



A Guide To

Cerebral Palsy

Published by:
The Ontario Federation for Cerebral Palsy

This edition of A Guide to Cerebral Palsy has adapted material from several excellent publications which outline the causes and effects of cerebral palsy:

A Guide to Cerebral Palsy
by Dr. A. Mervyn Fox
Canadian Cerebral Palsy Association, 1991

Cerebral Palsy - Facts and Figures
United Cerebral Palsy, 1993

Cerebral Palsy - Information kits for educators and parents
Cerebral Palsy Association of Manitoba, 1989

Children with Cerebral Palsy - A Parents' Guide
Elaine Geralis, 1998

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Introduction

Every person who has cerebral palsy is unique. People with CP are a diverse group with a variety of symptoms and needs. If you are new to cerebral palsy, you may find yourself struggling with a bewildering number of medical and technical terms.

In Canada, people with disabilities have access to a rich range of support and therapy services, equipment, medical intervention, educational and employment opportunities. Having CP should be no barrier to leading an enjoyable and productive life. However having a disability does present some additional challenges. Being well informed about the options and opportunities available is a first step in overcoming these challenges.

This booklet is designed to be a general introduction for anyone interested in cerebral palsy, such as:

- parents whose child has recently been diagnosed as having CP, or who may have CP
- people with CP wanting basic information, or wishing to provide information to friends and assistants
- education, social service and health professionals
- friends, relatives and colleagues of people with CP

The Ontario Federation for Cerebral Palsy will be pleased to supply further information on areas of particular interest to you. A list of books for more detailed reading is also suggested on page 21

To Use this Booklet Effectively

Because CP effects everyone uniquely, highlight sections that are appropriate to you or your child when passing this booklet along to interested people. They can focus on important points when highlighted.

To make this text easier to read:

- The abbreviation “CP” is used throughout
- CP affects roughly equal numbers of men and women. Rather than use the clumsy “he/she”, “he” and “she” are used in alternating sections

What is Cerebral Palsy?

Cerebral palsy (CP) is a term used to describe a neurological condition affecting body movement and muscle co-ordination. CP is considered a non-progressive but not unchanging condition of movement and/or posture, due to an injury to the developing brain.

Development of the brain starts in early pregnancy and continues until about age three. Injury to the brain during this time may result in CP. As a result of an injury to the brain, CP interferes with messages from the brain to the body, and from the body to the brain.

Cerebral = “of the brain”

Palsy = “lack of muscle control”

The effects of CP vary from individual to individual. Some people appear to have no obvious effects while others may be non-speaking or may use mobility devices and personal attendants to assist them with daily living.

Depending on which areas of the brain have been injured, one or more of the following may occur:

- muscle tightness or spasm
- involuntary movement
- difficulty with gross motor skills such as walking or running
- difficulty with fine motor skills such as writing and speaking
- abnormal perception and sensation

These effects may cause associated medical problems such as difficulty eating, poor bladder and bowel control, breathing problems, and pressure sores. All of these difficulties can be well managed for people with CP.

The injury to the brain that caused CP may also cause a number of other conditions, such as:

- seizures
- learning disabilities
- hearing impairment
- vision problems

It is important to remember that limbs affected by CP are not paralyzed and can feel pain, heat, cold and pressure. It is also important to remember that, just because someone with CP may not be able to speak, it does not mean he has nothing to say. The degree of physical impairment experienced by a person with CP is not an indication of his level of intelligence.

People with CP have a normal life-expectancy. The injury to the brain is a one-time event. The condition will not get worse, although the effects of CP may change over time. Some may improve: for example, a child may be able to gain enough hand control to write and to dress himself. Others may get worse: tight muscles can cause problems in the hips and spines of growing children which require orthopaedic surgery; the aging process can be harder on bodies with abnormal posture or which have had little exercise.

Cerebral Palsy is:

NOT contagious

NOT hereditary

NOT life-threatening

How Many People have Cerebral Palsy?

It is difficult to estimate exactly how many people have CP. Many people with mild CP are never diagnosed, while others may have multiple disabilities which overshadow their CP.

It is estimated that one out of every 500 babies, and up to one in three premature babies is affected to some extent. There are over 60,000 Canadians with CP.

What Causes Cerebral Palsy?

Any injury to the developing brain, caused by genetic disorders, developmental disorders, injury or disease may produce CP.

