Cerebral palsy: how can we improve the use of mobility devices?

Paralisia cerebral: como podemos melhorar o uso de métodos de mobilidade?

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Cerebral palsy is a nonspecific term which involves abnormalities such as weakness, changes in tone, ataxia and involuntary movements. It is a non-progressive condition, and several different disorders can lead to it. It is also an increasing health problem worldwide as a result of the medical technology used in neonatal and pediatric intensive care units. Mortality rates decreased, but morbidity is increasing and some of these patients may have several special needs through life. Among this population, the full extent of disability may not be seen until the age of 4.

Many scales can be used to predict the evolution of this population, and the Gross Motor Function Classification System (GMFCS) can be easily applied; and it is worth mentioning that it has been validated to Portuguese language.

In this issue of Arquivos de Neuro-Psiquiatria, Cury et al.[1] studied how environmental setting and socioeconomic status influence the use of mobility devices in this population. The population was evaluated at home, at school and in community. Since GMFCS grade 2 group holds the less handicapped children, the use of devices was not common, different from GMFCS grade 4, where most children need an wheelchair.

An important issue raised by this study is that a small number of children in the GMFCS groups 3 and 4 crawl in the school. The same percentage of crawling at home was seen in both groups at school and 31% at home. When comparing low and high income groups, the most important difference seen was the use of wheelchair at home among patients in the high income group.

Since cerebral palsy is a public health problem, in low but also in high income population, many measures can be taken to help these children. We can improve the access to rehabilitation, for the rehabilitation centers are quite far from most of the population; architectural barriers also are found in schools, at home and every corner. Mobility devices cannot be accessed by low income families because many of them cannot access rehabilitation centers, but many of these children are assisted by the *Instituto Nacional de Seguridade Social* (INSS). Instead of retiring these children, the government could create more rehabilitation centers and provide mobility devices to all children who attend school.

References

1. Cury VCR, Figueiredo PRP, Mancini MC. Environmental settings and families' socioeconomic status influence mobility and the use of mobility devices by children with cerebral palsy. Arq Neuropsiquiatr 2013;71:100-105.