

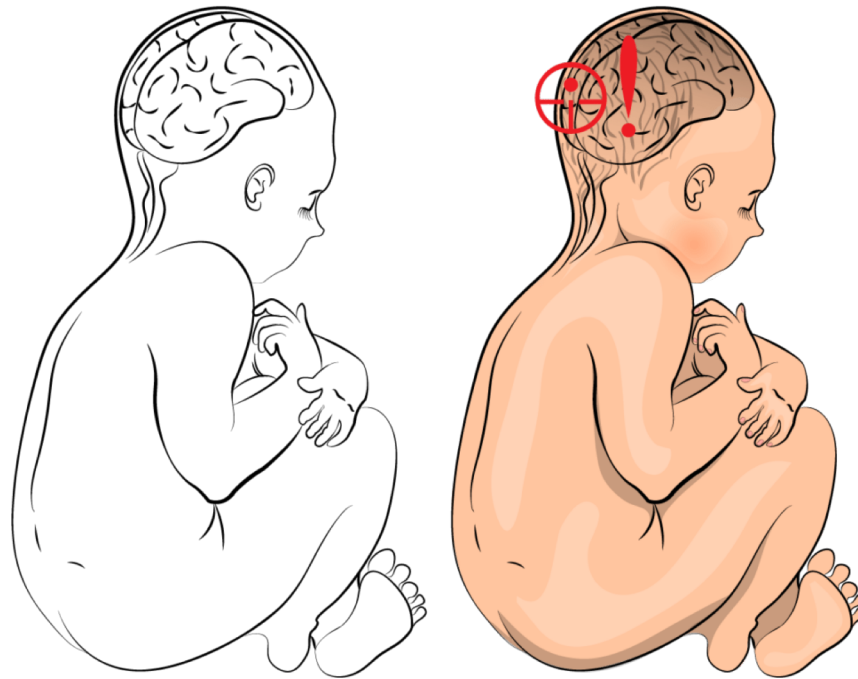


SP fizyopatolojisi ve yürüyüş bozuklukları

10. Hafta

Prof.Dr. Serap ALSANCAK

Serebral Palzi (Cerebral Palsy: CP)



Serebral Palzi: Cerebral Palsy (CP)

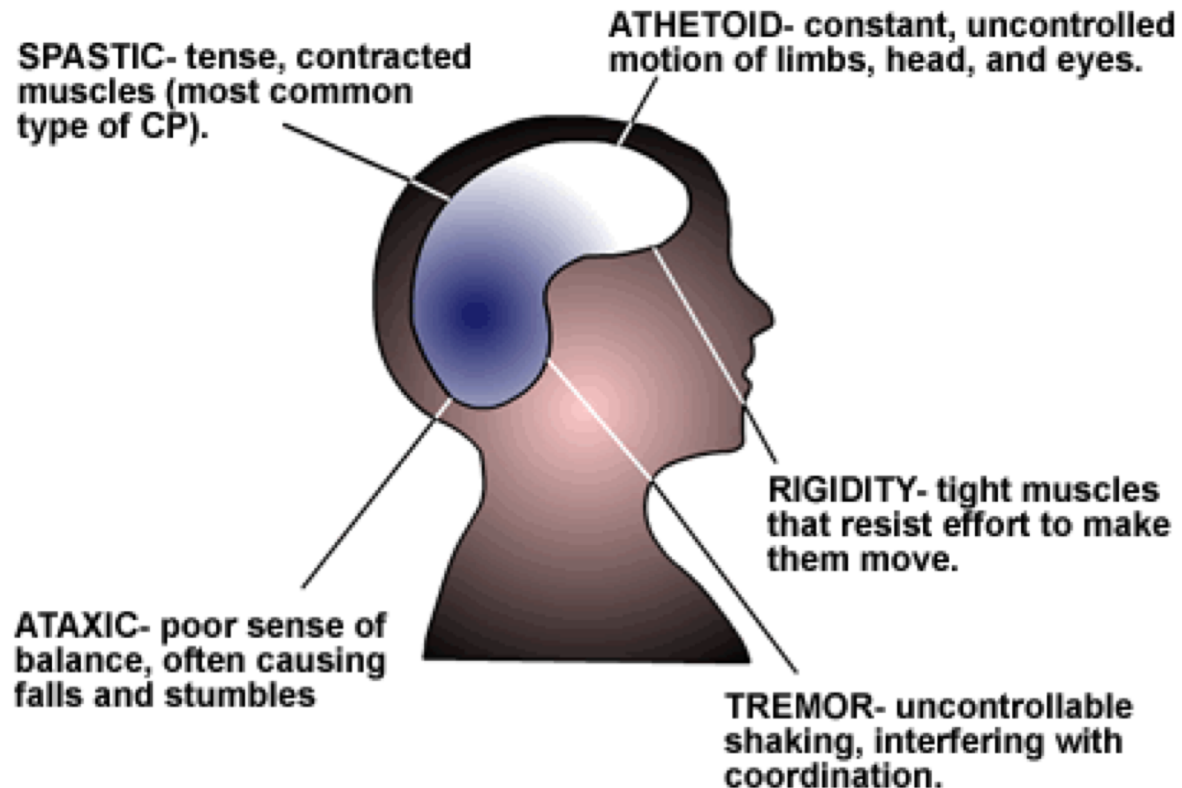
- Sinir yaralanması beyinde olduđu için, UMN (Üst Motor Nöron) lezyonu olur
- Bu durum spastisiteye yol açar
- Doğum ağırlığı düşük ve premature çocuklarda artmış insidans gösterir



