

Conference Proceedings



Cerebral Palsy Awareness

BCIPCON 2K1

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BCIPCON -2K21

*"Paradigm shift in care of Cerebral Palsy
in Children"*

Editor- Ms. Nidhi Kalra

CONFERENCE PROCEEDINGS

BCIPCON-2K21

“Paradigm shift in Care of Cerebral Palsy
Children”



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BCIPCON-2K21

“Paradigm shift in Care of Cerebral Palsy Children”

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PREFACE

Dear Readers,

It is a feeling of contentment, when I again connect myself with the scholars and researchers of my field through the release the BCIPCON 2K21 national level conference proceedings. I must thank my editorial team for bringing together two important aspects of physiotherapy namely “change’ and “practice”. While we are still in process of evolving standards of best practices; I am sure, our proceedings provides a medium for researchers to put forth new ideas and facts for emerging technologies in the field of physiotherapy. Valid evidence is all that is required to reinforce scientific basis of physiotherapy and combat challenges faced by our profession. A local resource with data, information and guidelines is being consolidated by every intellectual work published in journals or other resources. I am happy that many researcher and professionals are contributing to its development story. The research ideas and initiatives happening around and coming across are quite encouraging. I congratulate all authors for their valuable inputs and contributions. Our unsung editorial team remains the powerhouse behind our modest attempts and initiatives and I realize it at every stage of this publication. I stand behind my editorial team to keep it erect against all odds.

On behalf of this my colleagues & contributors of this publication, Welcome!

Organizing Team

Editorial

Continuing the legacy of our Institution, we are organizing BCIPCON 2K21 on 24th & 25th July. The conference is focused on Care of Cerebral Palsy which is a growing condition in the developing world found in children. The primary objective of the conference is to spread the technical knowledge base among the scientific community and to provide a space for forum for knowledge exchange and enhance interaction between researchers, healthcare professionals in order to address the unique matters in the interdisciplinary area for individuals with cerebral palsy, enhancing the academic and intellectual environment in the Institutions

The conference has been designed to cover the latest cutting edge research on a wide range of issues through lectures, keynote and scientific papers.

In this conference, we have tried to focus on a multidisciplinary approach to the care of CP children e.g., psychological counseling of parents and addressing the communication and behavioral problems of the child along with recent advancements in the treatment techniques.

This conference aims to bridge the gap between “Research and Clinical Practice” in CP care. I am thankful to all the resource persons who are pioneers in this field to enable us to bring this conclave.

I hope that the conference will be a great success and would open up new opportunities for global and national research cooperation.

Nidhi Kalra

CHIEF GUEST MESSAGE



Dear Readers,

Over the years Banarsidas Chandiwala Institute of Physiotherapy, New Delhi, has grown from its humble beginnings to become an institution of excellence, imparting high quality education and contributing significantly towards the overall development of the students. BCIP has continued the tradition of organizing international level conference to provide multidisciplinary scientific education for health professionals. In the present world, cerebral Palsy is a growing condition among children which necessitates us to provide a platform for knowledge exchange and enhance interaction between researchers and healthcare workers working in interdisciplinary teams in the field of cerebral palsy. The conference BCIPCON 2K21 has been designed meticulously to encompass various aspects of the condition. I am extremely happy to note that BCIP, New Delhi has done an excellent job of imparting a balanced mix of academics, extra- curricular, sports and developmental education to its students, preparing and enabling them to take on the rigors and challenges of modern-day world. And as we stand on the threshold of the next decade, it is indeed our youth who will come to the forefront of the events and valuable investment in them would be worth every penny and sweat. I take this opportunity to congratulate the Director and all the faculty members for their untiring efforts, patience and professionalism in taking the institute to the pinnacle of success. I as president of your Council wish and pray that our practices should be at par at any global standards or even better.

Wishing your conference a big success.

