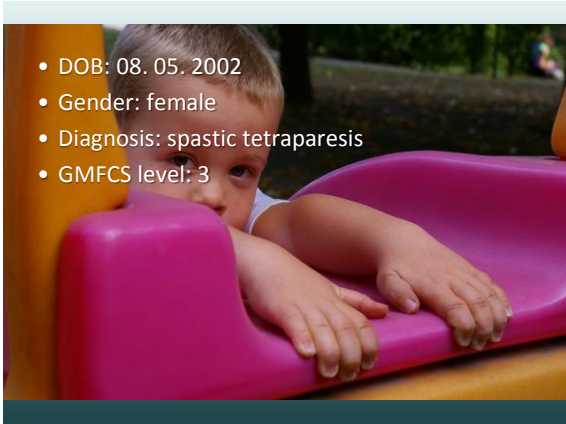


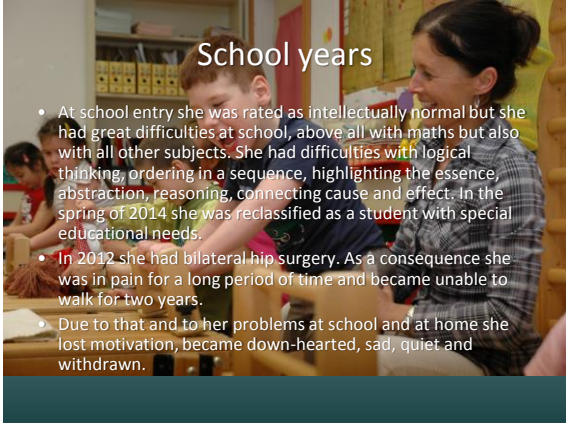
Case study of two children

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- DOB: 08. 05. 2002
 - Gender: female
 - Diagnosis: spastic tetraparesis
 - GMFCS level: 3



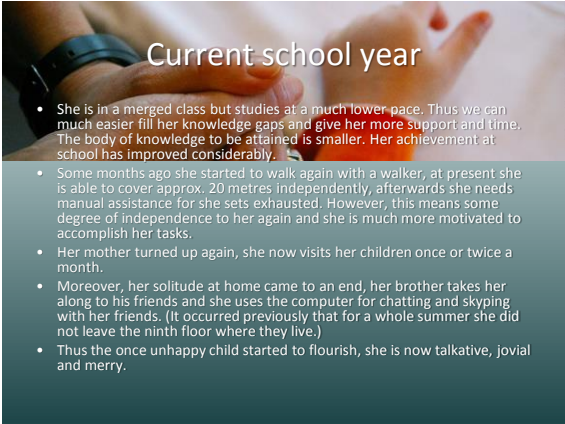
Social background

- Physical development appropriate for her age. 12-year-old student attending class 4. She comes from a socially underprivileged environment, does not know her father, the mother is an alcoholic who maltreated the children, thus they have been cared for by the grandparents for the past 8 years. For years the mother would not even visit them. She has a brother who is one year her senior.
- The grandparents have already retired but in order to support the children the grandfather frequently leaves for Germany for several months to work there. The girl is a residential student in our Institute, thus the grandmother has to care for her on the week-ends and during the holidays only.



School years

- At school entry she was rated as intellectually normal but she had great difficulties at school, above all with maths but also with all other subjects. She had difficulties with logical thinking, ordering in a sequence, highlighting the essence, abstraction, reasoning, connecting cause and effect. In the spring of 2014 she was reclassified as a student with special educational needs.
- In 2012 she had bilateral hip surgery. As a consequence she was in pain for a long period of time and became unable to walk for two years.
- Due to that and to her problems at school and at home she lost motivation, became down-hearted, sad, quiet and withdrawn.




Current school year

- She is in a merged class but studies at a much lower pace. Thus we can much easier fill her knowledge gaps and give her more support and time. The body of knowledge to be attained is smaller. Her achievement at school has improved considerably.
- Some months ago she started to walk again with a walker, at present she is able to cover approx. 20 metres independently, afterwards she needs manual assistance for she gets exhausted. However, this means some degree of independence to her again and she is much more motivated to accomplish her tasks.
- Her mother turned up again, she now visits her children once or twice a month.
- Moreover, her solitude at home came to an end, her brother takes her along to his friends and she uses the computer for chatting and skypeing with her friends. (It occurred previously that for a whole summer she did not leave the ninth floor where they live.)
- Thus the once unhappy child started to flourish, she is now talkative, jovial and merry.