During pregnancy:

Anything which tends to produce a low birth weight baby will increase the likelihood of CP. Factors during pregnancy which may cause CP include:

- multiple births (twins or triplets)
- a damaged placenta which may interfere with fetal growth
- Infections
- poor nutrition
- exposure to toxic substance, including nicotine and alcohol
- maternal diabetes, hyperthyroidism or high blood pressure
- biochemical genetic disorders
- chance malformations of the developing brain

During labour:

- premature delivery
- abnormal positioning of the baby (such as breech or transverse lie (which makes delivery difficult)
- rupture of the amniotic membranes leading to fetal infection

In Early Childhood:

CP can occur if a young child suffers brain damage due to:

- infection such as meningitis
- brain haemorrhages
- head injury following falls, car accidents or abuse
- a lack of oxygen (asphyxia) due to accidents such as drowning
- seizures

Not many years ago, CP was usually described as being caused by “a lack of oxygen at birth”. Researchers have come to realize that the causes are far more complex. In many cases, a difficult labour may be a symptom rather than a cause of CP. Many people with CP are born prematurely. Other families experience a straight-forward pregnancy and delivery then discover later on that their child has CP.

As a person with CP you may ask, ‘why did this happen to me?’.

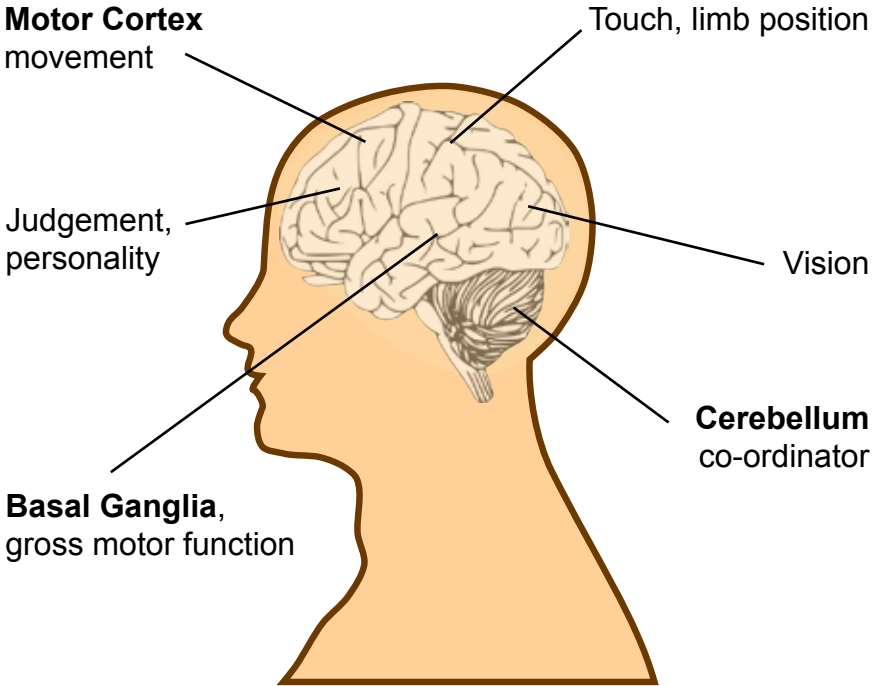
As a parent of a child with CP you may ask, ‘did I do anything wrong?’.

In some instances, these questions will never be answered to your satisfaction. But, as one mother said, “When I stopped saying ‘why me?’ I was ready to accept my son’s CP and look to the future.”



The future for people with CP is very bright. CP will not prevent a child from having fun and playing with friends.

The Human Brain



Diagnosis of CP

CAT scans (Computerized Axial Tomography) and MRI (Magnetic Resonance Imaging) can identify lesions in the brain. This technology enables some children, who are at risk of having CP, to be diagnosed very early. For the majority of people with CP it is months and sometimes years before a diagnosis is confirmed.

A child with CP will probably be delayed in reaching her “milestones” such as rolling over, sitting and standing. A baby may feel unusually stiff or floppy. A diagnosis of CP is unlikely to be given until the child’s progress is observed over a period of time and other conditions are ruled out. Many parents report that this waiting period, when they do not yet know why their child is not developing at the same speed as her peers, is particularly stressful.