*Dr Arun K Agarwal
President, DCPTOT*

GUEST OF HONOR



The structure of the E-BCIPCON 2021 has been very thoughtfully formulated, bringing on board well known experts in fields appropriate to the understanding of the myriad aspects of Cerebral Palsy, which is as we know, one of the most complex conditions that many times evades accurate diagnosis. While clinicians understand that CP is incurable and give their best to improve the quality of life of the child, it is difficult for parents and families to come to terms with this life-long impairment. Many of them are in self-denial. Building awareness, educating parents on the many risk factors that can trigger CP, responsible informed consents by IVF specialists, care and nutrition during pregnancy, appropriate fetal screening, risks of consanguinity - are all some of the crucial factors that we as healthcare professionals need to talk about.

Governments must create a space for CP children to develop and grow their innate talent, ensure adequate funding and support needy families. It is commendable that the organizers have put together this 2-day conference that will benefit students, teachers and other professionals. This should not be another conference: ideations should be compiled and discussed with bodies like Rotary, ICMR, CII, FICCI, Nathealth and PHDCC for onward presentation to the Government for implementation.

*Rajalakshmi Chandru
Vice President – Patient Services
Indraprastha Apollo Hospitals
Trustee & Chief Functionary
The Neuroaid & Research Foundation*

CONTENTS

SECTION -I: SPEAKERS ABSTRACTS		
S.No.	Topic	Page No.
1	Introduction to Cerebral Palsy Dr. R.K. Jain	2
2	Theoretical Basis: Plasticity, Motor Learning and Sensory Processing Dr. Himanshu Sharma (PT)	2
3	Early Detection: Key to Success Dr. Toh Tech Hock	3
4	Restorative Interventions: Musculoskeletal and Neurological Surgeries Dr. Aniruddh K Purohit	3
5	Prevention of Cerebral Palsy: What else can we do? Dr. Puja Grover	4
6	Recent Advances: Stem Cells for CP Dr. Saurabh S Chopra	4
7	Recent Advances: Advancement of Neurological Approaches for CP Child Dr. Nirali Sanghavi (PT)	5
8	Compensatory Interventions: Adaptive Equipments and Assistive Devices Dr. Brinda (PT)	5
9	Mobile augmented reality in CP Prof. Dr Waqar Naqvi	6
10	Telerehabilitation in CP Dr. Amrita Samal (PT)	7
11	Sports and Recreational activity for Cerebral Palsy Child Dr.Rajinder (PT)	7
12	Inclusive Education for Cerebral Palsy Child Ms. Pooja Kumari	8

13	Address to Communication and Behavioral Problems in Cerebral Palsy Child Ms. Sheema Hafiz	8
14	Psychological Care or Counseling of Parents and Care givers Dr Shraddha (PT)	8
SECTION II RESEARCH ARTICLE PRESENTED (SENIOR CATEGORY)		
1.	A comparative study of Yoga and structured exercise on muscle strength and quality of life in primary dysmenorrhea- A pilot study Shivani Ahuja, Dr Jeyanthi S. (PT)	10-16
2.	Evidence Based study on effectiveness of chair based yoga on community dwelling older adults Bhargav Prajapati	17-19
3.	Effectiveness of Lung Expansion therapy in Covid -19 affected Adult population with presenting co -morbidity mild cystic - fibrosis - An integrated cardio - Pulmonary Rehabilitation Akhil S	20
4.	Prevalence of neck pain and neck disability in computer users working from home during COVID -19 pandemic - A cross Sectional study Shivani Goswami, Edrish Contractor	21
5.	Gujarati translation of Fullerton advance balance (FAB) Scale Shaikh Arjuman	22
6.	To evaluate the effect of retro walking to improve balance in geriatric population Harshil Shah	22
7.	Prevalence of psychological problem among female teachers giving education in COVID -19 pandemic Jeet Patel, Khyati Shah	23
8.	Effectiveness of sliders techniques versus tensioners technique on disability in patients having sciatica Bhoomi Chauhan	23
9.	Effect of cognitive training intervention on activity of daily living of elderly Sabeeha Abdulrahman Haradwala	24

