

Physical therapy (physiotherapy and/or occupational therapy)

General principles

All children and young people with spasticity referred to the network team should be promptly assessed by a physiotherapist and, where necessary, an occupational therapist.

Offer a physical therapy (physiotherapy and/or occupational therapy) programme tailored to the child or young person's individual needs and aimed at specific goals, such as:

- enhancing skill development, function and ability to participate in everyday activities
- preventing consequences such as pain or contractures.

Give children and young people and their parents or carers verbal and written (or appropriate formats) information about the physical therapy interventions needed to achieve the intended goals. This information should emphasise the balance between possible benefits and difficulties (for example, time commitment or discomfort), to enable them to participate in choosing a suitable physical therapy programme.

When formulating a physical therapy programme for children and young people take into account:

- the views of the child or young person and their parents or carers
- the likelihood of achieving the treatment goals
- possible difficulties in implementing the programme
- implications for the individual child or young person and their parents or carers, including the time and effort involved and potential individual barriers.

When deciding who should deliver physical therapy, take into account:

- whether the child or young person and their parents or carers are able to deliver the specific therapy
- what training the child or young person or their parents or carers might need
- the wishes of the child or young person and their parents or carers.

Ensure that any equipment or techniques used in the physical therapy programme are safe and appropriate, in particular for children or young people with any of the following:

- poorly controlled epilepsy
- respiratory compromise
- increased risk of pulmonary aspiration
- increased risk of bone fracture due to osteoporosis (for example, those who are unable to walk, malnourished or taking anti-epileptic therapy).

Specific strategies

Consider including in the physical therapy programme 24-hour postural management strategies to:

- prevent or delay the development of contractures or skeletal deformities in children and young people at risk of developing these
- enable the child or young person to take part in activities appropriate to their stage of development.

When using 24-hour postural management strategies consider on an individual basis low-load active stretching or low-load passive stretching.

Offer training to parents and carers involved in delivering postural management strategies.

Consider task-focused active-use therapy such as constraint-induced movement therapy (temporary restraint of an unaffected arm to encourage use of the other arm) followed by bimanual therapy (unrestrained use of both arms) to enhance manual skills.

When undertaking task-focused active-use therapy consider an intensive programme over a short time period (for example, 4–8 weeks).

Consider muscle-strengthening therapy where the assessment indicates that muscle weakness is contributing to loss of function or postural difficulties.

Direct muscle-strengthening therapy towards specific goals using progressive repetitive exercises performed against resistance.

Following treatment with botulinum toxin type A, continuous pump-administered intrathecal baclofen, orthopaedic surgery or selective dorsal rhizotomy, provide an adapted physical therapy programme as an essential component of management.

Ensure that children and young people and their parents or carers understand that an adapted physical therapy programme will be an essential component of management following treatment with botulinum toxin type A, continuous pump-administered intrathecal baclofen, orthopaedic surgery or selective dorsal rhizotomy.

Continuing assessment

Reassess the physical therapy programme at regular intervals to ensure that:

- the goals are being achieved
- the programme remains appropriate to the child or young person's needs.