New early intervention standing programme

Clinical evidence shows that regular standing in abduction can halt and even reverse hip migration in children with cerebral palsy. Original research from Sweden is now backed by a new UK study.

EVIDENCE

The use of postural management equipment before 18 months of age can help decrease the incidence of hip pathology in children with GMFCS III, IV or V with bilateral CP and the need for treatment at 5 years of age. (Pountney TE et al, 2009) It is recommended that a standing programme should be introduced at 12 months

Standing programmes for young children should include positioning in hip abduction. A Swedish study (Caroline Martinsson and Kate Himmelmann, 2011) found that standing in abduction for at least 1 hour daily reduced Migration Percentage by 8.6%.

After surgery and standing in abduction for at least 1 hour daily, MP was reduced by 20.8%.

BACKGROUND

Frances George, physiotherapist at Humberston Park Special School, Grimsby has 13 years experience working with children with complex needs.

She has been working with Lily Mae (4 years) who has had a dislocated left hip since birth and other health problems.

After reading Caroline Martinsson's work and following discussions with Lily Mae's consultant Mr Flowers, an R82 Gazelle was purchased to support a programme of abducted standing.

This programme has been used in conjunction with hydrotherapy work and managed posture in seating to build a comprehensive case study that signposts the effectiveness of this therapy approach.

The Case Study

gazelle ps by R82

AN OVERVIEW

Lily Mae had no independent sitting balance and was in a supine position at 30° off upright. She started using the Gazelle at home over Easter, standing upright to 85° for 45 minutes at a time increasing to 5 hours daily. The aim to increase this further.

Following a further tendon release in September, Lily Mae will use the Gazelle to maintain further hip abduction and hopefully improve her MP. Her progress will be monitored closely over the next 18 months.

AIMS AND OBJECTIVES

- Improve Lily Mae's hip migration
- Improvements to her developmental ability
- Enable Lily Mae to stand and take a step
- Benefit other children - this approach is being used on another child in the school

Leg Supports
Legs are moved in an anatomically correct motion to help seat the head of the femur into the acetabulum. Each leg can be adjusted independently to ensure the correct angle.

Multi-adjustable foot supports
Ball joints in the foot plates allow positioning and support for almost any ankle/ foot placement. Lily's left foot is externally rotated to 45 degrees to help close the hip joint.

Want to find out more about abducted standing? To book your seminar...
Email: uk.enquiries@R82.com Call: 0121 561 2222 Visit: www.R82.co.uk

With thanks to-:
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