SECTION III RESEARCH ARTICLE PRESENTED (JUNIOR CATEGORY)		
10.	Effect Of Music On Balance Rohit Kumar Halder, Dr Avi Choudhary (PT)	26-30
11.	Prevalence Of Stress , Anxiety And Panic Attack Among The Teachers During Work From Home In COVID -19 Pandemic Apoorva Mishra, Dr. Neha Kashyap (PT)	31-37
12.	Level Of Physical Activity And Its Effect On Back Pain -An Online Survey During COVID -19 Pandemic Salma Khatton, Dr Savita Tamaria (PT)	38-43
13.	Correlation Between Duration Of Smart Phone Usage and Sleep Distribution Among Physiotherapy Students Nigar, Dr Savita Tamaria (PT)	44-48
14.	Effect Of Physical Activity On Mental Health Status Of College Students Aditya Vats, Dr. Neha Kashyap (PT)	49-55
15.	Understanding The Learning Style And Problem Solving Abilities Of Undergraduate Physiotherapy Students Of Delhi Anmol Saini, Dr. Nidhi Kalra (PT)	56-62
16.	Relation Between BMI And Cognitive Functions Of Young Indian Adult Srishti, Dr Avi Choudhary (PT)	63-66
17.	Prevalence Of Menstrual Disorder In Female College Students And Its Relation With Perceived Stress During The Lockdown During The Course Of Covid 19 Nitya Chopla, Dr Kavita Sharma (PT)	67-72
18.	Association Between The Hours Of Online Class Work And The Musculoskeletal Problems Among Physiotherapy College Students In Delhi Megha Rana, Dr. Shaheen Khanum (PT)	73-79
19.	Knowledge Attitude And Perception About Antinatal Physiotherapy In Pregnant Female Of Delhi Shweta Jha, Dr Davinder Kumar Gaur (PT)	80-86

20.	Impact Of Social Media On The Mental Health Of Young Adults Ridhi Saini, Dr Kavita Sharma (PT)	87-93
21.	Prevalence Of Work Related Musculoskeletal Disorder In Physiotherapist Namrata Sharma, Dr Davinder Kumar Gaur (PT)	94-98
22.	Effect Of Smartphone And Laptop Overuse On Neck Pain Arpita Dr Nidhi Kalra (PT)	99-106
23.	Prevention Of Respiration Distress In Children With Cerebral Palsy - Rehabilitation - A Literature Review Mridula Dua, Tarun Kumar	107-110

SECTION – I

SPEAKERS ABSTRACTS: BCIPCON 2K21

Introduction to Cerebral Palsy

Dr. R.K. Jain, Pediatric Neurologist, Fortis Hospital Gurugram Consultant, Oxford University Hospital, UK

Abstract

Cerebral palsy is a condition in which there may be abnormal brain development or injury to the brain as it develops. This can occur before, during, after birth or during early childhood when the brain is growing. Cerebral palsy in itself is not one specific disease and is an “umbrella term” which applies to a collection of conditions where there is primarily a disorder of voluntary movement and/or co-ordination. Children with cerebral palsy have difficulties in controlling muscles and movements as they grow and develop. The nature and extent of these difficulties may change as children grow but cerebral palsy itself is not progressive: the injury or impairment in the brain does not change. Cerebral palsy can have mild to severe manifestations. Often Cerebral Palsy does not necessarily incapacitate the patient entirely as part of the brain which controls our thinking is different from the part which controls our movements. Hence many people with cerebral palsy can have normal intelligence inspite of motor and movement difficulties. There is no cure as such for cerebral palsy but physical therapy is one of the most important treatments and can help the child to achieve his full potential. Medicines, Botox injections, surgery, and special equipments are helpful in different circumstances.

