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# Cerebral Palsy

**Cerebral palsy (CP) is a brain disorder that starts in infancy or early childhood, permanently affecting movement and muscle control. It happens when the brain develops abnormally or gets damaged, either before birth, during birth, shortly after birth, or within the first few years of life. CP is the most common childhood disability, affecting about 2 to 3 out of every 1,000 live births. The number is even higher in low- and middle-income countries, mainly because of limited access to essential care for mothers and newborns. In South Africa, some communities have rates as high as 10 cases per 1,000 live births.**

## What is Cerebral Palsy?

"Cerebral" relates to the brain and "Palsy" means weakness in or problems with using the muscles. It is a non-progressive neurological disorder, meaning that, the brain damage does not worsen over time, but the effects may change as the child grows. CP may affect one limb, one side of the body, or the entire body, and most children with CP have associated conditions such as intellectual or learning disabilities, or epilepsy.

## What are the signs and symptoms of CP?

The primary symptoms of cerebral palsy involve difficulties with movement and posture. The symptoms and severity vary from person to person, and they include:

- Microcephaly (unusually small head) or macrocephaly (larger than normal head size).
- Ataxia (lack of muscle coordination when performing voluntary movements).
- Spasticity (stiff or tight muscles).
- Weakness in one or more arms or legs.
- Unusual walking style (gait), including walking on the toes, a crouched gait, or a "scissored" gait.
- Hyper or hypotonia (stiff or floppy muscle tone).
- Dystonia (involuntary muscle contractions that cause twisting or repetitive movements).
- Delays in reaching movement milestones such as sitting, crawling, and walking.
- Difficulty with precise movements (fine motor skills) such as writing or buttoning a shirt.
- Vision, hearing, speech and language problems.

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- Persistent primitive reflexes (baby reflexes that do not go away as expected).
- Hyperreflexia (overreactive reflexes).
- Being overly irritable or not very responsive
- Epilepsy or fits in certain instances.
- Intellectual or learning difficulties.
- Delays in growth and development.
- Problems with the spine.
- Joint problems such as Osteoarthritis (degenerative disease affecting the joints).
- Incontinence (involuntary loss of bladder or bowel control).

## What are the risk factors?

Common risk factors for CP are:
- Premature birth (especially before 28 weeks of pregnancy).
- Very low birth weight (less than 1500 g).
- Congenital brain malformations.
- Genetic abnormalities.
- Birth complications, such as birth asphyxia (when the baby does not get enough oxygen during the delivery process).
- Infections passed from the mother to her baby during pregnancy, such as Rubella (German Measles).
- Tuberculosis (TB) infection in children, causing TB meningitis (inflammation of the protective membranes surrounding the brain and spinal cord).
- Kernicterus (a serious condition in babies caused by high bilirubin levels in the blood). Bilirubin is a substance formed when red blood cells are broken down.
- Traumatic brain injury, due to falls, accidents, or physical abuse.

## How is the condition diagnosed?

A diagnosis of CP is usually made between the ages of 12 to 24 months of age. The following may be performed to make a clinical diagnosis:
- Taking notes from a detailed medical history, including antenatal (before birth), delivery, and developmental history, as developmental delays are common in CP.
- Reviewing family history.
- Physical examination, which includes evaluating the head circumference, mental status, muscle tone and strength, posture, reflexes, and gait.
- Screening may be done for:
    - Visual and hearing difficulties
    - Feeding problems
    - Communication disorders
    - Musculoskeletal (muscle and bone) abnormalities
    - Behavioural disorders
    - Intellectual and learning disabilities
    - Epilepsy
- Brain imaging using magnetic resonance imaging (MRI) or Computerised Tomography scans. MRI is the preferred imaging modality for evaluating the cause of CP. Although a CT scan is not the primary imaging tool, it can be used to identify areas of brain damage or injury, functional impairments, and other structural changes.

## How to prevent CP?

While not all cases are preventable, the following steps may reduce the risk:
- Regular medical check-ups during pregnancy.
- Immediate treatment of infections affecting the mother and the baby
- Avoiding exposure to toxins that can harm the unborn baby.
- Proper management of high-risk pregnancies, such as multiple pregnancies.
- Prompt treatment of newborn jaundice.
- Safe delivery practices, especially in preterm or complicated births.
- Vaccination can protect against diseases like Rubella (German measles).

## How is the condition treated or managed?

A range of services is needed to assist children with CP to lead meaningful and productive lives. These include:
- A team of healthcare professionals, which may include physicians (primary care, neurologists, orthopaedic surgeons, and other specialists based on co-existing conditions), physiotherapists, occupational therapists, speech and language therapists, nurses, psychologists, and social workers. A team-based approach improves outcomes and quality of life.
- Medications for muscle spasticity.
- Surgery in some cases to improve mobility or reduce pain.
- Assistive devices such as wheelchairs, leg braces, or communication tools that are deemed appropriate.

## What is covered as PMB level of care?

Cerebral Palsy is a Prescribed Minimum Benefit (PMB) under Diagnosis and Treatment Pair (DTP) code 213A with the descriptor, which states “Difficulty in breathing, eating, swallowing, bowel, or bladder control due to non-progressive neurological (including spinal) condition or injury”.

It means that the PMBs only apply when the person has problems that affect bodily functions such as breathing, eating, swallowing, bladder or bowel control, caused by a brain or spinal cord injury that does not worsen over time.

Therefore, CP must fully meet this PMB descriptor, and supportive evidence is needed to correctly identify the condition. If the PMB criteria are met, PMB funding should be provided for the following:

- Assessment and diagnosis
- Physiotherapy, occupational therapy, speech and language therapy
- Medications for related symptoms such as seizures, muscle stiffness
- Access to assistive devices where clinically indicated.
- Follow-up and rehabilitative care as part of chronic management
- In-hospital care
- Surgery and related complications

The medical schemes are allowed to have treatment guidelines and protocols to pay for PMB conditions. Family members are encouraged to engage with their medical schemes to understand entitlements and pre-authorisation processes to have benefits paid correctly.

## References


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