

KNOW BEFORE YOU KNOCK



CEREBRAL PALSY

Every child and family has unique aspects of their situation, experience, and diagnosis. This page is intended to provide a general overview, but is not attempting to represent every situation or child you encounter. Every family deserves your expertise to assess and adapt your prior knowledge.

DEFINITION

"Cerebral palsy is a group of conditions that affect movement and posture. It's caused by damage that occurs to the developing brain, most often before birth." (1)

PREVALENCE

Between 1.5 and 3.0 per 1000 live births (3)

"...risk of spastic CP was more than 50% higher for black versus white children" (4)

CONSIDERATIONS THAT MAY IMPACT SERVICES

- Parent's prior knowledge and perceptions of CP
- Parents may come across alternative "miracle" treatments- help guide them through [thoughtful decision making](#)
- "Head control by 9 months of age, rolling from supine to prone by 18 months, sitting without arm support by 24 months, and reciprocal crawling by 30 months indicate a critical period in the first 30 months for determining the potential for future independent walking." (7)
- CP is not a progressive condition (8)

LANGUAGE TO USE/AVOID

Ok to Use:

- Spasticity: Stiff muscles
- Dyskinesia: Uncontrollable movements
- Ataxia: Poor balance and coordination

Avoid: spaz, lame, the [R-Word](#), "confined to a wheelchair," or "suffers from CP"

NATIONAL/STATE ORGS

[United Cerebral Palsy Foundation](#)

"Mission Statement: to promote the independence and inclusion of people with cerebral palsy, intellectual, developmental, and other disabilities through our network of affiliates and partnerships." (2)

TOP RESOURCES

- [State of the Evidence Traffic Lights 2019](#)
- [CDC - Cerebral Palsy](#)
- [UCP Professional Learning Series](#)
- [Cerebral Palsy Foundation](#)
- [Gross Motor Function Classification System](#)
- [Parents' Reflections on Raising Children with Cerebral Palsy](#)

DIFFERENCES THAT MAY BE PRESENT

- Movement challenges
- Postural differences
- Intellectual disability
- Seizures
- Problems with vision, hearing, or speech
- Changes in the spine (such as scoliosis)
- Joint problems (5)
- Retained primitive reflexes (6)

SUPPLEMENTARY TESTS THAT COULD BE USED OR SEEN IN MEDICAL RECORDS

- Gross Motor Functional Measure (GMFM)
- Harris Infant Neuromotor Test (HINT)
- Test of Infant Motor Performance (TIMP)

REFERENCE LIST

January 2025