Types of CP

With so many different causes of CP, it is no surprise that it takes many forms. Every person with CP is a unique individual, but is likely to be classified by their doctor as having a particular type of CP. Classification can be according to the type of movement disorder and/or by the number of limbs affected.

Classification by Number of Limbs Involved



Hemiplegia
One side of the body is affected. The arm is usually more involved than the leg



Diplegia
All four limbs are affected. Both legs are more affected than the arms.



Quadriplegia
All four limbs are involved.



Monoplegia
Only one limb is affected, usually an arm.



Triplegia
Three limbs are involved, usually both arms and a leg.

Classification by Movement Disorder

The location of the brain injury will determine how movement is affected.

Spastic cerebral palsy

Spastic CP is the most common type and is caused by injury to the motor cortex. Spastic muscles are tight and stiff, which limit movement. Usually muscles work in pairs: when one group contracts, the other group relaxes to allow free movement in the desired direction. Spastic muscles become active together and block effective movement. This muscular “tug-of-war” is called co-contraction. Spasticity may be very mild and affect only a few movements, or it can affect the whole body. The amount of spasticity usually changes over time.

Choreo-Athetoid cerebral palsy

Choreo-Athetoid CP results from injury to the basal ganglia or cerebellum and leads to difficulty in controlling and co-ordinating movement. Children may have involuntary movements (which frequently cease while they sleep), or have difficulty with skills that require coordinated movements such as speech or reaching and grasping objects smoothly. Some terms commonly used to describe these involuntary movements include:

Athetosis - slow, writhing movements, particularly in the hands and face

Ataxia - unsteady walking and balance problems. Ataxia results from damage to the cerebellum, the brain's major centre of balance.

Chorea - jerky movements of the head, arms, or legs

Dystonia - twisting movements and postures of the trunk or limbs

Mixed-type cerebral palsy

When areas of the brain that control both muscle tone and voluntary movement are affected, a diagnosis of “Mixed - Type CP” may be given. Usually the spasticity is more obvious at first, with involuntary movement increasing as the child develops.

The classifications of movement disorder and number of limbs involved are usually combined (e.g. spastic diplegia). These technical words can be useful in describing the type and extent of CP, but they are only labels. A label does not describe an individual.

Management and Supports

CP is not considered a curable condition and the word “management” is used more often than “treatment”. However, there is much that can be done to lessen the effects of CP and to help people with CP to lead independent lives. This is a brief overview of some of the available options. “The Professional Team” section (page 19) gives further information.

If you have a child with CP it is easy to be overwhelmed by the number of professionals involved with your child and the different management and therapy options. Not all interventions are appropriate for each individual and, as a parent, you are the person to decide what is right for you and your child. Some parents like to involve their child in every option that may be helpful; others decide that having family time is more important than spending hours each week on therapy or the stress involved in going through another bout of surgery. Some adults with CP consider the therapy and/or surgery they had as children very helpful; others quit therapy in adolescence and stay as far away from doctors and therapists as they can.

Therapy

Physical Therapy (PT) aims to help people achieve their potential for physical independence and mobility. PT includes exercises, correct positioning, and teaching alternate ways of movement such as walkers, bracing or handling a wheelchair.

Occupational Therapy (OT) designs purposeful activities to increase independence through fine motor skills. OTs help children to use adaptive equipment such as feeding, seating and bathroom aids.

Speech Language Therapy aims at improving communication. A child may only need help to overcome a slight articulation problem, or she may not be able to communicate verbally and may require a non-verbal communication system. Alternative communication systems include eye-gaze systems, Blissymbol boards, and electronic voice synthesizers.

Music Therapy uses music for the treatment of neurological mental or behavioural disorders.

Orthotics, Casts and Splints

Most children with CP will be prescribed orthotics, casts or splints to supplement their therapy programs. These should be custom made for your child and help to provide stability, keep joints in position, and help stretch muscles.

Medications

Your child may take medication for conditions associated with her CP, such as seizures. Drugs may sometimes be prescribed for severe spasticity or painful spasms. Spasticity can be temporarily reduced by nerve blocking injections. A recent development is the injection of botulinum toxin (“Botox”) into a spastic muscle group. This can reduce tone for several months.

