



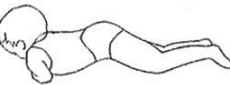








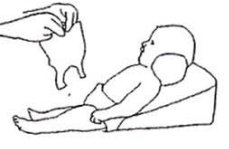

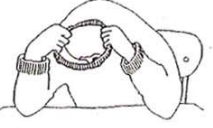





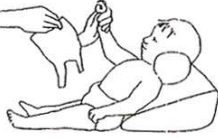








Suggested positions in which to dress children

Type of CP	Baby	Older child	More able child
<p>Severe spastic extended child</p> 	 <p>Prevents extensor spasticity facilitates active extension</p>	 <p>Mother's legs (one behind pelvis, one over child's legs) gives stability and leaves hands free</p>	 <p>Child helps in dressing. Own active flexion prevents push back into extension</p>
<p>Severe spastic flexed child</p> 	 <p>Movement of mother's legs helps prevent flexor spasticity</p>	 <p>Encourages active extension of head and trunk from stable base</p>	 <p>Child helps in dressing. Own active extension prevents flexor spasticity</p>
<p>Moderate spastic quadriplegia</p> 	 <p>Encourages active extension in trunk and movement of arms away from trunk</p>	 <p>Mother's legs (one behind pelvis, other over child's legs) keep child's hips flexed and her hands free to help child dress</p>	 <p>Mother's legs (one behind pelvis, other over child's legs) keep child's hips flexed and her hands free to help child dress</p>
<p>Athetoid</p> 	 <p>Flexed hips prevent push back. Neck cushion gives possibility of head in midline</p>	 <p>Encourages active head raising and symmetry</p>	 <p>Gives proximal fixation and possibility of dressing self</p>

(continued)

Suggested positions in which to dress children (continued)

Type of CP	Baby	Older child	More able child
<p>Athetoid with dystonic spasm</p> 	 <p>Hip flexion prevents push back. Neck cushion gives symmetry</p>	 <p>Prevents extensor spasms. Facilitates holding head and trunk in mid-position</p>	 <p>Mother's legs (one behind pelvis, the other over child's legs) give proximal fixation so child can actively help</p>
<p>Hemiplegia</p> 	 <p>Use opportunity to get head turning to hemi side. Put hemi limbs in first</p>	 <p>Mother sits at hemi side. Prevents neglect of hemi side and unequal weight-bearing</p>	 <p>Using hemi hand with help while holding on with unaffected hand</p>
<p>Floppy child</p> 	 <p>Possibility of seeing own limbs and helping in dressing</p>	 <p>Good position to facilitate head raising</p>	 <p>Mother's legs (one behind pelvis, the other over child's legs) give support so child can be active in trunk and arms</p>

It is not possible to describe the exact dressing position that is best for every kind of child. These tables are meant only to give guidelines. Try to remember that weight-bearing on arms is very important and functionally useful for all children. If you can use dressing to facilitate this then try to include it in your instructions to the family. Rotation in the body axis is also very useful and helps to reduce spasticity. It is often easy to facilitate rotation while the child is prone over the mother's knees. In a more able child, shifting weight from one side to the other, to lift one leg and put on a sock for instance, is another way to facilitate rotation.