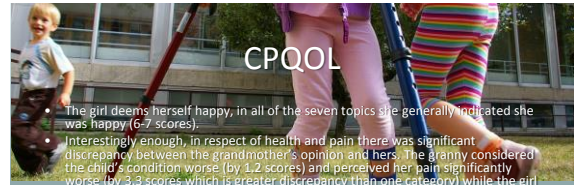
Self care, communication

- She needs help with dressing and undressing but is otherwise able to care for herself. Uses the toilet, the washbasin and the shower on her own, feeds independently, packs and unpacks her bag, keeps order. With a little help she sits up from the floor onto a bench from the wheelchair, onto a chair but she is unable to do so without assistance. She manages to steer and drive her wheelchair indoors only and only over a short distance and at a low pace. At the moment she learns how to pour liquid from a bottle or a jug and how to use the knife.
- She has no problem with communication. She has learned to write, writes at a low pace but legibly, can read but has difficulty with emphasising the essence. Uses the computer on basic level.



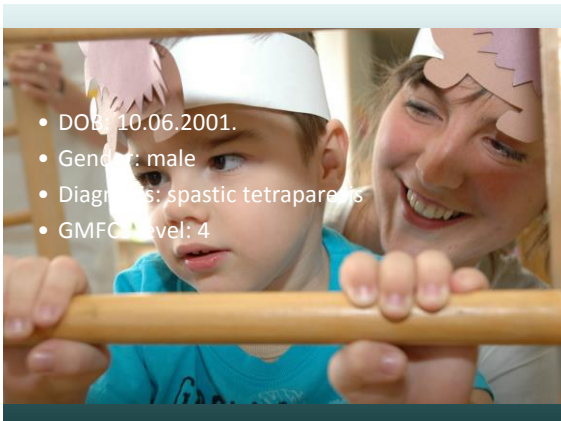
GMFM

- In respect of dimensions A (lying and rolling), B (sitting), and C (crawling and kneeling) she completed the tasks fully (3 scores) or partially (2 scores). She was unable to sit on the floor without her back supported, thus that task was a problem for her.
- The situation changed with item 51 (walking forward 10 steps in high kneeling with arms free), from there she was unable to complete anything in dimension D.
- In dimension E (walking, running and jumping) where she was allowed to use both hands for supporting herself or holding on to support, she completed the tasks partially (2 scores) or fully, except walking on a line and walking backward.
- As for stepping over an object, with the right foot leading she could only initiate raising the knee, with the left foot leading she partially completed the movement and needed help only to finish it. With kicking a ball likewise, with the right foot she only initiated the task while with the left she completed it partially. She was unable to jump and to step while holding on to support with one hand only.

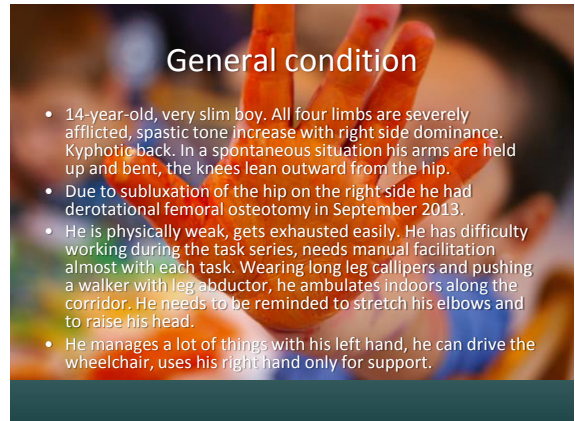


CPQOL

- The girl deems herself happy, in all of the seven topics she generally indicated she was happy (6-7 scores).
- Interestingly enough, in respect of health and pain there was significant discrepancy between the grandmother's opinion and hers. The granny considered the child's condition worse (by 1.2 scores) and perceived her pain significantly worse (by 3.3 scores which is greater discrepancy than one category) while the girl deems herself happy in that area too, the grandmother sees her very unhappy rather than neutral).
- Final questions: According to the grandmother the girl never worried about her future while the girl indicated „often“. The grandmother thought she was not concerned about having CP while the girl gave 5 scores which means she was moderately upset.
- The grandmother was pleased with the accessibility of therapies and the extra support at school (which the girl had in one place at the Institute) but much less satisfied with the accessibility of other treatments. Not surprisingly, she deemed both her own health condition and the financial situation of the family bad and felt unhappy.