Surgery

Orthopaedic and soft-tissue surgery can help to counter the effects of spasticity on the spine, hips and legs. Surgery can lengthen or transfer tendons, enabling the child to move more easily. When the child has finished growing, bone surgery may help reposition and stabilize bones.

Neurosurgery involves surgery on the nerve roots which control muscle tone. Selective posterior rhizotomy aims to reduce spasticity by severing some of the nerve roots in the spine.

Educational Supports

Many children with CP will also have some type of learning disability. Assessment by a psychologist, and the support of special educators can reduce the effects of a learning disability.

Canada has some of the world’s best “early intervention” programs. Children with CP will often start their education early to help improve their mobility and communication skills before starting school.

Most children with CP will receive an integrated education enabling them to mix with their peers in their neighborhood school. A child with mild CP may simply require minor program adjustments. For example, he may need a little more time to write an exam if his hand control is poor. Other children with CP may require considerable support from resource staff and teaching assistants.

Children should have an Individualized Education Plan (I.E.P.) which assesses the child’s performance, sets goals and specifies which supports are required. The amount of support offered, and the commitment to successful integration, varies widely between school boards and individual schools. A good partnership between parents and educators will help children to achieve their goals.

Adaptive Equipment

An enormous range of aids and adaptive equipment are now available for people with disabilities. As the number of elderly people in Canada increases, more daily living aids are coming onto the market.

Mobility Devices:

- wheelchairs (manual, power and sports)
- scooters
- specially made bicycles and tricycles
- walkers and crutches

Communication Devices:

- symbol boards
- voice synthesizers
- head sticks and keyguards for computers



Daily Living Aids:

- electronic door openers
- large-handled eating utensils
- grab sticks
- environmental control systems

Some equipment is available through provincial health and social service systems. These vary across the country. Your local Cerebral Palsy Association can advise you what is available in your area.

Independent Living

The effects of CP are lessened considerably by an environment which enables people with disabilities to play a full part in their communities. It is never too early to start working toward future independence. Barriers against people with disabilities - both physical and attitudinal have fallen due to the efforts of social policy-makers. There is still much to do, but Canada can take pride in being one of the world's most progressive countries on disability issues.

"The ultimate long-term goal is realistic independence. To get there we have to have some short-term goals, those being a working communication system, education to his potential, computer skills and, above all, friends."

- Parent of a boy with CP



People with CP can work in any field or business they are interested in.



A special skills dog can help a person with CP to feel more independent. Many people with CP find that having a special skills dog also makes them more approachable.

Living with CP

More than ever before people with CP have access to full participation and inclusion in their community. People with CP can go to school and university, live independently, work, raise a family and have an active social life. CP is not a life threatening condition and, in itself, is no barrier to leading a long and productive life.

The barriers that individuals with CP may face are often created by others. For instance someone with CP may wish to enter a building that has no wheelchair entrance - the barrier in this case is the building itself NOT the fact that the person uses a wheelchair. People with CP will often site discriminatory attitudes and barriers as a greater challenge than any physical or cognitive disability they may have. Public education and policy initiatives have helped to develop more inclusive attitudes amongst the general population. People with CP are valued members of Canadian society.

Management and Treatment

Therapy, surgery and the use of adaptive equipment help many people with CP to use their minds and bodies to their full potential.

Access

It is difficult to lead an independent life if public buildings, washrooms and transportation are not accessible. To have a good career you need educational opportunities. To have a satisfying social life you need access to recreational facilities and opportunities to develop friendships. It is important that people with CP continue to advocate for change and inclusion in these areas.



Accessible vehicles have enabled people with CP to travel and experience new things.

Attitudes

It is very hurtful to have someone pat you on the head if you are sitting in a wheelchair, or to walk away because they cannot understand what you are trying to say. Prejudice and teasing can be very damaging. A good sense of self-esteem is required to cope with these negative attitudes. Children who are over-protected may also be prevented from becoming independent. People with disabilities are people first and should never be described by such negative labels as “wheelchair-bound”, “spastic”, or “afflicted with cerebral palsy”. All people share similar needs, desires, drives and responsibilities.



A group outing with friends can help to foster a sense of community and belonging for people with CP.

Aging and CP

Most treatment and research programs concern children with CP and research on aging with a disability is still in preliminary stages. CP affects individuals in different ways and it is hard to generalize about the effects of aging. Although people with CP are considered to have a normal life expectancy, the physical challenges of CP may intensify with age (such as increased spasticity, fatigue, loss of strength and declining mobility), and these physical challenges can in turn lead to increased stress and anxiety.

