

...helping children
with cerebral palsy



...children's cerebral
palsy therapy centre

3. Bobath therapy is forward looking in terms of long-term outcome, focusing on the likely potential for, and minimisation of secondary deformities by appropriate choice of therapy activities, equipment and home programme activities (Mayston, 2001b). Stretch, especially actively stretching muscle, has a major part to play in muscle growth and maintenance of length. Appropriate positioning, the provision of equipment and encouraging mobility have all been shown to prevent or slow the development of secondary deformities (Caulton et al, 2004; Hawes, 2003; Pountney et al, 2002; Hankinson & Morton, 2002; Chad et al, 1999).

4. Parent/carer education to enable the parent to handle and manage their child's difficulties appropriately and facilitate the parent infant relationship is a central aim (Mayston, 1992). Evidence suggests that providing family centred care is associated with enhanced developmental progress and decreased parental stress (Law et al, 2003; Law et al, 1998). Research has shown the Bobath Centres to be family centred in their approach (Knox & Menzies, 2005).

5. Outcome Measures are used to evaluate progress before and after therapy (although it can be difficult to find measures with sufficient sensitivity for those children attending a 2 week block). Specific goals are also set in conjunction with the parents and the results included within our reports. Currently we use a range of measures including the Gross Motor Function Measure, Pediatric Evaluation of Disability Inventory, Assisting Hand Assessment, Goal Attainment Scaling and Canadian Occupational Performance Measure.

For references, please visit:
www.bobathscotland.org.uk

For additional resources, please visit:
www.bobath.org.uk

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Our unique technique

The Bobath approach to the treatment of cerebral palsy.

The holistic Bobath approach was developed by Dr Karel and Mrs Berta Bobath in the 1940s.

The Bobath approach aims to explain the treatment principles applied using current neurophysiological and non-neural components of tone are being affected in people with cerebral palsy. Because this knowledge is continually expanding, the Bobath concept is constantly evolving.

Its aim is, through specialised techniques of handling, to give children with cerebral palsy a greater variety of co-ordinated movement.

Bobath therapy is effective for children with all types of cerebral palsy, regardless of their associated problems or age. Each child's problems are individually assessed by our interdisciplinary team members, who develop a therapy plan. Then, as each child's needs change, Bobath Scotland regularly reassesses the treatment.

At Bobath Scotland, children receive individually tailored therapy, enabling them to improve their play, communication and mobility skills, and maximise their development potential.

At Bobath's Glasgow-based children's therapy centre for cerebral palsy in Scotland, our highly trained therapists work with parents, carers and other professionals to fully understand the needs of each individual child and how to fulfil them.

Visit our website at www.bobathscotland.org.uk to read more about cerebral palsy, our work and the children that we have helped through donations from people just like you!

We see children from all areas of Scotland, and no costs are passed on to families. A block of Bobath therapy explores ways of encouraging more natural movement patterns and enhancing the quality of a child's everyday life.

We will contact community therapists prior to a child attending Bobath Scotland for a block of therapy, allowing us to establish the child's progress, discuss any concerns and consider these factors when planning therapy aims.

By involving parents and carers in the therapy sessions, Bobath ensures that treatment is carried over into everyday life.

We aim to complement local therapy input and co-ordinate therapy aims and management. We therefore invite the child's community therapists, nursery and school staff to join his or her Bobath therapy sessions.

Evidence base for the clinical effectiveness of bobath (neurodevelopmental) therapy

Therapy for children with cerebral palsy aims to optimise their potential and function, prevent and minimise secondary deformity and weakness, and advise of daily management. Research regarding the efficacy of therapy has proved difficult to carry out due to many factors: small samples; the variety of conditions within cerebral palsy; ethical difficulties of providing a control group; a lack of appropriate standardised measures; differing amounts of therapy (within studies); concurrent medical opinions, etc. (Hur, 1995).

The widely held expert opinion is of benefit and that appropriate early treatment will lessen the effects of cerebral palsy. Some evidence exists within the literature demonstrating the effectiveness of Bobath therapy as follows:

Bobath (neurodevelopment) therapy emphasises observation and analysis of the client's current functional skills performance and the identification of clear therapy goals. The aims of treatment are to influence muscle tone and improve postural alignment by specific handling techniques, and to work for better active participation and practise of relevant functional skills (Mayston, 2001a & 2001b).

Key features of the approach are as follows:

1. Treatment programmes are goal focused, with goals being set in collaboration with parents (Mayston, 2001b). The use of specific goals has been shown to enhance the effectiveness of therapy programmes (Bower et al, 1996).
2. Treatment at a Bobath Centre is usually more intensive (3 sessions per weeks over six weeks or daily sessions over 2 weeks) than typical local provision. Comparisons of different intensities of therapy has been shown to correlate with increased movement in motor skills: weekly more effective than twice monthly (Mayo, 1991); daily more effective than twice weekly or less (Tsorkalis et al, 2004; Bower et al 1996 & 1992); and intermittent therapy blocks may be an effective strategy for producing long term gains (Trahan & Malouin, 2002).

