

A Commentary on CEREBRAL PALSY: A Neuro Developmental Disorder

Donatella Rita Petretto*

Department of Clinical Psychology, University of Cagliari, Italy

***Corresponding author:**

Donatella Rita Petretto, Department of Clinical Psychology, University of Cagliari, Italy, Tel: +39 070 6751

 drpetretto@unica.it

Citation: Paula Barrett (2021) A Commentary on Autism Spectrum Disorder: A Complex Developmental Disorder. J Child Dev Disord. Vol.7 No.6.

Received: June 14, 2021; **Accepted:** June 28, 2021; **Published:** July 5, 2021

Commentary

The term cerebral palsy is used to describe a set of neurological conditions that affect movement. In childhood this is the most common form of disability. In United States, it affects around 764000 individuals. In this condition some of the body parts are hard to move. Signs and symptoms may vary among person to person and over time. Symptoms in cerebral palsy include poor coordination, weak and stiff muscles, tremors and also they might have problems with sensation, vision, speaking, hearing, and swallowing. The babies who are affected with cerebral palsy could not roll over, crawl, sit or walk as other children's of their age. This ability is caused by abnormal development or damaged parts of the brain that controls balance, movement, and posture. Those with Cerebral palsy may have difficulty in preparing food, holding utensils, or chewing and swallowing, due to sensory and motor impairments. Gastro oesophageal reflux was common in children with this ability and they may have too less or too much sensitivity around and in the mouth. There is also a high chance of chronic sleep disorders to both physical and environmental factors. In most cases the initial injury to the brain occurs during early fetal brain development, intra-cerebral haemorrhage and periventricular leukomalacia are the main pathologic findings found in pre-term infants who develop cerebral palsy. Cerebral palsy diagnosis is based primarily on the clinical findings. Based on the combination of clinical history, early diagnosis is possible by use of standardized neuromotor assessment and findings on magnetic resonance imaging. Most of the children's with cerebral palsy grow up to be productive adults. The motor disorders of

Cerebral palsy are often lead by disturbances of sensation, cognition, perception, communication, and behaviour, by epilepsy, and by secondary musculoskeletal problems.

Factors that are associated with higher risk for cerebral palsy are genetic susceptibility, low birthweight, congenital brain malformations, neonatal seizures, pre-pregnancy obesity, post-neonatal brain injury, and preterm birth. Cerebral palsy diagnosis cannot be made with certainty in young infants; an interim clinical diagnosis of 'high risk of cerebral palsy' should be made, so that the current ability specific early interventions can be initiated. A diagnosis of high risk for cerebral palsy requires motor dysfunction and either an abnormality on MRI scan and/ or a clinical history indicating risk for cerebral palsy. According to the topographic distribution of muscle spasticity cerebral palsy can be classified. Spastic cerebral palsy (SCP) is the type of CP which is characterized by spasticity or high muscles tone that often resulting in stiff and jerky movements. Cerebral palsy can be treated by improving limitations and prevent complications. The treatment may include assistive aids, medications and surgery. In the earlier years, it was thought that due to lack of oxygen during birth it led to brain damage. However, after research during the year 1980's, it stated that less than 1 in 10 cases of cerebral palsy stems from oxygen deprivation during birth. There is no cure for CP, but a child's quality of life can improve with: treatment that may involve surgery. Therapy, including physical therapy, occupational therapy, and speech therapy. Special equipment to help kids get around and communicate with others.