Research indicates that adults with CP tend to lose some of the mobility they gained as children. This may be due to weight gain, lack of therapy and exercise, and the development of other conditions such as arthritis.

It can be frustrating for adults to deal with a health care system that appears to have little knowledge or interest regarding the changing needs of aging with a disability. A positive attitude makes a big difference, and developing relaxation techniques and coping skills can have a beneficial effect on mental and physical health.

Maintaining Physical & Mental Health

A lifestyle that involves regular exercise and proper nutrition is important to everyone, including those with disabilities. Exercise may just seem like one more thing to fit into a schedule already overwhelmed by the additional demands of therapy and medical appointments. But a good general fitness level will help with range of motion and flexibility. Exercise to improve cardiovascular fitness can improve endurance and help offset age-related changes that lead to fatigue. A nutritious, high-fibre, low-fat diet will help avoid problems with constipation and weight gain and will increase energy levels.

Having CP does not make you immune to other conditions. People with CP are as likely as anyone else to contract heart disease, cancer or diabetes. Sometimes a change in the body can be put down to an effect of CP when it is actually a different condition.

The importance of learning skills to increase independence and self-confidence throughout an individual's lifetime cannot be over-emphasized. The stresses associated with aging will be lessened if a person is able to maintain a positive personal attitude, if he is involved in meaningful activities, and if he has developed a supportive environment. He needs confidence to seek information, to plan for age-related changes, and to be an active participant in his health care and lifestyle choices.

Preventing CP

Some measures of prevention are possible today. Pregnant women are tested for the Rh factor and, if Rh negative, they can be immunized within 72 hours of giving birth. This prevents any adverse consequences of blood incompatibility in a subsequent pregnancy. Newborns with jaundice can be treated effectively with phototherapy. Other preventive programs are directed towards preventing premature delivery, reducing exposure to infections, X-rays, drugs and medications. Diabetes and anemia can be kept under control during pregnancy.

Education programs stress the importance of optimal well-being prior to conception and adequate prenatal care. Safety campaigns give advice on protecting children from accidents and injuries.

These measures have undoubtedly prevented many children from developing CP. Other developments - such as neonatal intensive care - have enabled very low birth weight babies to survive. These babies are at high risk of developing CP.

Research

Research programs across North America are looking for ways to prevent CP, to reduce its effects, and to improve the quality of life for people with CP. Research questions being addressed include:

- What are the factors that predispose the developing brain to injury? Can these factors be eliminated?
- Can CP be diagnosed before birth and better diagnosed shortly after birth?
- Could brain cells be re-grown to repair the injury which results in CP?
- Which treatments are most effective for specific disabilities of people with CP?
- What are the effects of aging on people with CP?
- Based on new developments in surgical techniques, computer technology, and bioengineering sciences, what improvements can be made in the quality of life of people with CP?
- What are the social and emotional effects on a child growing up with CP? How can she be helped to develop a positive self-image?

A Parent's Perspective

by Cal Lambeth

My daughter was born nine weeks prematurely after my two week stay in the hospital with ruptured membranes. She had to be resuscitated in the delivery room. She had no breathing difficulties and was soon transferred out of the intensive care nursery. Five weeks later, still a month ahead of schedule, we took her home.

I remember that time as a difficult one of adjustment. She was our first baby. Things hadn't gone according to "script". I felt both she and I had been cheated out of those important nine weeks in the womb. These negative feelings were those of many new mothers and they did not relate to any anxiety about her long-term health. Rather naive, I had considered that her birth circumstances were either "do " or "die". She would be born and survive with no further problems, or she would die (probably from breathing difficulties). I was unaware of the increased risk of many disabling conditions which prematurity creates.

Over time I began to notice "things" about her. She was irritable and colicky. She couldn't seem to master breast feeding as her tongue kept thrusting out. Her head control was very poor. She kept arching her back to look over her head. For a time we all found this amusing, thinking that the ceiling fascinated her. Her right hand remained almost always clenched. Her legs seemed stiff and her feet scissored. Gradually, private little fears began to creep in, but I held them off as merely relating to her prematurity.

