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Title: Conductive Education for Children with Cerebral Palsy

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Aim:

To assess the evidence on the effectiveness of conductive education as a treatment program focusing on children with cerebral palsy. This review was requested by three ministries to answer the question: Is conductive education as a learning approach or therapeutic intervention safe and efficacious for children with disabilities such as cerebral palsy that impact neuromotor functioning?

Results and Conclusions:

Evidence on the efficacy and effectiveness of conductive education (CE) is sparse and of poor quality. CE is a fast-developing educational approach. Its efficacy is not established nor is its nature well defined. The scientific literature does not show this approach to be superior to, or more effective than, other treatment methods. Research evidence, while not establishing CE as more effective than other forms of therapy for children with CP, indicates that children in the CE groups kept pace with their peers receiving other therapies. Other than decreased hip mobility identified in one study, no harm was identified from CE.

The report concludes that CE is developing rapidly, can be manifested in different ways in different social contexts, and is practiced differently in different countries. CE programs have been modified with components added from other approaches and special education. Most adaptations of CE have not involved residential treatment (as originally practiced in Hungary); some use conductors only, while others use multidisciplinary teams.

Recommendations:

Outcomes and conclusions from research conducted in other countries, or from other programs, may not be transferable to other settings, eg, Alberta.

Methods:

Systematic review and a critical appraisal of the clinical trials, randomized controlled trials, experimental methods, and empirical methods published in English from 1990 onward. Data sources included MEDLINE, CINHAL, HealthSTAR, EMBASE, ERIC database, PsycINFO, CBCA Fulltext Education, and Webspirs Current Contents. Six studies were analyzed, one RCT, three controlled studies, one pre/post design, and one case series.

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