Theoretical Basis: Plasticity, Motor Learning and Sensory Processing

**Dr. Himanshu Sharma (PT), MPT (Neuro), PhD Scholar Career Point University Kota,
Director Swarnagiri Physiotherapy & Neuro rehab Centre, Kota**

Abstract

Cerebral palsy is a disorder of cerebral origin in which mild to severe involvement could make a child minimally disabled to most disability. Need for early diagnosis of cerebral palsy for the efficient management was being emphasized since 18th Century. Physiotherapy Plays a Key role in rehabilitation of child with special needs along with other rehab team members. Motor Learning in child with special needs is bit different from others they more commonly use feedback to correct the movement pattern currently practiced strategies using principles of motor learning are mainly focused on **task specific training as well as Environment enrichment (EE)** rather avoiding traditional passive approaches like NDT, Stretching etc.. Motor skills acquisition is superior in intentional goal directed practice where therapist works as “change agent” creating staged environment to facilitate learning & to explore effective movement solutions. Constraint Induced Movement Therapy (CIMT) & Bimanual Therapy which can be given to the child above the age of 2 years. Where “Goals, Activity & Motor Enrichment” (GAME) approach using activity based therapy, parent education & environment Enrichment strategies found to be superior then standard care while administered in 3-5 month old infants(Morgan et al 2015).

Early Detection: Key to Success

Dr. Toh Tech Hock, Pediatrician & Head of Clinical Research Centre, Sibuh Hospital, Sibuh, Sarawak, Malaysia, Professor, Faculty of Medicine, SEGi University, Malaysia, Vice President, National Early Childhood Intervention Council, Malaysia, Regional Clinical Advisor, Special Olympics Asia Pacific

Abstract

Cerebral palsy is a common neurodevelopment disorder in children, with various causes/risk factors and varying motor and intellectual disabilities. Sometimes no known cause can be identified. However, based on the science we know about early brain development in young children, early detection of cerebral palsy is vital because it allows early intervention and leads to better neurodevelopment outcomes. Nevertheless, practices of early intervention need to be evidence-based and affordable. With early detection, intensive and effective early intervention with appropriate rehabilitation and mobility aids, a child with cerebral palsy can achieve his potential, attend inclusive education and leading to as independent a life as possible. Healthcare and educational professionals and the community have the responsibility to ensure this successful pathway for these children and their families.

Restorative surgery for cerebral palsy

A K Purohit, Aster Prime Hospital, Hyderabad, India

Abstract

Following the insult of the developing brain producing motor impairment (Medical and Physical therapy) are of tremendous help to alter the natural history of disability. Later stage arrived when no further improvement occur (immobility and hand functions). Not only this in some individuals even permanent organic changes starts occurring, at this stage new ortho plastic intervention become mandatory to relieve harmful effects of spasticity or dystonia. Since 1864, following tendoachellis Z plasty by little many other musculoskeletal interventions have developed. Parallels following Sherrington's decelerate cat model producing hypertonia and relief by posterior rhizotomy and in 1887 the obturator neuroectomy many modifications of these surgeries (with advancing neuro stimulatory techniques, say, SPR & SMF) have also come in vogue. However, over the initial period of these surgeries and over enthusiasm (honeymoon period) is over and the learning curve is also finished, the strict indications get established. The emphasis in this lecture will be on peripheral ablative neurosurgical procedures like SPR & SMF. In this lecture will make it clear in the minds of the practicing surgeon and known surgical professionals as to when to perform various neuro ortho plastic ablative procedures. During the period of 8-12 years of age both neuro and ortho procedure are required to correct the deformity. The challenges to manage these individual are indeed many. And also the presence of various associative disorder (mental sub normality , seizures, visual, hearing impairments and so on) make the challenges tough. Due to all these features many treatment methods both in traditional and modern medicine are in vogue. There are various reasons too for the practices of all these methods. Starting from belief and intuition to evidence based reasons and the market base strategies. This has resulted in utter confusion in the minds of budding experts and the families to understand what is best for the affected child. Finally it can be said that the researches both clinical and laboratory based should continue till the damage part of the brain can be repaired , say , by neural tissue transplant, stem cell therapy or other methods to rejuvenate the brain. Till that time the judicious practices of the present once has to continue to help these children and adults with cerebral palsy.

