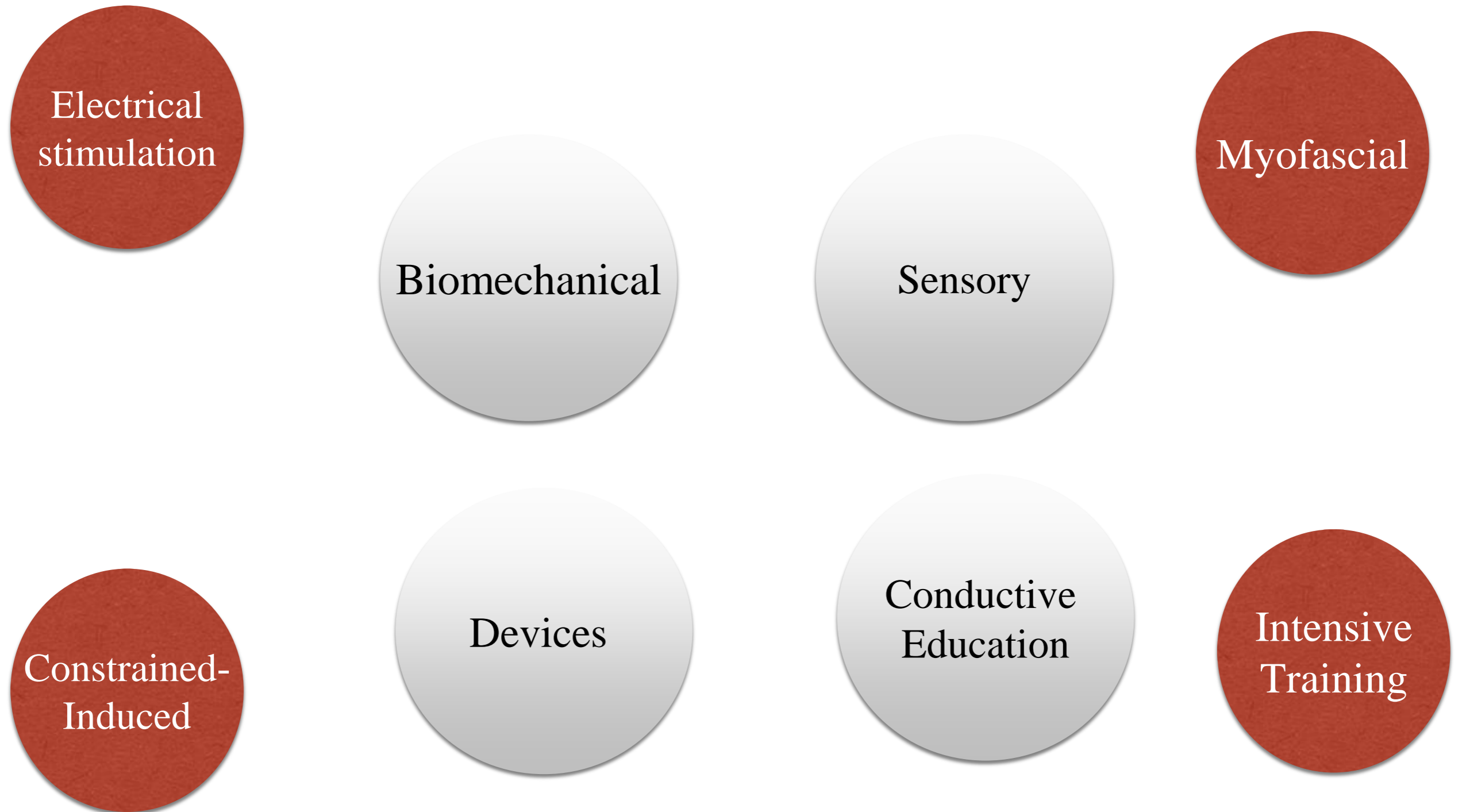


Figure 5. Physiotherapy.

(Lima, 2006; Pool et al., 2015; Brandão et al., 2010; Loi et al., 2005; Lin et al., 2011; Ferre et al., 2015)

# Conclusion

- Even though our results corroborates previous studies regarding the impact of the lack of information about CP, caregivers were highly satisfied with the service and confirmed great motor improvement of children that attend physiotherapy regularly.
- The results also shows the importance of the teaching interaction between physiotherapist-patient-family.