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## Spina bifida physiotherapy management pdf

Spina Bifida is a condition that affects children from birth and results in an incomplete closing of the spinal vertebrae and membranes surrounding the spinal cord. This leaves the spinal cord exposed and in the more severe forms of spina bifida it will protrude. We are based in Lichfield and offer a paediatric physiotherapy service in surrounding areas such as Sutton Coldfield, Tamworth, Rugeley, Cannock and Walsall. There are 3 types of spina bifida: spina bifida occulta, meningocele and myelomeningocele with occulta being the least severe in terms of effects on children. Most commonly this incomplete closure of the vertebrae occurs in the lower back and is thought to occur in about 0.4 - 0.7 pregnancies per 1000 births. Both genetics and environmental factors such as poorly controlled diabetes are thought to play a role in its development. Often at some stage after birth a child with spina bifida will receive surgery to close up the incompletely fused vertebrae and seal up the membranes in order to reduce chances of infection and pressure on the spinal cord. The effects of spina bifida on each child depend upon the severity of the condition and often children with spina bifida occulta will have only mild problems with leg movement and strength. Predominantly due to its location in the lower back it will be leg movement and strength that is affected in children. Physiotherapy for children with spina bifida is vital to promote good strength, improve walking and mobility and improve balance. How can ThreeSpires Physiotherapy help? Our physiotherapist is experienced at working with children with Spina Bifida of all ages and understands the difficulties that they will face. After you have arranged an appointment, our paediatric physiotherapist will visit you at home. In general, we would recommend that the initial assessment is conducted at home to make your child feel relaxed, to enable a thorough discussion and also to facilitate our physiotherapist assessing how therapy can happen at home. Follow up sessions may be at home, school or nursery as required. Below is a description of a typical initial assessment! Subjective - at this point there is a discussion between you, the physiotherapist and depending on their age your child. The physiotherapist will cover medical history, current issues, goals and anything else that is important to you and your child. This part of the assessment is critical as it allows you to discuss your concerns and also allows the physiotherapist to understand what is important to you and what the main difficulties are. Objective - this is a comprehensive physical examination by the physiotherapist who will look at movement, range of motion at each joint, balance and strength. Our paediatric physiotherapist will make this a fun and relaxed process and children (sometimes even parents!) will often be unaware that it is an assessment. Our physiotherapist has specialised in paediatrics and has a large amount of experience at using play that assesses a wide range of components such as balance and range of motion at various joints. When working with children this is a vital skill and it makes each session fun which is vital in order to maximise the therapeutic benefit. Treatment - during this part of the session your physiotherapist will practice some movements with your child, help them strengthen any muscles affected by Spina Bifida, work on improving their balance and they may also help stretch some of your child's muscles. The physiotherapist always makes this fun so that your child enjoys and looks forward to each session. Your physiotherapist will also talk over and show you ways in which you can help with exercises at home. At the end of the initial assessment session your physiotherapist will discuss with you what to do next and will cover an overall plan including the likely number of sessions needed, how often sessions should be and goals for physiotherapy. They will also discuss where it is best to conduct each session, generally some sessions will be at home and some will be at school. Your physiotherapist (with your permission) will be able to liaise with school, the GP, your surgeon and any other staff involved in the care of your child and can provide a report if required. If you would like further information about physiotherapy for children with Spina Bifida then please get in touch. We are based in Lichfield and serve surrounding areas such as Sutton Coldfield, Tamworth, Rugeley, Cannock and Walsall. We can be contacted on 0788 428 1623 or via email at enquiries@threespiresphysiotherapy.co.uk Spina Bifida is a 'neural tube defect' whereby a portion of the neural tube fails to close fully during the early stages of pregnancy. The neural tube is the part of the embryo that develops into the brain and the spinal cord which during normal foetal development, folds inwards on itself and closes fully after the first month following conception. A baby born with Spina Bifida will present with a defect of the spinal cord and surrounding vertebrae, but the severity of the symptoms depends upon the type of Spina Bifida that has