Because of her premature birth she became involved in a study of lung maturity. This necessitated follow-up with certain health professionals over the course of the year after her birth. It was as a result of this study that we received a diagnosis. When she was about 11 months old a pediatrician at one of these meetings merely said "You're aware that she has cerebral palsy." She was described as "mild to moderate". I was absolutely devastated. I remember clutching her and sobbing, "My poor baby!". It was like a scene from a bad movie and I still remember it vividly. Later, doctors apologized for this rather blunt and unprepared announcement. It seemed that they had been concerned about her condition for some time but were monitoring it and didn't want to say anything until they were sure of the diagnosis. Although I appreciated this goodwill, I questioned the withholding of this information. They couldn't shield me forever, and in my opinion, my daughter was losing valuable time in which to begin physiotherapy.

Thus began our lives as “Parents of a Special Needs Child”. Those were bleak days. I was despondent, panic stricken, and felt that life would never be good again. My career plans were destroyed. Looking back at this time I realize how bitter and hostile I was. I found it difficult to maintain close relationships with people who had children of a similar age as my daughter. I wanted to scream when they complained that their child was “into everything” while mine lay flat on the floor, unable to sit or crawl. I also felt angry when people told me how marvelously I was coping. I felt neither marvelous, nor that I was coping well. Furthermore, it seemed that this was an indication of their view that my child was a burden. Privately, I felt this way myself at times. I suppose this all represented a fairly typical and predictable process.

Although I presented a bold front to those around me, the truth of the matter was that I was depressed and frightened. I was fortunate to have a family which offered physical help and a listening ear. Not everyone is so lucky. Furthermore, I strongly felt the need to talk to others about their own experiences. My first thought was to look up “Cerebral Palsy” in the telephone directory. I took a deep breath and called the number of the Cerebral Palsy Association, determined to be strong and in control. Shortly into the conversation I broke down, but the woman I spoke to was kind. She offered the information that her husband had CP and that they were expecting their first child. These words gave me a new sense of what the future could hold. CP was not a death sentence. My child could grow up, be happy, lead a life of purpose. At least the possibility was there. From this conversation I received information about parent support groups which I attended for a time and found valuable. But the most important fact was that I had taken some action. This small step had helped to allay the sense of “aloneness” and had given me a renewed sense of control.

Our family is now much like any other - enjoying the excitement of new achievements and the ups and downs of child rearing. But it would be wrong to claim that all of the emotional and psychological hurdles have been overcome. As our child matures, new challenges present themselves. We are always seeking new ways to adapt her physical environment to allow greater independence. We want to encourage self-esteem, and pleasure in new achievements. We are not experts in these matters, but have learned to rely upon our common sense and the knowledge and expertise of those we trust.

The Professional Team

Most hospitals, treatment centres and community programs use a team approach to therapy. The professionals in the team are highly trained in specific aspects of CP, but you know your child best. If you have a child with CP, he may benefit from a consultation with some of the following specialists.

Audiologist: Identifies and measures hearing losses and the health of the organs of hearing. Audiologists can fit and manage hearing aids, and perform listening tests on children who have difficulty paying attention.

Dentist: The spasticity and feeding difficulties of CP can lead to dental problems. Children with CP should see a dentist before or during their fourth year. Try to see a dentist who is familiar with CP.

Ear, Nose & Throat (ENT) Surgeon: Can diagnose and treat problems in hearing, feeding, swallowing and drooling. ENT surgeons may be consulted about problems with severe or repeated ear infections, enlarged tonsils or adenoids.

Early Childhood Educator (ECE): Translates recommendations from your child's therapists into practical, enjoyable play experiences. The ECE enables children with CP to attend regular daycare or pre-school programs.

Kinesiologist: Helps to improve movement quality and uses specialized athletic and recreational programs to provide good experience of the body in motion

Neonatologist: A paediatrician who specializes in the care of newborn infants

Neurologist: Specializes in the diagnosis and treatments of problems of the nervous system

Neurosurgeon: Performs operations on the spinal cord and brain

Nutritionist or Dietician: Specializes in feeding and nutritional needs. Children who have difficulty feeding may need special nutritional supplements. The Nutritionist may also recommend a diet to prevent constipation in children with weak abdominal muscles.

