

## Introduction

Cerebral palsy is a disorder affecting the central nervous system of newborns and infants. It involves damage to the cerebrum, a part of the brain largely responsible for motor function. One of the most common symptoms of cerebral palsy is spasticity, or an increase in muscle tone and contraction that interferes with movement. The affected body parts can range from a single limb to the entire body (*Mettleman, 2009*).

Cerebral palsy caused by abnormalities in parts of the brain that control muscle movements. The majority of children with cerebral palsy are born with it, although it may not be detected until months or years later. The early signs of cerebral palsy usually appear before a child reaches 3 years of age. The most common signs are a lack of muscle coordination when performing voluntary movements (ataxia); stiff or tight muscles and exaggerated cerebral palsy is a group of disorders that affect a person's ability to move and to maintain balance and posture. The disorders appear in the first few years of life. Usually they do not get worse over time. Children with cerebral palsy may have difficulty walking. They may also have trouble with tasks such as writing or using scissors. Some have other medical conditions, including seizure disorders or mental impairment (*National Institute of Neurological Disorders &stroke, 2010*).

Quality of life is the degree of well-being felt by an individual or group of people. Unlike standard of living, quality of life is not tangible thing, and so cannot be measured directly. It consists of two components: physical and psychological. The physical aspect includes things such as health, diet, and protection against pain and disease. The psychological

aspect includes stress, worry, pleasure and other positive or negative emotional states (*Costanza et al, 2008*).

Quality of life for children with cerebral palsy refers to subjective well-being focuses on the health related component of life satisfaction such as self care, mobility, and community. Assessment of quality of life reflect personal evaluation of daily experience, and resonate with other subjective outcomes, such as life satisfaction, sense of coherence and self concept (*Michael et al, 2007*).

Education of parents and caregivers of children with cerebral palsy is a vital part of success of these children and the most parents and even caregivers do not fully understand how much can be done and how much hope there is to improve quality of life for children with cerebral palsy. In many cases, parents and caregivers don't even know where begin and how deal and care for their children (*Martin, 2006*).

The goal of management of cerebral palsy is not to cure or to achieve normally but to increase functionality, improve capabilities, and sustain health in terms of locomotion, cognitive development, social interaction, and independence. The best clinical outcomes result from early, intensive management. Optimal treatment in children requires a team approach (*Taylor, 2005*). A modern team approach focuses on total patient development, not just on improvement of a single symptom. Treatment programs encompass physical and behavioral therapy, pharmacologic and surgical treatments, mechanical aids, and management of associated medical conditions. In physical, occupational, speech, and behavioral therapies, the goals include enhancing patient and caregivers interactions while providing family support (*Krigger, 2006*).

Rehabilitation management of children with cerebral palsy (CP) brings together parents and nurses. The primary goal of the contact is to improve

the individual child's potential and improve the child's functional outcomes. Frequently, parents are interested in not just their own child, but the population of children with cerebral palsy. Physicians can provide information for both purposes. Successful parent–professional relationships are rewarding and powerful. Combining the passion of the parent and the expertise of the physician can enhance collaboration for advocacy efforts that improve outcomes for children with cerebral palsy (*A Foundation of Hope for Children with Cerebral Palsy, 2009*).

Meeting the daily needs of a family member with cerebral palsy can be very hard. If the child has cerebral palsy, he will seek family and community support. Help to join a support group to talk with other parents who have a child with special needs so mothers don't feel alone. Also may find counseling useful, and help mothers understand and deal with the wide range of emotions that mothers may feel when their children had cerebral palsy. The child will need help too. Providing emotional support for the child can help him or her to deal with cerebral palsy (*Golonka, 2008*).