Using Technology to Overcome Physical Barriers in Cerebral Palsy

Kenny Thoms, Clinical Director, Neuro Physio Scotland

Contents

Rehabilitation Technology



Rehabilitation / enablement in CP



Neurological System - Neuroplasticity



Musculo-skeletal system

Neuroplasticity



Brain's ability to re-wire

Strengthen/weaken, create new/lose non-used



Optimised by type of training

Frequent, intensive, repetitive, varied, challenging, achievable, meaningful, task practice.

Musculo-skeletal system





BONES, MUSCLES, TENDONS, JOINTS, LIGAMENTS.

TYPES OF TRAINING

Effects of aging



Neurological System



Musculo-skeletal System

Rehabilitation / enablement in CP

Specialist knowledge e.g. neurological physiotherapy

Individualised goals

Treatment – neuro or MSK focus

Patient empowerment (self efficacy)

Weakness

Stiffness & Spasticity

Reduced co-ordination / balance

Altered sensation

Common Physical Impairments in CP

Common Functional Problems in CP Reduced mobility

Reduced arm & hand function

	niplegic	
קוס	legic	
Foo	ot drop	
Knee flexion		
Hip flexion/adduction/medial rotation		
Pelv	vic tilt	
Red	luced trunk control	

Reduced mobility – range of severity

Commonly used technologies

Ankle Foot Orthoses (AFOs)

Other orthotics (plastic/metal)

Walking aids

Wheelchairs

Technologies we need to use more



Functional Electrical Stimulation (F.E.S.)



"Lycra Garments" / Sensory Dynamic Orthoses (S.D.O.s) / Dynamic Movement Orthoses / DEFOs



Dynamic Ankle Foot Orthoses (A.F.O.s)

Functional electrical stimulation in CP

- Electrical impulses stimulate useful movement
- Foot lift (dropped foot)
- Calf stimulation (push off)
- Knee extension / hyperextension
- Hip flexion / stability





Functional Electrical Stimulation





Compensatory effect – lifts foot to improve walking

Rehabilitation effect

FES + CP: EVIDENCE

Increased speed

Reduced effort

Increased muscle strength

Improved selective muscle control

Reduced spasticity

Increased symmetry of step length

Push-off preserved

Well tolerated

FES: Costs



DEVICES £1,600 - £5,400

RUNNING COSTS – CONSUMABLES, MAINTENANCE STUDIES SHOW COSTS COMPARABLE WITH AFOS (IN MS)

FES or AFO?

- Clinical reasoning:
 - Complexity of walking problem
 - Comfort / compliance

- Practical application:
 - Cost
 - Availability



FES Summary

FES can = improved mobility for mild/moderate walking problems.

FES has several potential benefits compared to AFOs.

Cost effective.

Under-used option.

FES should be offered as a matter of routine to children with CP with mild to moderate walking problems aged 7+.

Making the case for funding



https://www.odstockmedical.com/sites/default/files/pa ediatric_evidence_karen_hodgkinson.pdf



https://www.odstockmedical.com/sites/default/files/ab stract - paediatric making the case for funding.pdf

Sensory Dynamic Orthoses (SDOs)

- Compression garments
- Continuous sensory feedback
- Regulate muscle spasticity
- Structural support
- Improve posture
- Improve quality of movement









"Support where I feel unstable"

- "It provides me with support in areas where I feel most unstable, which for me is my lower back and pelvis."
- "It helps me stand or walk outdoors for longer."
- "My posture feels better; more upright; I'm more aware."
- Kathleen, Diplegic CP

Kathleen's Treatment

Flexibility

- Stretches
- Positioning

Strength

• Exercises

Endurance

- Cycling
- Graded increase in walking distance

Balance

Co-ordination

Rehabilitation technology to augment

Sensory Dynamic Orthosis

Bambach saddle seat

Custom in-soles + shoe mod

Walking poles

FES

SDOs: The Evidence

High quality evidence – children with CP, trunk & arm.

Lower quality evidence - children with CP, walking

References: <u>https://www.dmorthotics.com/wp-</u> <u>content/uploads/2019/04/Appendix-A-Hierarchy-of-Evidence-2019.pdf</u>

SDOs Costs



£15 - £1,500

MORE STOCK PRODUCTS NEW SCANNING TECHNIQUES

SDOs Summary

Consider use for trunk or hand and arm.

May also benefit leg and foot function.

Practical considerations – comfort, toilet

Under-used option

SDOs should be considered as a potential adjunct to treatment for children & adults with CP

Dynamic Ankle Foot Orthoses

- Lots of different manufacturers
- WalkOn range carbon fibre
- Step-On range spring loaded
- Turbomed attaches to shoe







Flexible or rigid custom AFO?

Flexible AFO: potential benefits



Comfort



Normal shoe size



Dynamic

SDO/FES/Flexible AFO --> Custom AFO, mix



"My physio advised me to try on an flexible walking splint, which I initially used to wear for an hour to get my muscles used to it, but now I can wear it for 8 hours a day. It never has given me blisters and I do not need anyone with me when I wear it."

Abbey, hemiplegic CP



Approximate costs



£150 - £800



Reduced arm & hand function

Hand & Arm Function

- Goal:
 - Be able to shake hands
- Impairments:
 - Joint stiffness
 - Muscle shortening
 - Spasticity
 - Weakness



Treatment

Stretching

Strengthening

Posture

Rehabilitation technology

- Dynamic resting splint
- Electrical Muscle Stimulation



Dynamic resting splint

Electrical Muscle Stimulation

- Muscle strengthening
- Muscle stretching
- Increased circulation
- Sensory stimulation
- Reciprocal inhibition



Electrical muscle stimulation + Dynamic splint





Other rehabilitation technologies for arm and hand

SaeboGlide	uk.saebo.com/shop/	£65
SaeboGlove	uk.saebo.com/shop/	£350
Virtual Reality	Mind Motion, SaeboVR	£8k+
NeuroBall	neurofenix.com	£478.80
Move Able	move-able.com	£350
SaeboFlex	uk.saebo.com/shop/	£850



Reduced arm & hand function

Summary

Technology as part of Rehabilitation / Enablement Process

Good evidence base for use of FES + SDOs in CP

Clinical reasoning supports use of dynamic AFOs, hand splints + EMS

Consider safety, clinical and cost effectiveness, ways to increase access.

Neuro Physio Scotland





info@neurophysioscotland.co.uk

0141 255 0304