- DOB: 10.06.2001.
- Gender: male
- Diagnosis: spastic tetraparesis
- GMFCS level: 4



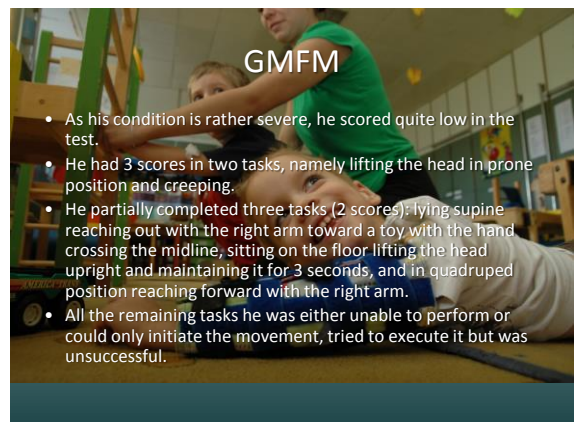
General condition

- 14-year-old, very slim boy. All four limbs are severely afflicted, spastic tone increase with right side dominance. Kyphotic back. In a spontaneous situation his arms are held up and bent, the knees lean outward from the hip.
- Due to subluxation of the hip on the right side he had derotational femoral osteotomy in September 2013.
- He is physically weak, gets exhausted easily. He has difficulty working during the task series, needs manual facilitation almost with each task. Wearing long leg callipers and pushing a walker with leg abductor, he ambulates indoors along the corridor. He needs to be reminded to stretch his elbows and to raise his head.
- He manages a lot of things with his left hand, he can drive the wheelchair, uses his right hand only for support.



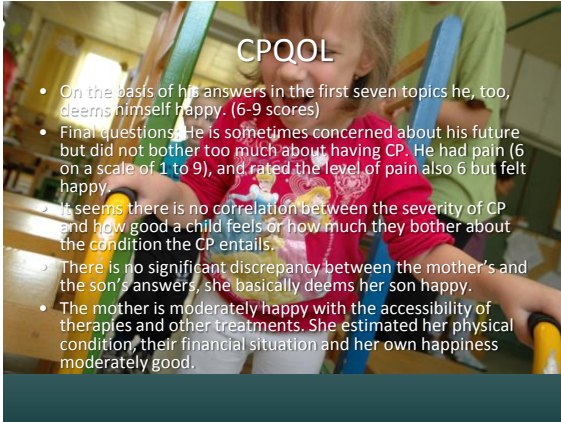
Self care, intellectual capacity, communication

- He is able to undress but needs help with dressing. He needs assistance also with washing and using the toilet. He feeds independently.
- He is slightly affected mentally, has learning difficulties. Has dysarthria. Although his speech is difficult to understand, he cooperates sufficiently, is talkative, understands instructions and tries to follow them. In general he is a good student.
- His behaviour with mates is generally friendly. He has many friends within the group. He likes to be in the limelight. He occasionally provokes his classmates, behaves impatiently, shouts and quarrels.
- Once a week he attends a wii club, his favourite sports are bowling and tennis.



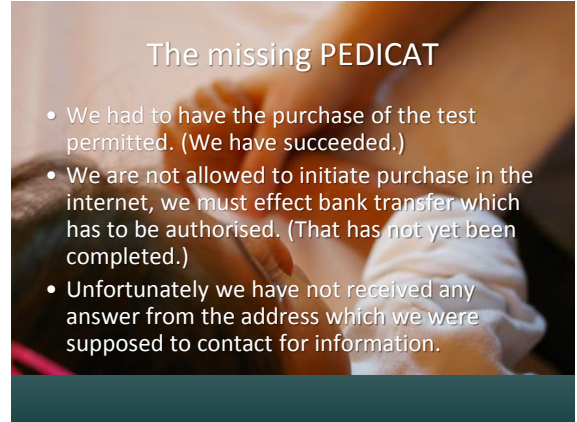
GMFM

- As his condition is rather severe, he scored quite low in the test.
- He had 3 scores in two tasks, namely lifting the head in prone position and creeping.
- He partially completed three tasks (2 scores): lying supine reaching out with the right arm toward a toy with the hand crossing the midline, sitting on the floor lifting the head upright and maintaining it for 3 seconds, and in quadruped position reaching forward with the right arm.
- All the remaining tasks he was either unable to perform or could only initiate the movement, tried to execute it but was unsuccessful.



CPQOL

- On the basis of his answers in the first seven topics he, too, deems himself happy. (6-9 scores)
- Final questions: He is sometimes concerned about his future but did not bother too much about having CP. He had pain (6 on a scale of 1 to 9), and rated the level of pain also 6 but felt happy.
- It seems there is no correlation between the severity of CP and how good a child feels or how much they bother about the condition the CP entails.
- There is no significant discrepancy between the mother's and the son's answers, she basically deems her son happy.
- The mother is moderately happy with the accessibility of therapies and other treatments. She estimated her physical condition, their financial situation and her own happiness moderately good.



The missing PEDICAT

- We had to have the purchase of the test permitted. (We have succeeded.)
- We are not allowed to initiate purchase in the internet, we must effect bank transfer which has to be authorised. (That has not yet been completed.)
- Unfortunately we have not received any answer from the address which we were supposed to contact for information.