

# CONDUCTIVE EDUCATION, SINK OR SWIM?

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Following the initial 'explosion' of international interest in Conductive Education, a centrifugal process from a single centre, we are now in a quite different phase of development, characterised by intense local adaptation and development to meet new structural and economic contexts.

Adaptations involve the practice itself, its organisation and, increasingly, the means of professional training. A pattern is emerging that may be best described as a developing network, points within which hold the potential for future centrifugal effects of their own.

Adaptation becomes development when particular forces at work in a given context generate qualitative change in the nature of Conductive Education, its practice, structure and training. Forces vary enormously from place to place, and include both insufficient resources and the temptations that accompany official adoption. An inevitable outcome of development as described here is change in underlying theory.

We should neither fear nor resist adaptation and development in themselves: they are the inevitable and essential concomitants of geographical expansion. Indeed we might wish for more, faster. What we *should* fear is that we might somehow lose the conductive essence along the way, for all the best reasons.

Conductive Education has been thrown in at the deep end. This is a potentially really exciting time for us and there are enormous possibilities. Suggestions will be made on how we might ensure that Conductive Education in fact emerges from its present phase even stronger than before.

# **THE APPLICATION OF CONDUCTIVE EDUCATION IN THE FAMILY OF CHINA**

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A program of Conductive Education on the children with Cerebral palsy in the family was studied in 1999. Under the guidance of professor Li Shu Chun and Ling Bing we have developed the Conductive Education in the family in Hefei city, which has got apparent effectiveness. Therefore, I think that the application of Conductive Education in the family is appropriate to the developing countries.

## **Objective**

The aim of this study was to examine and to develop application of Conductive Education on the children with Cerebral palsy in the family in Hefei city.

## **Methods**

We held a short course of Conductive Education for the children with Cerebral palsy and their parents in October in 1999. 38 Cerebral palsy children aged from 3 to 14 years old and their parents attended the course. Conductors introduced some simple training methods of Conductive Education to the parents at home, and then the parents began to train cerebral palsied children at home. We regulated to visit the family once a month and help them to plan the training items, including physical function, language communication, basic cognitive function, daily life function, social communication and adapt environmental function. We also help them to reform their furniture, training implement and surroundings. We collected all

children and their parents and let them to exchange the experience and to promote their confidence every half a year. Of course, we also teach them and discuss with them the training problem at home!

## **Results**

The results showed all children with Cerebral palsy have got obvious progress in all functions through a 18-month training, especially in the functions of language, movement and daily life. Furthermore, the program promotes the confidence of the children and their parents, which also changes the idea of people from various walks of life as well as their support.

## **Conclusion**

Conductive Education can be applied in the families of China. Application of Conductive Education at home is more effective. Application of Conductive Education is more appropriate to the developing countries. Application of Conductive Education is worthy to research widely and deeply. The institute of Conductive Education should be set up in China.

# CONDUCTORS IN REHABILITATION

*by Klára Tarczay & Rita Mihálikovics*  
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The Adult Outpatient Unit of the International Pető Institute is part of the conductor-teacher training college's practical field. As a service, it is important to know patients' satisfaction. In 2000, the Unit had 189 dysfunctioning who attended on an outpatient basis. A two-part series of questions was distributed among them and 114 were returned. The aim of series 'A' was to find out the patient's position in the division of labour in the society and in the family and the extent he/she is helped by the society, the neighbourhood and the family. Series 'B' was composed to have feedback on some aspects of conductive education.

The presentation treats four groups of matters:

1. relation to the group and the conductors
2. area to be developed
3. the kind of help required
4. can the patient discuss his/her individual problems with the conductors?

Among the areas to be developed, walking, changing place and position, body posture, manipulation, speech, writing and self care were most frequent.

20% of hemiplegic patients consider walking, 17% consider body posture, nearly 15% consider speech the most important area to be developed. More than 10% expect change in writing and self care activities.

20% of Parkinson patients find the change of the body posture and 17% find walking the most important problem; they wish to change these areas. More than 10% wish to improve the change of position, speech and writing.

Nearly 7% do not wish to or can further develop. This figure might be due to the fact that conductive education was started at an early phase after the establishment of the diagnosis. In this case the aim is to stop the progress and



to preserve the condition.

A significant ratio of multiple sclerosis patients, 26% would like to change their walking. Compared to the other symptoms, 21.5% would like to improve posture, 15% changing position and 12% manipulation.