Occupational Therapist (OT): Designs purposeful activities to help your child develop fine motor skills and become independent. OTs may recommend and provide training in adaptive equipment such as bathroom aids, seating and mobility systems and adapted toys. They can advise on wheelchair accessibility issues at home or school.

Ophthalmologist: A physician specializing in disorders of the eyes and vision.

Optometrist: Examines, measures and treats visual defects by means of glasses or contact lenses.

Orthopaedic Surgeon: Specializes in disease and abnormalities of the locomotor system (bones, muscles, joints and tendons). In addition to performing surgery, the orthopaedic surgeon can recommend special footwear or braces.

Orthotist: Designs braces and shoe supports

Paediatrician: Specializes in the health, development and diseases of children. Paediatric Neurologists have expertise in the diagnosis and treatment of brain disorders, including epilepsy. Developmental Paediatricians are experts in the diagnosis and management of developmental and behavioural disorders.

Physiatrist: A doctor specializing in physical medicine and habilitation.

Physical Therapist (PT): Helps with mobility and physical independence. PTs focus on gross motor functions, strategies to reduce spasticity, help children move correctly, and teach alternative ways of movement such as walkers or wheelchair mobility.

Podiatrist: Diagnoses and treats disorders of the foot.

Psychiatrist: A doctor who treats mental, emotional and behavioural disorders.

Psychologist: Provides assessment, consultation and interventions for learning, behaviour, socializing or emotional adjustment difficulties.

Rehabilitation Engineer and Technologist: Brings knowledge of modern technology to the design, construction and maintenance of adaptive devices including wheelchairs, augmentative communication devices, and environmental control aids.

Social Worker: Provides supportive counselling and referral services to assist families to cope with the additional challenges of raising a child with a disability.

Speech-Language Pathologist: Helps children to develop their verbal communication. Can recommend and provide training in the use of augmentative communication equipment, and can assist with chewing and swallowing difficulties.

Urologist: A specialist in diseases of the urinary tract.

Bibliography

Your provincial Cerebral Palsy Association has a resource library of books and videos you may find helpful. The following are frequently recommended:

For Parents

Children with Cerebral Palsy - A Parent's Guide

Elaine Geralis & Tom Ritter

Woodbine House, 5616 Fishers Lane, Rockville MD 20852

An informative book about CP for parents of young children. Chapters alternate between factual information and parents' experiences.

Caring for Children with Cerebral Palsy - A Team Approach

John P. Dormans & Louis Pellegrino

Paul H. Brookes Publishing Co., P.O. Box 10624, Baltimore, Maryland 21285-0624

This interdisciplinary text is the definitive reference for team-based care of children with CP.

For Children

Can't You Be Still/ Nobody Knows/ Here's What I Mean to Say

Sarah Yates

Gemma B Publishing Inc, Box 740, 776 Corydon Ave, Winnipeg, MB R3M 0Y1

Three books about Ann, who finds out that having CP causes her all sort of difficulties. She resolves her problems by utilizing her real strengths.

For Adolescents

Taking Charge - Teenagers Talk about Life and Physical Disabilities

Kriegsman, Zaslow & D'Zumura-Richsteiner

Woodbine House, 5615 Fishers Lane, Rockville MD 20852

Written for teenagers with CP, spina bifida, and muscular dystrophy. It delivers a positive message to help them work through difficulties, recognize their abilities, and reach for their dreams.

Sex for Young People with Spina Bifida or Cerebral Palsy

Association for Spina Bifida & Hydrocephalus

Tavistock House North, Tavistock Square, London WC1H 9HJ, England.

An outline for young people and their parents, of sex and sexual relationships, with clear drawings. Contraception and parenthood are discussed.

For Adults

Aging with a Disability

R. Trieschmann

Demos Publication, 156 Fifth Avenue, New York, NY 10010

Examines the aging disabled population with information from people with disabilities.

Enabling Romance

Kroll & Klein

A frank and insightful guide to love, sex and relationships for people with disabilities. Individuals and couples with a wide range of disabilities share their insights and experiences.

For Educators

Changing Canadian Schools: Perspectives on Disability and Inclusion

Gordon Porter and Diane Richler

Roeher Institute, Kinsmen Building, York University, 4700 Keele Street, North York, ON M3J 1P3

An exploration of legal and policy issues, the roles of parents and advocacy organizations, and innovative inclusive practices.