Prevention of Cerebral Palsy: What else can we do?

Dr. Puja Grover, Senior Consultant, Pediatric Neurologist, Paras Hospital, Gurugram

Abstract

The prevalence rate of cerebral palsy both in preterm infants and term infants has not decreased. There is multifactorial pathophysiology of etiology in different ages. Primary prevention of CP due to birth asphyxia by recurrent fetal monitoring demonstrated no significant decrease in CP. Only hypothermia as secondary prevention of CP has proven to give better results, but not in developing countries though. No preventive steps to stop prematurity are successful. Magnesium sulphate and use of antenatal steroids has better results. Antenatal approaches to prevention like control of hypertension, cervical cerclage, antibiotics for premature rupture of membrane, adequate antenatal checkup, MMR vaccination, neonatal screening of treatable diseases like hypothyroidism, congenital hydrocephalous etc should be promoted. In post natal care, delivery of premature infants in tertiary care centre, aggressive management of hyperbilirubemia, sepsis, Vit K to prevent brain hemorrhage should be advisable. In spite of all efforts, the rate of CP remains steady. Such interventions are not enough, as we still are unable to understand complex causal pathways. So the answer to the question, is CP preventable, is still not positive.

Recent Advances: Stem Cells for CP

Dr. Saurabh S Chopra, Pediatric Neurologist, BLK Hospital, New Delhi, Fortis Hospital, Noida

Abstract

Introduction- The discovery of Stem cells has opened the doors of unlimited possibilities and excited the imagination not only of the scientific community but also of public at large. There is hope that a wide variety of disorders could be potentially treated with the use of stem cells. The use of Hematopoietic stem cells (derived from the bone marrow) have been used in the form of bone marrow transplants since several years now. Thus hopes for using stem cells to “cure” cerebral palsy are high, although the reality is yet to catch up. Let’s look at the current scenario.

Advances- The research in the use of stem cell and their application has been moving forward at a rapid pace ever since Yamanaka and colleagues discovered techniques to artificially induce cells to revert back to becoming stem cells. Today many different types of mature neural cells including motor neurone, inhibitory neurones as well as the supporting glial cells can be artificially cultured in labs using stem cells. Further we can culture organoids (parts of the brain) in the form of brain stem like structures by culturing cells in a laboratory. Even some genetic-diseases too can be mimicked in these organoids by using patient derived stem cells. Recently rare genetic diseases have also been “treated” by injecting modified patient derived stem cells where in the disease causing gene has been “corrected” using cutting edge technology. This landmark finding by Prof Manju Kurian has taken us further in our efforts to bring the advancements of stem cell technology from lab research to clinical settings, at least for genetic Neurological diseases. **Current scenario-** Unfortunately the research into the treatment of Cerebral palsy using stem cells is still nascent and only in its infancy, at the moment any patient treatments using stem cells for cerebral palsy is very far from reality. Till the time hopefully science can progress to a stage when such treatments become a reality, patients need to be empowered by the correct information and the potential risks involved in such “experimental” treatments. Also centers cropping all over the world offering “stem cell treatments” for cerebral palsy against huge payments can only be condemned for providing unscientific treatments with potential side effects with no proven benefits. Although stem cells hold a lot of hope for the future but till then standard managements for cerebral palsy should be followed.

