



Early Therapy Intervention Checklist for an infant with Cerebral Palsy /Hōkai Nukurangi

Family / Whānau

Offer local information on:

- Cerebral Palsy Society of NZ
- □ Local Community / Cultural services: Kohanga Reo; Non-Government Organisations; Other families; Play ideas CPToysTM; Playgroups; Toy library.
- ☐ Family Support: Parent 2 Parent, Family Works, Local Peer Support options.
- □ Parenting empowerment: <u>Triple P Stepping Stones</u>, Occupational Performance Coaching.
- Consider ongoing referral for family/relationship support and maternal/paternal mental wellbeing.
- ☐ Family Resources: Plan a regular review of resources available. See examples: Canchild; CP Alliance; GP Resources.
- ☐ Goal Development: (e.g. <u>PictabilityTM</u>; <u>Occupational Performance Coaching</u>).
- ☐ Ministry of Education Learning Support Depending on Local eligibility criteria
- Provide local information about Child Development Services and all Early Intervention therapy options e.g. Conductive education, BLENNZ, CCS Disability Action (Auckland, Christchurch and Dunedin), Ohomairangi Trust (Auckland), McKenzie Centre (Hamilton), Champion Centre (Christchurch), Wellington Early intervention Trust.
- □ NZ Riding for the Disabled Association: predominantly from 3 years and over.
- □ NZ Cerebral Palsy Registry. Once a CP diagnosis has been confirmed.
- Child Disability Allowance and Needs Assessment process and / or Social Worker review.

Play / Tākaro, Learning / Ākonga and Mobility / Kaurori

CP sp	ecifi	c therapy intervention ideas: part of your toolkit / kete	
	Parent coaching / partnership on activities, participation, and play		
	Inco	orporating activities into daily routine (home programmes)	
	Goa	als, Activity & Motor Enrichment (GAME) principles:	
	0	Motor Learning; Goal orientated; Environment Enrichment; Activity based; Child Active	
	Tas	sk specific play	
	Par	ticipation in local community activities e.g. swimming	
F	or Fu	unctional Ability GMFCS I-III	
		Treadmill Training - Emerging evidence on use from 18 months of age	
		For infants with indication of hemiplegic CP:	
		Constraint Therapy - 'Baby CIMT'	
		Bimanual therapy	
F	or Fu	unctional Ability GMFCS IV-V	
		Use of equipment as an adjunct to play / mobility	
		Small Step Program (See Reference Holmström et al, 2019)	
Equi	pm	ent / Taputapu	
		se of equipment / taputapu as an adjunct to assist other interventions and play. ormation see: Ministry Of Health for further information on providers.	
<u>F</u>	or Fu	unctional Ability GMFCS I-II	
		Orthotics, including soft, hard orthoses and splinting, +/- footwear advice.	
		Bathing and Showering equipment	
		Off the shelf or customized buggy / wheelchair and seating to assist with mobility, play and feeding	
		Walking frames / trolleys (consider from age-appropriate time)	
		Standing frames (consider from 9 - 12 months)	

For I	Functional Ability GMFCS IV-V
[24-hour posture management to include:
	 Off-the-shelf or customized buggy / wheelchair and seating to assist with seated mobility, play and feeding
	 Standing frames (consider from 9-12 months)
	 Lying supports in the form of position systems (low tech, "off the shelf" or custom made) to support optimal positions for everyday activities.
	 □ Orthotics, including soft, hard orthoses and splinting, +/- footwear advice. □ Bathing and Showering equipment
[☐ Introduce the experience of early powered mobility (from 12-18 months)
[☐ Specialized car seats
[☐ Hospital hi-low cot +/- sleep system for respiratory care
Ongoir	ng Monitoring
Musculo	skeletal / Tiaki Kōiwi
	nsure timely referral for hip surveillance, with Orthopaedic, Paediatric or ehabilitation service (Australian Hip Surveillance Guidelines)
	o Initial antero-posterior pelvic x-ray at 12-24 months
	pasticity - Consider referral for spasticity management for oral medications and / obtulinum toxin injections.
Commur	nication / Whakawhiti kōrero
□ F	ostering parent - infant communication – e.g. Hanen - It Takes Two to Talk
	se of Pragmatic Organisational Dynamic Display (PODD) and sign language to agment communication
Fund	ctional Ability GMFCS IV-V
[Referral for assistive / alternative communication e.g. Talklink
Respirat	ory / Hā Manawa
□ ld	entify respiratory risk factors – complete Respiratory checklist.
	so note the Starship Foundation supported CP Respiratory project outcomes 021-2024)

Feedi	ng / me Whangai a te wā tika			
	Monitor growth and nutrition – regular height, weight recording			
Functional Ability GMFCS IV-V				
Consider early referral for:				
	□ Feeding assessment +/- videofluoroscopy			
	 Excessive drooling – referral for Speech Language Therapy feeding assessment 			
	□ Dietician			
Consider use of:				
	☐ Equipment for positioning – to allow safe feeding and eating			
	 Emerging therapies: Electrical stimulation plus oral sensorimotor therapy; Functional chewing training 			
Associated conditions / Ko ngā me ahua rite Consider review and / or referral to additional services for:				
	Epilepsy			
	Speech difficulties			
	Hearing and vision - Referral to Ophthalmology and Audiology for baseline vision and hearing assessments if areas of concern are noted.			
	Referral to specialist services for further input and support for vision and hearing e.g. BLENNZ, Hearing Advisors (Ministry of Education); Blind Low Vision NZ.			
	Oral health –Teeth/Drooling			
	Constipation/ Bladder			
	Pain – Tools Revised FLACC (r-FLACC) Behavioural Scale ©2002; See also Starship Clinical Guidelines			
	Sleep issues - <u>Sleep safety</u> and Sleep hygiene (Tools: <u>Brief Infant Sleep</u> <u>Questionnaire (BISQ)</u>)			
	Growth			
	Behavioural and emotional issues			
	VP Shunt if applicable			
	Gastro-Oesophageal Reflux Disease (GORD): Referral to Paediatrician for investigation of possible GORD if child has persistent vomiting (Functional Ability GMFCS IV-V)			

Te Reo Māori Glossary

Hōkai Nukurangi / Cerebral Palsy – 'to achieve what is important to you'

Ko ngā me ahua rite / Associated conditions

Learning / Ākonga

Kaurori / Mobility

Pēpi nohinohi/ Infants

Tākaro / Play

Taputapu / Equipment

Tiaki Kōiwi / Musculoskeletal

Hā Manawa / Respiratory

Whakawhiti korero / Communication

Whānau / Family

Me whangai a te wā tika / Feeding

Kete / Basket / Kit

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Refer to References document for further details on each section.