occurred. There are 3 main types: This is the mildest form of Spina Bifida, and often individuals have no symptoms at all. It is characterised by a small defect in one or more of the vertebrae of the back with rarely any damage to the spinal cord or nerves. Individuals with this form of Spinal Bifida rarely ever know that they have this condition, unless it is observed as an incidental finding when an X-ray is taken of the spine for a different reason. A dimple, small swelling, dark patch of skin or hair can sometimes be seen on the skin immediately over the affected area. Some individuals with Spina Bifida Occulta may have associated pelvic or lower limb musculoskeletal problems that are detected later on in adulthood when they notice symptoms arising from these areas, presuming that they are as a result of a recent injury of some kind. More often than not, a connection between a musculoskeletal problem and the possibility of the presence of Spina Bifida Occulta is not made. 1 Back to top With this rarest form of Spina Bifida, a small 'cyst' may protrude through the gap in the spinal cord which is covered by a thin layer of skin. This fluid-filled sac contains membranes that protect the spinal cord, but does not contain the spinal nerve fibres and therefore tends to present with minimal spinal cord or neural damage. Individuals with this type of disorder may grow and develop normally once the cyst is removed surgically and the gap is closed. 1 Back to top This form of Spina Bifida is the most severe, as the cyst protruding through the gap in the spinal cord contains both the spinal membranes and the nerve roots of the spinal cord at that level. Sometimes the spinal cord itself is contained within this cyst, or the spinal cord and nerve may be fully exposed without the presence of a cyst. Though the gap / cyst can still be surgically closed, the damage to the spinal cord and nerves is often significant and permanent. The neural impairment will depend upon the level of the spinal cord affected by the defect, with muscle paralysis and sensory loss from below the level of the lesion. This will therefore tend to affect the normal functioning of the bladder and the bowel. The higher up the spine the lesion occurs, the more severe the paralysis. Individuals born with this type of Spina Bifida are often likely to have other associated medical disorders and learning difficulties. Approximately 80% of children with myelomeningocele also have hydrocephalus (a constant build-up of fluid on the brain), and nearly all children with this form of Spina Bifida have an abnormal position of the lower portion of the brain termed a 'Chiari II Malformation'. Once a child has been diagnosed with a 'cystic' form of Spina Bifida (meningocele or myelomeningocele), they are usually referred to a Consultant Neurosurgeon or Paediatric Spinal Consultant for further investigations to determine the severity of their condition and to assess the need for surgical closure of the defect. 1 Back to top All forms of Spina Bifida carry the possibility of a 'tethered' spinal cord whereby it does not slide up and down during normal movement of the body due to the surrounding tissue impeding the normal mobility of the cord. This tethering may lead to pain in the back and the legs, lower extremity weakness, or a scoliosis (curvature) may develop in the spine as a result of the altered spinal movement. 1 Back to top Physiotherapy is often required by those individuals who have a cystic form of Spina Bifida in order to address their presenting physical difficulties and to help to prevent any secondary deformities or musculoskeletal complications arising as a result of their neural impairment. There is no cure for Spina Bifida and although it is not a degenerative neurological condition, it is important that rehabilitation is ongoing for those with more severe forms of the disorder to ensure that an optimal functional level is achieved throughout their life, and that an individual may go on to reach their full potential. 1 Back to top If you would like to find out more about our Specialist Neuro Physiotherapy team and the services that we can provide, please get in touch. 1 Back to top A team of specialists at Rusk Rehabilitation provides a range of rehabilitative treatments for children with spina bifida. Physical, occupational, and speech therapy are often an integral part of care. They can help children improve muscle coordination and balance, build strength, and overcome language delays. Our neuromuscular experts also help children learn to function independently, build social skills, and gain confidence. Doctors at Hasenfeld Children's Hospital at NYU Langone determine the best rehabilitative treatment approach depending on the type of spina bifida, the location of the opening in the spinal column, and the severity of nerve damage. Children with spina bifida in the lower spine tend to have milder symptoms, while those with a lesion higher in the back may have significant disabilities. Our experts offer family-centered care in a warm, welcoming environment. Doctors provide treatment tailored to each stage of a child's development, starting with a physical assessment of overall muscular function