**Week 3 Discussion Forum Tyiesha’s Post**

**Cerebral Palsy**

In this week discussion I will focus on cerebral Palsy (CP) as one of the disorders of the sensory and motor system. This is the most common disorder that affects children hence termed as the motor disability in childhood. The disease affects ability to move and maintain balance and posture. The name of this disease means that it deals with the brain or affects brain.  Palsy means weakness of the muscles and inability to coordinate muscle movements. Therefore, Cerebral Palsy results from brain damage especially the developing brain hence affecting person’s ability to control muscles (Jan, 2006). There are different types of the Cerebral palsy. The classification of the disease is based on the movement disorder involved among the patients. Spastic Cerebral Palsy affects the muscles that control movements. This means that people affected cannot walk, use their hands or use one side of their body. Dyskinesia Cerebral Palsy also affects movements but mostly affects controlling movements. The movements are hard to control making it either slow or hard for the patients to sit, touch or walk. The other type is Ataxic Cerebral Palsy. This affects balance and coordination, this makes the patients unsteady when walking and lack control in touching or even writing.

**The symptoms of the disorder.**

The early signs and symptoms of the cerebral palsy include:

Developmental Delays. The normal growth milestones among children are not experienced. The child experience slow growth and delay in reaching the normal milestones such as crawling, rolling over, sitting and even walking. This is one of the main clue that indicates whether the children is suffering from CP (Novak, 2014).

Abnormal Posture. This is an early indication when the child has CP. The child could use one part of the body more compared to the other parts. This can be observed during crawling, handling things and moving.

Abnormal muscle tone. CP affects the muscles and coordination of the muscles. This affects the moving body parts in a way that they become stiff or too floppy.

Difficulties in speaking, speaking and excessive drooling.

**CP Diagnosis**

Diagnosis of CP at early stages is important since it helps parents and caregivers to prepare on how to manage the condition. The common diagnosis is developmental monitoring that entails monitoring the child’s growth milestones (Spittle & Orton, 2014). This is done by visiting the doctor after every developmental stage for check-up and taking of child history.

New Born Screening. The new born screening is done using blood tests to check for any abnormal condition. The blood collected from the baby is sent to the lab to screen for any disorder.

Hearing screening.  The tests focus on checking hearing loss. This is done using imaging devices that check on how the baby responds to sound after tiny earphones are placed on the baby’s ears.

Heart screening is also used in the diagnosis and helps in checking heart conditions. Pulse oximeter machine is also used to check the amount of oxygen in the child’s blood.

Neurological exam is also conducted to evaluate reflexes and brain and motor function. This is done using Magnetic resonance imaging (MRI) (Patel et al., 2020)

**Neurobiological basis of CP.**

The major cause of Cerebral Palsy is the damage to the white matter of the brain which is responsible for transmitting signals inside the brain to the rest of the body. Once the matter is destroyed, the signals will not be transmitted to the rest of the body. Abnormal development of the brain also prevents normal functioning of other body parts. The brain is responsible for the coordination of different body functions. Once the brain is not able to process and send the required signals, the desired function will not occur within the body. This can be caused by gene mutations, fevers, trauma and other conditions.

**Functional Deficits associated with CP**

Cerebral Palsy has adverse effects and is associated with several functional deficits. First people affected experience muscular challenges such as difficulty in walking, normal muscle movements, and lack of coordination. The people also experience paralysis of one side of the body, shortening of muscles, and overactive reflexes. The other functional deficit is learning disability among children, speech delay, speech disorder and stuttering, and slow growth.

**References**

Jan M. M. (2006). Cerebral palsy: comprehensive review and update. Annals of Saudi medicine, 26(2), 123–132. [https://doi.org/10.5144/0256-4947.2006.123 (Links to an external site.)](https://doi.org/10.5144/0256-4947.2006.123)

Novak, I. (2014). Evidence-based diagnosis, health care, and rehabilitation for children with cerebral palsy. Journal of child neurology, 29(8), 1141-1156.

Patel, D. R., Neelakantan, M., Pandher, K., & Merrick, J. (2020). Cerebral palsy in children: a clinical overview. Translational pediatrics, 9(Suppl 1), S125–S135. [https://doi.org/10.21037/tp.2020.01.01 (Links to an external site.)](https://doi.org/10.21037/tp.2020.01.01)

Spittle, A. J., & Orton, J. (2014, April). Cerebral palsy and developmental coordination disorder in children born preterm. In Seminars in Fetal and Neonatal Medicine (Vol. 19, No. 2, pp. 84-89). WB Saunders.