Cerebral Palsy (CP) - Nedenleri

- 2/1000 doğumda var
- Dünyada 17 milyon çocuk CP'li
- Antenatal % 75, Perinatal% 10-15, postnatal % 10 görülür

Cerebral Palsy (CP) - Tipleri



Cerebral Palsy (CP) Sınıflandırması

- Dağılımı
 - eg. Dipleji, hemipleji veya quadripleji

Body Regions Affected by Cerebral Palsy

Cerebral palsy can be defined by which parts of the body are affected

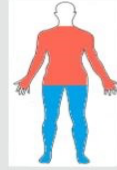


Hemiplegia

Affected Limbs: 2



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



Diplegia

Affected Limbs: 4



All four limbs are affected. The legs are more involved than the arms.



Quadriplegia

Affected Limbs: 4



All four limbs are affected.



Monoplegia

Affected Limbs: 1



One limb is affected. The involved limb is usually the arm.



Triplegia

Affected Limbs: 3



Three limbs are affected [usually both arms and one leg].



Pentaplegia

Affected Limbs: 5



All four limbs, the head, and the neck are affected.

Cerebral Palsy (CP) - Sınıflamas1

Motor Type

Spastic = 85%

Ataxic = 7%

Mixed = 6.5%

Athetoid = 1.5%

Topographical

(Distribution)

Hemipleji = 30%

Dipleji = 24%

Quadripleji=32%

Tripleji and pentapleji = 14%



SPASTIC



ATAXIC



ATHETOID



MIXED

Cerebral Palsy (CP) - Classification

Seviye 1 - kısıtlama olmadan yürür

Seviye 2 - bağımsız olarak yürür

ancak limitlidir

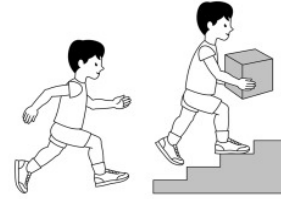
Seviye 3 - mobilite cihazlarına

ihtiyacı var örn. walker,
önkoldestekli koltuk değneği gibi

Seviye 4 - normal bir sandalyeye

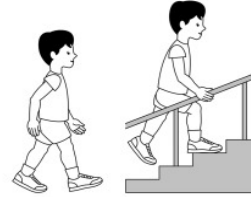
oturur, ancak tekerlekli sandalye
kullanır

Seviye 5 - bağımsız hareket
kabiliyeti yok, kafa kontrolü yoktur



GMFCS Level I

Children walk at home, school, outdoors and in the community. They can climb stairs without the use of a railing. Children perform gross motor skills such as running and jumping, but speed, balance and coordination are limited



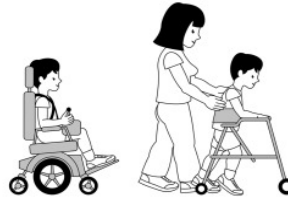
GMFCS Level II

Children walk in most settings and climb stairs holding onto a railing. They may experience difficulty walking long distances and balancing on uneven terrain, inclines, in crowded areas or confined spaces. Children may walk with physical assistance, a hand-held mobility device or used wheeled mobility over long distances. Children have only minimal ability to perform gross motor skills such as running and jumping.



GMFCS Level III

Children walk using a hand-held mobility device in most indoor settings. They may climb stairs holding onto a railing with supervision or assistance. Children use wheeled mobility when traveling long distances and may self-propel for shorter distances.



GMFCS Level IV

Children use methods of mobility that require physical assistance or powered mobility in most settings. They may walk for short distances at home with physical assistance or use powered mobility or a body support walker when positioned. At school, outdoors and in the community children are transported in a manual wheelchair or use powered mobility.



GMFCS Level V

Children are transported in a manual wheelchair in all settings. Children are limited in their ability to maintain antigravity head and trunk postures and control leg and arm movements.

Cerebral Palsy (CP)



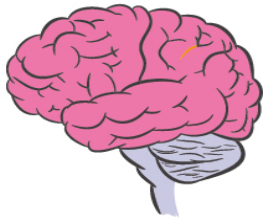
“Serebral palsi (CP)’de motor bozukluklara duyu bozuklukları, algı, bilişsel bozukluklar, iletişim ve davranış, epilepsi ile kas-iskelet sistemi problemleri eşlik eder ”

Rosenbaum 2007

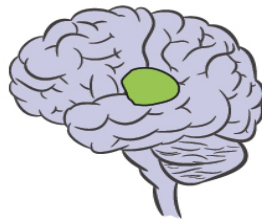
Tartışma

What are the Types of Cerebral Palsy?

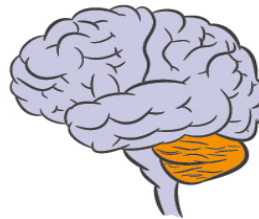
There are different types of cerebral palsy, depending on what part of the brain is affected.



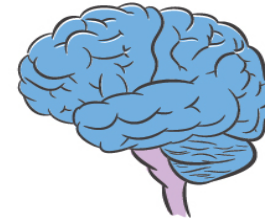
Stiff muscles (spasticity), associated with damage to or developmental differences in the **cerebral cortex**



Uncontrollable movements (dyskinesia), associated with damage to the **basal ganglia**



Poor balance and coordination (ataxia), associated with damage to the **cerebellum**



Mixed, a combination of two or more types, associated with damage to **multiple areas of the brain**