in the days after your baby is born. As a child grows, a physiatrist—a doctor who specializes in rehabilitation medicine—coordinates all aspects of your child's care. He or she works closely with physical, occupational, and speech therapists, as well as with specialists in orthopedics, neurology, psychology, and social work. This centralized approach makes scheduling treatment simpler for parents and caregivers, and ensures that information about your child's treatment is shared among experts and can be easily explained. It also allows the physiatrist to monitor how each type of treatment benefits your child's total development, and to adjust therapies as needed to ensure that your child receives care that meets his or her evolving needs. Physical therapy involves exercises and other techniques to improve gait, muscle coordination, and balance. It can also help maintain range of motion in joints, build strength in weak muscles, and improve flexibility in stiff muscles. After performing a muscular assessment, our therapists create a treatment plan to help your child attain age-appropriate milestones, such as sitting up, crawling, and walking. Our therapists may use specialized therapeutic equipment, such as the Lokomat®, LiteGait®, and Motomed®. These are robotic devices that help children learn natural walking patterns. Our therapists may also use child-friendly technologies, such as the Nintendo Wii®, to encourage children to participate in therapy. Physical therapy may begin when a child is 18 months to 2 years old. For children with mild symptoms, doctors usually recommend outpatient therapy at Rusk Rehabilitation two to four times a week. For children with more severe muscular dysfunction, our doctors may recommend inpatient physical therapy, which is performed while your child is in the hospital. This approach allows your child to receive two hours of intensive physical therapy every day, six days a week. There is no set timeframe for when physical therapy must end. In some instances, a child works with a physical therapist until he or she is an adult. Our physical therapists, along with other members of the rehabilitation team, work closely with each family to help them reinforce the skills learned in therapy and practice therapeutic movements at home. Occupational therapists help improve your child's ability to perform everyday activities. Their goal is to teach children important practical skills, such as bathing, dressing, and using the bathroom. Occupational therapists may also help children learn to put on and take off braces or orthotics and care for these devices. Occupational therapists may also help older children and teenagers develop skills required to navigate social spaces, adjust to environmental changes, and take care of themselves independently. They may include how to prepare meals, use home appliances, or use a computer. Some children with spina bifida may have difficulty forming words and speaking clearly. This inability to communicate is often frustrating for a child. Speech pathologists increase a child's oral motor skills and communication acumen by using exercises that train the brain to pronounce, understand, and interpret individual words, sounds, numbers, and gestures. Our speech-language pathologists are experienced in working with children who have neuromuscular disorders. They can design a speech therapy plan tailored to your child's needs. Physical therapists offer a wide range of assistive devices to help children with spina bifida move independently. These include crutches, which reduce the amount of weight put on the hips and legs; orthotics, custom-made devices that can be worn on the legs or feet and help guide movement; braces, plastic devices that help immobilize or stabilize the legs; and wheelchairs, which can be controlled manually or with a motorized button. Our therapists work closely with orthopedic doctors to provide the appropriate device for your child, depending on his or her level of mobility. For instance, braces, which are worn on the legs or feet, can stabilize weak muscles. Some types of orthotics, which can be custom-fit to your child's needs, correct the shape or position of the foot and ankle, providing stability and relieving pain. Other devices, such as crutches, redistribute body weight, making it easier to walk. For children whose legs have little or no sensation, a wheelchair provides independence and mobility. Our therapists and doctors recognize that walking is not an appropriate goal for many children with spina bifida. They care for each child in ways that help him or her reach realistic goals. Positioning Techniques Doctors may recommend one orthotic or brace for use during the day, when a child is likely to be more mobile, and a second device, called a positioning device, to wear overnight. Nighttime bracing helps keep certain parts of the body, such as the foot, in the correct position and prevents a deformity from progressing. In some instances, a doctor may recommend a positioning technique called serial casting, in which plaster casts are applied to a baby's feet every week. Over time, they correct the position of the bones.

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