22.67% of hemiplegic patient expect development from themselves while 25.74% by the conductors. The ratio in case of multiple sclerosis patients is 26.5 – 34.55, while with Parkinson patients it is 17-13%.

# IF ONLY...

*by Klára Tarczay, Ágnes Tóth, István Örkényi & Balázs Tatai*  
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## **Case study on W.J. 57, male patient**

Dg.: Hemiplegia (left)

Medical history: Ischaemic cerebrovascular insult during a business trip to Trinidad on 16<sup>th</sup> June 1998. Hypertonia, disease of the cardiac valve, calcification, excessive smoking, and stress at work were all present.

Immediate care: in Trinidad and at a Baden Hospital nine days later. Wheelchair, standing with a stick, a few steps only. Insecure independent standing. Rehabilitation began in the Rheinfelden Rehabilitation Clinic with individual and group physio-, occupational and hydrotherapy, music therapy and mud body wrap.

International Pető Institute on 30<sup>th</sup> November 1998.

## **Condition at admission:**

1. Conducted movement is limited. Minimum arm lifting. No abduction on the left.
2. Flaccid paresis of the left side. Walking is circumducting. Although he is insecure and requires help in the street. He moves around independently at home.
3. Score of the Rivermead scale is 21.
4. Motivation is realistic, e.g. he had set the goal: „ If only I could ski again”; and when he achieved it his next goal was: „ If only I could ride a motorbike again”.
5. The gross motor movements are limited without strength; fine motor movements are uncoordinated in the left hand. As a result of inactivity his shoulder and fingers ache on the left side. He does not use his left hand. He gets tired easily, pace is slow.

**By the end of attending the Pető Institute:**

1. His co-ordinated fine manipulation is successful to intention. Fine motor movements are connected to lifting the arm.
2. Walking has become more secure subjectively and objectively too.
3. He received conductive education in group sessions (4x4 hours weekly). In the breaks he successfully applied at home what he had learnt at the Institute. In May he began to use his left hand spontaneously as a helping hand. Now he is able to work. He moves around securely so much so that he travelled from Switzerland to Hungary on his motorbike.

# **CONDUCTIVE EDUCATION IN DEVELOPING COUNTRIES**

*by Anita Tatlow*

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It was a beautiful day in Brazil, and people welcomed me warmly to a private visit of their orphanage. But then - the shock. They opened the door to a large room, which was crowded with cots, and lying, and living in these cots were children with disabilities. Everything was meticulously clean, and the children - some of them adolescents - wore nappies. It was not poverty which confined these children to a life of passivity and deformity, for this was a relatively well-off orphanage which employed a multi-disciplinary team and had suitable facilities, even a school; it was ignorance of how to get children with cerebral palsy and multiple disabilities out of their beds and how to lead them towards activities of daily living. So far the therapists had used the traditional NDT concept. Moving the children's limbs in a rather passive way and rocking them on a large ball is how NDT, more often than not, is used in developing countries. NDT does not travel well in these countries; it does not fulfill its intentions. But in 1991 in the 'Beijing Orphanage,' I myself had seen that once Conductive Education had been introduced, disabled children who had been lying in sterile whiteness in their cots all day long learned to sit around a table and acquire life skills.

When using Conductive Education in the developing countries, enculturation is vital. Conductive Education will only be effective and have staying power if it makes use of the strengths of the socio-cultural environment. Hong Kong, where Conductive Education is applied for the whole human age span, is the gateway for taking rehabilitation into China. 'Moving Ahead,' a publication describing Conductive Education in around 500 pages and with about 800 drawings, by Joan O'Connor, Elsie Yu and Lin Guohui, supports this effort. "Knowledge is the beginning of action, and action is the completion of knowledge."



# **CONDUCTIVE EDUCATION SERVICES AS REFLECTED IN QUESTIONNAIRES FOR PARENTS**

*by Anna Varga Kiss*

International Pető Institute, Budapest, Hungary

In the five years that have passed since the Total Quality Management system of conductive education was elaborated, the 'Just In Time' method has also been introduced. With the help of JIT, pupils can be provided at the appropriate age and in the appropriate period with an education programme that meets individual requirements and offers the appropriate form of occupation. In order to preserve and improve the method, an opinion survey was conducted among parents in June 2000.

The proportion of questionnaires sent out and returned (570:293) shows that parents' participation in the evaluation of our work amounted to 51.40%.