Recent Advances: Advancement of Neurological Approaches for CP Child
Dr. Nirali Sanghavi (PT), Pediatric physiotherapist, BPT,C/ NDT, Early intervention therapist

Abstract

The talk would be on the recent advances. Paradigm Shift in the in treatment/handling of babies or child is the biggest key to best outcome in improving the quality of life of the child and family with cerebral palsy. Cerebral palsy is a primarily neuromotor disorder that affects the development of the movement, tone and posture of the child. Cerebral palsy is the most common cause of motor disabilities in childhood. We have clinical classification of Cerebral palsy and the incidence is 2-3 every 1000 live births. Prematurity, low birth weight, intrauterine damage to the brain due to varied reasons, periventricular leucomalacia , hemorrhage are various causes known. It's crucial to screen and clinically evaluate the babies on regular basis in early childhood based on clinical history, standardized neuromotor assessment and related Investigations. The Management of Cerebral palsy needs Multidisciplinary Approach for optimal outcomes. I shall be throwing light on recent largely practice treatment Approaches by the therapists. Research has proven passive therapy and massage is not advisable. We shall be discussing about ICF Model, Goal setting and Approaches like Neurodevelopmental therapy, Early intervention therapy, sensory integration, Aquatic therapy, CIMT, Functional Strength training, Treadmill Gait training, Virtual Reality and many other Adjuncts will be discussed to change our treatment outlook for child with Cerebral palsy.

Compensatory Interventions: Adaptive Equipments and Assistive Devices
Dr. Brinda(PT), Lead Physiotherapist – pediatric & Neurological Acquacentric therapy
Mumbai

Abstract

Children with a diagnosis of cerebral palsy often have significant physical limitations that prevent exploration and full participation in the environment. Assistive technology systems can provide opportunities for individuals with physical limitations to interact with their world, enabling play, communication, and daily living skills, and thereby promote greater functional independence. Assistive technology facilitates greater engagement by supporting better physical access to the world. Efficient access to and control of the technology is critical for successful use; as is establishing consistent access, which is often challenging because of the nature of the movement patterns exhibited by children with cerebral palsy. It hard to find an aspect of life that is not touched in some way by technology. For people with disabilities, technological advances offer opportunities for inclusion in every aspect of life – home, school, work, and play. Assistive technology breaks down the barriers that include activity limitations and participation restriction, enabling what is central to the disability movement- equal opportunity. Some examples of assistive technology include- Communication Devices, Assistive Hearing Devices, Adaptive Writing and Typing Aids, Assistive Devices to Help with ADLs, Visual aids etc. Adaptive equipment help enhance mobility, daily living, communication and recreation. Mobility enhancing technology includes-: Providing a stable base for movement, Establishing an efficient gait, Minimizing the effects of spasticity in limbs, Creating an environment in which a child can take repeatable steps, Reducing excessive energy used to move, Controlling muscle imbalance, Correcting poor skeletal alignment, Preventing deformity Mobility aids, each have their own set of indications, benefits and drawbacks. These may include walkers, braces canes and standers. Wheelchairs are used when meaningful functional gait is compromised. There are two types of wheelchairs – power and manual chairs. These may be further categorized as per the use -: pediatric, Sports, Transport, Traveling An alternative to a wheelchair is a power scooter. A scooter is a mode of mobility that a user operates by driving it; the scooter moves forward and in reverse like a small vehicle. Activities

of daily living A variety of adaptive tools help with activities of daily living, promoting greater functional independence. Augmentative and alternative communication these include communication methods used to supplement or replace speech or writing for those with impairments in the production or comprehension of spoken or written language. These include- Writing and typing aids, Low tech communication boards, Electronic communication boards, Eye tracking devices etc, Recreation Adaptive devices have been a part of the treatment landscape for years, however technological and engineering advances have paved the way for advancements, offering children and adults more choices than ever before in terms of how and when they choose to use assistive technology to enhance their quality of living.

