

Associated impairments

Early intervention prevents complications



1 in 5 have sleep disorders¹

Early sleep management improves academic performance and behaviour. Investigate whether untreated pain is a cause of sleep disruption. Arrange sleep investigations.



1 in 10 have vision impairments¹

Cortical vision impairment responds to treatment. Confirm whether a child can track an object in good light. If not, refer to specialist vision services early.



1 in 3 will not walk¹

Children with severe cerebral palsy reach 90% of their motor potential by age 3.5 years. Refer early to physiotherapy and occupational therapy for intensive early motor training.



1 in 3 have hip displacement¹

Hip dislocation is preventable with regular hip surveillance. Arrange hip x-rays according to hip surveillance guidelines.



3 in 4 have chronic pain¹

Reflux is a common source of infant pain. Long-term chronic neuropathic pain is more likely without early pain management.



1 in 2 have dysphagia¹

Aspiration pneumonia is the leading cause of premature death. Refer to a speech pathologist if feeding difficulties exist.

Screen for associated impairments

Clinical diagnosis of cerebral palsy or the interim diagnosis 'high-risk of cerebral palsy' should always include standard medical investigations for associated impairments and functional limitations (e.g. vision impairment, hearing impairment, epilepsy).

1. Novak I, Hines M, Goldsmith S, Barclay R. Clinical prognostic messages from a systematic review on cerebral palsy. *Pediatrics*. 2012; 130: 5: e1285-1312.