

# THE SPASTIC CHILD

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We have all experienced the complex nature of the difficulties met in the treatment of the spastic child.

These little people are perhaps the most pitiful — with their ungainly and inco-ordinated movements, intense and often unintelligent expressions and unhappy speech—they appear to be shut out from everything which makes life worth while.

People are apt to dismiss them as "dull" (I will not dare say mentally defective) because they are not able to express themselves lucidly and quickly, consequently they are often left on one side. But, as the disability is an interference of the motor control over the area involved, which is seen as an interference with skills, both basic and subtle — rather than poor intelligence, and when we know that the child is striving against such grave and almost insurmountable odds to get over to others the extent of his knowledge and understanding, our aim should surely be to meet him half way to help him to overcome his defects. If the child cannot walk and is unable to express himself clearly, he cannot begin to live.

Intimate contact with these children has taught me that though some are dull, others are of very high intelligence. If helped wisely, they can make a contribution to society, which is often an individual achievement of the highest order; but if left without help they become mere spectators, or worse still, expensive derelicts.

Unfortunately, diagnosis is not easy in the early stages—often no abnormality is detected until about the first year of the child's life. If parents recognised the signs of spasticity at an early age, perhaps babies would be brought for treatment earlier. Faulty movements could then be corrected before they became established, or made brain tracts. Stiffness could also be prevented.

Disabilities range from a mere slowness and in-coordination of movements to flexor contractures of different degrees, of either leg and arm, general, scissor legs, or there may be only excessive activity of a purposeless kind with non-intention movements, abnormalities of hearing, speech, or eyes (i.e., strabismus or nystagmus) may be present.

Classification is very important in the management of these children. The full extent of the disability must first be assessed, then the medium through which the disability can best be helped.

Close team work is necessary between psychologist, teacher, speech therapist, physician, orthopaedic and brain surgeons, physiotherapists, orthopaedic nurse and parents.

Splinting is used to control flexor contractures of the limbs—if unsupported the elbow and wrist will contract and fingers go into the clenched fist position with radial deviation. The leg will have tight hamstrings—equinus, then eversion and last inversion of the foot takes place. The latter position makes walking impossible. Stabilisation at this stage (when bones have sufficiently formed) has been carried out by the orthopaedic surgeon with most gratifying results, because it makes walking possible again. The type with the scissor legs has also been helped by surgery. Brain surgery has been done for the cases complicated by fits—with success.

Relaxation is of infinite help. Put the child on his back with a small pillow under his head only. With his eyes closed, instruct him to relax each part of the body in turn, until complete relaxation of the entire body has occurred. This is best brought about by the child mentally speaking to each individual part. Maintain this for 15 minutes. If suitable music is played it is easier to hold.

Hydrotherapy is an ideal medium for treatment, because by this means a number of things can be gained. Fear of the water is first overcome. Later, rhythmical movements in the water will assist co-ordination. Qualities such as independence, self-esteem, self-preservation, initiative, courage and happiness are promoted by his activities in the water. The day he can undress, swim, and dress himself again is a glorious red-letter day.

The spastic cannot cope with anything small — the buttons on his clothes must be large enough for him to handle. In handwork always start with large articles, i.e., threading large beads.

First get his confidence and love, then work up enthusiasm by making all tuition into a game; give him a challenge to turn his disability into a stepping stone instead of a mill-stone. This is not easy as, if too excited, the spastic goes to pieces and if not stimulated he becomes a mere spectator. So the middle way is the only safe one for him. Remember always, the measure of his progress is reflected by your interest and encouragement. Stimulation is provided by praise for his efforts—endless reiteration of what you wish him to achieve, until it becomes a habit of mind, and confidence is gained. Single him out, praise him to his school-mates, praise him to his teachers and his parents, and let him know exactly how delighted you are with his personal effort and magnificent achievement. Then watch his face. The exhausting and concentrated effort on your part will be amply rewarded.