



Title	Additional Therapy for Young Children with Spastic Cerebral Palsy: A Randomized Controlled Trial
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Aim

To investigate whether, in the short and medium term, additional support by: a) a physiotherapy assistant improved physical function in young children with spastic cerebral palsy; and b) a family support worker improved family functioning.

Conclusions and results

The findings support the current literature, which has reported no evidence that additional intervention (ie, physiotherapy assistant or family support worker) helped the motor or general development of young children with spastic cerebral palsy. No quantitative evidence showed that providing extra family support helped levels of parental stress and family needs. The implication is that providing extra physical therapy does not necessarily improve the motor function of a young child with cerebral palsy, and additional family support should not automatically be assumed to be beneficial. No significant association was found between the intensity of the local services and any outcome measure, other than a slight association with lowered family needs. Provision of local services was related to the severity of the child's impairments and not to family difficulties. A small group of families with complex family problems needed more service input. The cost of services varied widely. Researchers need to examine what the 'sufficient' levels of provision or therapy might be for which children and which families. A time series of different levels of input and outcomes would provide valuable information to practitioners. Future assessments of therapies of this type should adopt a similar multifaceted approach, which is likely to be more suitable than a simple RCT for evaluating clinical interventions where the effects are complex. The most appropriate outcome measures should be used, including assessment of information and emotional support provided to families. No evidence showed that additional physical therapy for 1 hour per week for 6 months by a physiotherapy assistant improved any child outcome measure in the short or medium term. Intervention by a family support worker

did not have a clinically significant effect on parental stress or family needs. Over the 6-month period the total cost of services for each child ranged from 250 pounds sterling (GBP) to GBP 6750, with higher costs associated with children with more severe impairments. See Executive Summary link at www.hta.ac.uk/983.

Recommendations

See Executive Summary link at www.hta.ac.uk/983.

Methods

See Executive Summary link at www.hta.ac.uk/983.

Further research/reviews required

Research is needed to examine what the 'sufficient' levels of provision or therapy might be for which children and which families. Key issues are: 1) how the allocation of resources to individual children and families is decided; and 2) the variability among child development centers in relation to how families are assessed, the formulation of a family plan, referrals to other agencies, and interagency working. See Executive Summary link at www.hta.ac.uk/983.