Putting the Puzzle Together - a handbook of ideas for including all kids in regular classrooms

Cerebral Palsy Association of B.C., 1996

Videos

Cerebral Palsy - A Video Guide for Families (17 minutes)

The Cerebral Palsy Association of B.C. produced this award-winning video which provides an orientation to CP for parents, health care professionals, support staff and volunteers.

Never Say NEVER(11 minutes)

Cerebral Palsy Association in Alberta

This short video aims to raise awareness about CP and the Alberta Association. Hosted by Joe Coughlin, a former CBC anchor who has CP.

Cerebral Palsy - A Lifelong Journey (88 minutes)

Ontario Federation for Cerebral Palsy

Four-part video: Understanding CP; Infancy & Early Childhood; The Adolescent & Young Adult; The Middle Years and Beyond.

My Left Foot (103 minutes)

The Oscar-winning movie of Irish author Christy Brown's struggles and triumphs growing up with CP.

Web Sites

Web sites change quickly and this information will date! The following may be good starting points to link you to further information and other organizations.

www.cerebralpalsycanada.com

A web site with information about Cerebral Palsy Associations across Canada

www.ofcp.ca

Web site of the Ontario Federation for Cerebral Palsy

www.ucp.org

National homepage of United Cerebral Palsy, the leading source of information and advocacy for people with CP in the United States.

www.ninds.nih.gov

Research information from the National Institute of Neurological Disorders and Stroke of Maryland.

www.scope.org.uk

Scope, formerly The Spastic Society, is the largest charity working with people with disabilities in the U.K.

www.aacpdm.org

The American Academy for Cerebral Palsy and Developmental Medicine.

Cerebral Palsy Associations

Cerebral Palsy Associations are independent, non-profit organizations directed by volunteers in each Canadian province.

The associations offer a wide range of support and information services. These may include:

- Information through newsletter and library services
- Public education
- Advocacy in areas such as education, accessibility and human rights
- Equipment loans
- Support groups
- Recreational programs
- Funding for equipment, education and research

British Columbia

Cerebral Palsy Association of British Columbia
801-409 Granville Street
Vancouver, BC, V6C 1T2
Tel: (604) 408-9484
Toll free: 1-800-663-0004
Fax: (604) 408-9489
E-mail: info@bccerebralpalsy.com

Alberta

Cerebral Palsy Association in Alberta
12001 44St SE
Calgary, AB, T2Z 4G9
Tel:(403)543-1161
Toll free:1-800-363-2807
Fax:(403)5431168
E-mail: admin@cpalberta.com

Saskatchewan

Saskatchewan Cerebral Palsy Association
2310 Louise Avenue
Saskatoon, SK. S7J 2C7
Tel:(306)955-7272
Toll free:1-800-925-4524
Fax:(306)373-2665
E-mail: saskcpa@home.com

New Brunswick

Cerebral Palsy Foundation
(St.John) Inc.
P. O. Box 2152
St. John, NB. E2L 3V1
Tel:(506)648-0322
E-mail: mail@cpfsj.ca

Newfoundland

Cerebral Palsy Association of Newfoundland
P.O. Box 23059
Churchill Square Postal Outlet
St. Johns, NF. A1B 4J9
Tel:(709)753-9922
E-mail: cerebralpalsy@nf.aibn.com

Prince Edward Island

Prince Edward Island Cerebral Palsy Association
P.O. Box 22034
Charlottetown, PE, C1A 9J2
Tel:(902)892-9694
Fax:(902)628-8751

Ontario

Ontario Federation for Cerebral Palsy
1630 Lawrence Avenue W. Suite 104
Toronto, ON, M6L 1C5
Toll free: 1-877-244-9686
Fax: (416)244-6543
www.ofcp.ca

Manitoba

Cerebral Palsy Association of Manitoba
105-500 Portage Ave.
Winnipeg, MB, R3C 3X1
Tel:(204)982-4842
Toll free:1-800-416-6166
Fax:(204)982-4844
E-mail: office@cerebralpalsy.mb.ca

Quebec

Association de Paralysie Cerebrale du Quebec
600 Woodward
C.P. 1781
Sherbrooke, QC, J1H 5N8
Tel:(819)829-1144
Toll free:1-800-311-3770
E-mail: m.larochelle@paralysie.cerebrale.com

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