

Possible ways of carrying a child*

Type of CP	One way of carrying small child	Alternate way for small child	Large child
<p>Severe spastic extended child</p> 	 <p>Push back is prevented by holding hips in flexion and not supporting head</p>	 <p>Prevents abnormal push back and facilitates postural control of head</p>	 <p>Flexion and abduction of hips prevents abnormal push back</p>
<p>Severe spastic flexed child</p> 	 <p>Child is held in good extension and encouraged to actively lift head</p>	 <p>Child is held in good extension and encouraged to actively lift head</p>	 <p>Arms are prevented from pulling down into flexion. Head and trunk encouraged to actively extend</p>
<p>Moderate spastic quadriplegia</p> 	 <p>To prevent flexor spasticity and facilitate active extension</p>	 <p>To prevent adduction and internal rotation of hips and facilitate postural control of head and trunk</p>	 <p>To inhibit pull down in arms</p>
<p>Spastic diplegia</p> 	 <p>To prevent adduction and internal rotation of hips and facilitate postural control of head and trunk</p>	 <p>To prevent adduction and internal rotation of hips and facilitate postural control of head and trunk</p>	 <p>To prevent adduction and internal rotation of hips and facilitate postural control of head and trunk</p>

*These are only suggested ways for carrying children. If they work to help the mother carry her child more easily or to help the child to have better postural control, use them. If not, try some other way.

(continued)

Possible ways of carrying a child (continued)

Type of CP	One way of carrying small child	Alternate way for small child	Large child
<p>Hemiplegia</p> 	 <p>Hemi side facing forward helps head turning to affected side</p>	 <p>To inhibit retraction of hemi side</p>	 <p>Child walks alone but, if insecure, hold hemi hand</p>
<p>Athetoid</p> 	 <p>To facilitate symmetry and postural control of head</p>	 <p>To facilitate symmetry and postural control of head</p>	 <p>Held in alignment for symmetry and postural control of head</p>
<p>Athetoid with dystonic spasm</p> 	 <p>To prevent extensor spasm and encourage active extension</p>	 <p>Hips held flexed to prevent push back</p>	 <p>To prevent extensor spasm and encourage active extension</p>
<p>Floppy child</p> 	 <p>To give sensori-motor experience of upright position and facilitate postural control of head</p>	 <p>To give sensori-motor experience of upright position</p>	 <p>To facilitate holding head erect</p>