Searching for the reasons of parents' dissatisfaction with their child's overall progress we can find delusory setting of education goals, parents' unrealistic expectations, limited chances of development due to multiple disability, insufficient contact between parents and conductors and unbalanced family background.

1. At the Early Development Unit 45% of the parents are dissatisfied with their child's progress because what they would expect from conductive education is the chance of symptom free recovery. The conductor's duty is to collaborate with parents in forming a conception regarding the child's development and in setting short-term goals. The paediatrician is responsible for individual medical treatment and counselling.
2. More than half of the parents in the Mother and Toddler Group and at the School for Parents think their child has hardly made any progress in self help skills. The development of multiply disabled, socially

immature kindergarten age children is the mothers' almost exclusive responsibility. Visiting conductor consultants must see families in their homes and the Special Service Centre has to arrange for appropriate promotion in the home environment.

3. At the Kindergarten Section almost 50% of the parents are perplexed at the outcome of their child's pre-school eligibility test and argue that conductors have failed to mention shortcomings. They feel uncertain, as they must reconsider the child's future. In the state of excitement any previous success may be devalued, irrespective of how severe the child's condition was.
4. Although our school pupils' parents think the achieved culture of movement falls by 30% behind the level they would expect, the decreasing tendency of dissatisfaction shows that two thirds of the parents have faith in our education.
5. At the Aftercare Unit, the number of parents giving preference to conductive education coincides with the extent of satisfaction, the level of dissatisfaction being under 25%. At the stage when young people have to choose a career where they can prove their talent, conductors have a share in finding the best possible solution.

It has to be mentioned here that we have had 5.33% negative response regarding the quality of conductive education. As a work-group set up in 1997 by SCOPE put it, health, education and social organisations equally have a part in the provision for the CP population. In Hungary sometimes one profession is criticized for another profession's inefficiency. Our primary aim must be continuous improvement of our own work.

# **GROSS MOTOR CHARACTERISTICS IN CHILDREN WITH ATHETOSIS**

*by Anna Varga Kiss, Edit Satori & Györgyi Zemplényi Megtért*  
International Pető Institute, Budapest, Hungary

These days the pure form of dystonic/dyskinetic cerebral palsy according to the Scandinavian classification can rarely be found. Thus excessive movements are not necessarily accompanied by hypotension while mixed forms appear more and more often. These present themselves in very different forms and with very different symptoms. This type of motor dysfunction is rather difficult to rehabilitate. Fortunately its incidence is decreasing, now amounting to a maximum of 8-10% of CP cases.

The film shows changes of posture, position and place in 3-16-year-old children. In order to attempt useful movements the 'taming of excessive movements' is recommended, a total and permanent stopping not being possible. It is illustrated how the changes of muscle tone in athetoids can be embedded in everyday activities.

The video demonstrates to what extent incoordination can or cannot be kept under control.

# **FINE MOTOR CHARACTERISTICS IN CHILDREN WITH ATHETOSIS**

*by Anna Varga Kiss, Edit Sántori & Györgyi Zemplényi Megtért*  
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These days the pure form of dystonic/dyskinetic cerebral palsy according to the Scandinavian classification can rarely be found. Thus excessive movements are not necessarily accompanied by hypotension while mixed forms appear more and more often. These present themselves in very different forms and with very different symptoms. This type of motor dysfunction is rather difficult to rehabilitate. Fortunately its incidence is decreasing, now amounting to a maximum of 8-10% of CP cases.

Besides showing changes in posture and ways of changing position in 3-16-year-old children, the film illustrates how the changes of muscle tone in athetoids can be embedded in everyday activities; especially manipulation in different positions (mainly sitting) eye-hand coordination and fine motor movements.

The video demonstrates to what extent incoordination can or cannot be kept under control.



# **LEISURE TIME ACTIVITIES IN AN EXPERIMENTAL KINDERGARTEN INTEGRATION MODEL**

*by Erzsébet Wetzel, Mária Szöllősi & Júlia Horváth*  
International Pető Institute, Budapest, Hungary

According to the principles of conductive education, in the education of patients with injury to the central nervous system the aim is to achieve highest-level social integration. Difficulties can only be prevented if motor disabled children are educated in an age appropriate community setting individual aims (Kozma, 1995). By using integration as a tool, conductive education builds upon the individual's adaptation and learning skills. It is not unrealistic therefore to say that integration inside the Institute and successful external integration can be prepared at the same place and at the same time by educators working according to the same requirements. In the 2000/2001 school years a mixed group with motor disabled and normal children started to work at the Kindergarten Section, proving the positive features of common education.