Mobile Augmented Reality in CP

Dr Chanan Goyal, MPT (Paediatrics), Demonstrator, Government Physiotherapy College, Raipur (CG)

Prof. Dr Waqar Naqvi, MPT (Community Physiotherapy), Professor & HOD, MGM School of Physiotherapy, Aurangabad (MH)

Abstract

Cerebral Palsy (CP) is the most common motor disability in childhood with an estimated incidence of 2-3 per 1000 live births. Lifelong management of CP can lead to boredom and diminished motivation to continue intervention by children. Induction of neuroplasticity requires sufficient repetition. Goal directed, activity based and intensive interventions are much more effective as compared to the usual care in enhancing function. As active participation of child in therapy is pre-requisite for effective treatment, innovation and novelty are highly desirable to gain compliance. These requirements are fulfilled by augmentative reality (AR) and virtual reality (VR) games as they are interesting, engaging, cost effective and easily applicable. Commercially available devices that have been used are Oculus, Xbox Kinect, Playstation and Nintendo Wii along with mobile applications. Scratch 2.0 is a free software that has been used for designing custom made interactive AR games that respond to movements detected by webcam. Adjuncts that have been used with AR/VR games are EMG biofeedback, treadmill training, haptic gloves and robot assisted gait training. Most of studies in the past decade included 30-45 minutes of AR/VR sessions twice or thrice a week for 4-8 weeks. The outcome measures utilized were gross motor function measure, Bruininks-Oseretsky test of motor proficiency, Jebsen-Taylor hand function test, quality of upper extremity skills test, ABILHAND-Kids, WeeFIM, paediatric balance scale, spatiotemporal parameters of gait, 10-meter walk test, 2-minute walk test, digitalized muscle tester, test of playfulness, developmental test of visual perception and Canadian occupational performance measure that include body structure function, activity and participation areas of ICF framework. Thus, recent evidence reveals improvement in gross motor function, balance, gait, muscle strength, upper extremity function, eye hand coordination, visual perception and functional independence by use of AR habilitation of children with CP. Nonetheless, gamification or serious games offer a less explored avenue for further investigation in tapping the potential of children with CP.

Telerehabilitation in CP

Dr. Amita Samal (PT), Faculty Apollo College of Physiotherapy, Hyderabad

Abstract

Telerehabilitation offers a unique solution for improved access to treatment options and continuity of care in pediatric rehabilitation. In recent past during the complete phase of pandemic tele-medical services has come up as a boon in the field of medicine and rehabilitation around the globe. The laws and policies related to tele medical services which were dormant from past many years after their approval from the government, has unexpectedly come into active sphere of research and clinical practice with diverse innovative implementations. Evidences suggest that internet-based telerehabilitation has comparable effectiveness to face-to-face rehabilitation on rehabilitation outcomes among patients with cerebral palsy. Telerehabilitation as a home protocol is quite effective under physical distancing. The application of telerehabilitation is getting quite vast and the advantages of telehealth are numerous, which includes the ability to overcome the geographical barriers, reduces cost of therapy, advantage over travel time, etc. However despite the success and advantages of telerehabilitation in diverse way, its provision to date is not as widespread as could be expected in countries like India and if estimation will be done then certainly the data will give an evidence of underutilization of telerehabilitation services in countries like India. The reason of low uptake of telerehabilitation services can be contributed to the fact of lack of awareness and low levels of acceptance from clinical organizations and public. Low acceptance levels of clinicians may be due to the fact that the use of telerehabilitation requires new competencies, such as, knowledge about the technology or communicating clearly in videoconferencing. This paper focus on understanding the unique experiences of varied sector towards telerehabilitation, predict treatment related behavior gain and transition and finally the prospective ideas to develop best practice models of pediatric telerehabilitation during the pandemic and for the future after pandemic

Sports and Recreational Activity For Cerebral Palsy Child

Dr. Rajinder (PT), Head of Department, Sports Physiotherapist, Tenzen Hospital, Shimla, Fit feet Clinical Director, National Trainer, Special Olympics Bharat, Clinical Psychologist.

Abstract

Head of Department, Sports Physiotherapist, Tenzen Hospital, Shimla, Fit feet Clinical Director, National Trainer, Special Olympics Bharat, Clinical Psychologist. We all have pastimes that we enjoy. For children affected by Cerebral Palsy, this should be no different. Our activities, whether it be swimming or playing basketball, or nurturing a love for painting or dancing, provide us with hours of pleasant leisure. Recreation enhances our ability to relate to others and engage in the environment around us. Therefore, recreation therapy – also known as therapeutic recreation – is an important step in helping an individual with Cerebral Palsy become a well-rounded individual afforded the benefits that physical, mental, and social experiences provide. Recreation therapy focuses on inclusion, not exclusion, by allowing the individual to participate in and be an integral part. Recreation therapy has numerous benefits for children with Cerebral Palsy – it can improve physical functionality, improve neurological connections associated with processing activities, and provide opportunities for inclusion. Children involved with recreation therapy benefit within both group and solitary environments. The time spent within activities of interest decreases depression, loneliness and frustration. In fact, recreation therapy provides a greater sense of self-worth and accomplishment. It also helps that child enjoy with parents and peers. Physiotherapy and Recreational therapy recreates the environment in and around the speacial childrens and helps them to approach their peak physical capabilities.

Inclusive Education for Cerebral Palsy Child
Ms. Pooja Kumari, Special educator, Cheshire Home, Delhi

Abstract

Education is very necessary for every individual, one can make his /her life better with training which can help in to lead a better live and to help the children with disability our government has came up with, **The Rights of Persons with Disabilities Act, 2016 is the disability legislation passed by the Indian Parliament to fulfill its obligation to the United Nations Convention on the Rights of Persons with Disabilities, which India ratified in 2007. The Act replaced the existing Persons with Disabilities Act, 1995.** Cerebral Palsy (C.P) is common condition of abnormality in the brain ,arises in life this word first introduced in 1843 this condition is related to the group of disorder that effects the person ability to move and maintain balance and posture .CP is the most common motor disability in childhood. Inclusive Education is a term which means” **all children in the same classroom in same school**” the real learning opportunity for the groups who has been traditionally excluded, in our case it is special children who need special attention. Inclusive education and special education together can turn out to be miracle in the and the result have been so satisfying. **Individual Education Program (I.E.P)** in which according to the Intelligent Quotient (I.Q) their proper curriculum is set up .**Universal Design for learning(U.D.L)** It work on the principle to design the curriculum on the bases of the disability both **(I.E.P)** and**(U.D.L)** is followed worldwide and showing good result Our ultimate goal need to be bringing the improvement in the child so we need to improve the infrastructure ,environment and need to come with new programs which specifically deals with the individuals or group but the most important is the awareness to the individual and their parents.

Address to Communication and Behavioral Problems in Cerebral Palsy Child
Ms. Sheema Hafiz, Child and adolescent Psychologist, Moolchand Hospital, Delhi

Abstract

Communication is the process that brings people together. Imagine not being able to say what you want to or worse, not being heard despite saying it. Children with cerebral palsy experience difficulties in expressing themselves. These unmet expressions can manifest as hitting, screaming, biting and various other behavioural problems. This session aims to address various communication and behavioural challenges faced by children with CP.

Psychological Care or Counselling of Parents and Care givers
Dr Shraddha (PT), HOD pediatric Rehab Dept of SSB College of physiotherapy

Abstract

Cerebral Palsy is a disorder of lifelong & Problems of children with cerebral palsy are not less than an iceberg. Paradigm shift in the concepts of **Impairment to Activity & Participation** as driven by WHO ICF and **Mobility to Effective Mobility** has changed the focus of people connected with Cerebral Palsy Rehabilitation. “F-words” focus on 6 key areas of child development that are vital to all children with CP includes Function, Family, Fitness, Friends, and Fun & Future. The healthcare approach is shifted from **Doctor Centric Approach to Family Centric Approach** where there is emerging role of Parents as active decision makers in CP Diagnosis & Rehabilitation. Covid -19 Pandemic has opened a window of Tele-Rehabilitation with enhanced role of Parents the Rehabilitation Team.