By showing the elements of the special programme the authors will demonstrate leisure time activities practised during the school year to present all aspects of the experimental model. Play, swimming, horse riding and organising seasonal leisure programmes justify kindergarten small group development.

# **BEYOND CHILD OUTCOMES: THEORETICAL ISSUES IN EVALUATING REHABILITATION PROGRAMMES FOR YOUNG CHILDREN WITH CEREBRAL PALSY**

*by Lisa Woolfson*

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Rehabilitation professionals are accountable to the children who participate in their programmes, to their parents, and to the local authority and government agencies that fund them in the work they carry out. Their professional practice must then be based on sound empirical evidence of the efficacy of their approach. In this session, results of studies evaluating the effectiveness of educational intervention programmes for infants and pre-school children with cerebral palsy will be discussed. This will include studies of conductive education rehabilitation programmes and also multi-domain developmental stimulation programmes that did not use conductive education.

Dr Lisa Woolfson will examine methodological problems inherent in designing and interpreting such studies and will suggest directions for future efficacy research. She will also question the emphasis of child rehabilitation programmes on traditional child progress measures both in establishing goals for individual children and in measuring programme effectiveness overall and will propose that family-focused outcomes should also be considered as a central part of the work of such intervention programmes. This session will explore these ideas and their implications for rehabilitation professionals both in their work with children with cerebral palsy and in the evaluation of programme outcomes.

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# **ON THE EXPLORATION OF GUIDING CHILDREN SUFFERING FROM CEREBRAL PALSIES TO RECOVER THROUGH CONDUCTIVE EDUCATION IN FAMILY**

*by Zhang Qinghua*

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CONDUCTIVE EDUCATION, originated by András Pető, a Hungarian expert, has been accepted and widely used by experts all over the world. Suiting the Pető's theory to the conditions of different countries has made a thorough study of this method. This paper explores its application in conducting infantile cerebral palsies to recovery in families.

**Clinical Datum** (from October, 1998 to October, 2000): CONDUCTIVE EDUCATION was applied to guide 12 children suffering from cerebral palsies to recovery in families. Their IQ (Intelligence quotient) was tested with Webber and Gesell. The tested children ranged from 4 months old to 13 year old. Wesber's result: among the 12 children, intermediate mental deficient, 4 cases; Gesell's result: intermediate mental deficient (D.Q.), 8 cases. The patients' conditions are from the light to the intermediate.

## **Therapies**

1. According to the sick children's respective disease conditions, the first is to guide the parents to remake their domestic apparatuses, then, correct tire sick children's abnormal gestures and train them to behave normally and keep balance.
2. Inspiring the sick children's interests, promoting the love between parent's and their children, fostering their comprehensive capability through teaching them children's songs and rhythmical exercises.
3. Improving the sick children's ability of taking care of themselves by actions in daily lives, such as dressing, eating and behaviours in toilets.



## **Results**

Through this cure, these sick children get improved in many aspects, such as the strenuous exercises, careful actions, and the ability of understanding, language, and taking care of themselves. They advanced ahead of other contrasting groups in varying degrees.

## **Discussion**

Besides deformities of their limbs, most children suffering from cerebral palsies are mental deficient, unusual in behaviour, and epileptic. Traditional Chinese medical science and medicine, special its skills and techniques as well as physiotherapy are beneficial for the recovery of the functions of the sick children's brain and limbs. In family combining the CONDUCTION EDUCATION with traditional Chinese medical science and medicine is more favourable to accelerate their all-round recovery.

# **THE CHANCES FOR INTEGRATION IN THE LIGHT OF A STUDY**

*by Andrea Zsebe*

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I have chosen the promotion of efficient school integration of motor-disabled children with damage to the central nervous system as my research topic for the ELTE BTK Phil. Ed. Course, beginning in 1998.

On this occasion I would like to give an account of a pre-study closely connected to my research with the aim of learning about mainstream school children's attitudes to difference and the probable degree of acceptance. I also studied to what degree motor-disabled pupils have accepted their own situation, how they see themselves as being different and their view of the future. I hope I can give an account of this second part at a later date. The pre-study has helped keep the research to the correct line and achieve the goals.



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