Summary and conclusion :

The evaluation and managment of the musculoskletal dysfunction of children with CP is best accomplished through a team approach , which allows for the combined expertise and interaction of the orthopidic surgeon ; pediatrician ; neurologist; physical , occupational , and speech therapists ; nurse ; and social worker .

It is essential that treatment plans for children with CP be preceded by the establishment of goals that are realistic and individualized . In determining such goals , it is useful to remember the priorities that have been determined for children with any general handicap . These involve in order of importance to the patient , communication skills , ability to perform the routine activities of daily living , safe mobility in the community , and walking . Once the team , patient , and

family agree on achievable goals , the direction and extent of a therapeutic program can be established .

Several modalities are available to provide treatment for children with CP. None are used in isolation but rather in sequence or conjunction with each other , depending on selected goals . These modalities include : physical therapy , casting , orthotics , medication , neurosurgical managment and orthopaedic managment .

When considering the application of orthopaedic surgery to patients with CP , it is useful to separate patients who have the ability to walk from those who do not . Generally patients with hemiplegic diplegic involvment develop the ability to walk, where as only 15% to 20% of those with quadriplegic involvment do so .

The orthopaedic managment of patients who will be dependent on their wheelchairs for moblity is directed at maintaining a comfortable seated position .

Most patients with hemiplegic and diplegic involvment develop the ability to ambulate .In the ideal circumstanses , unless forced to proceed earlier by resisstant contractures or hip subluaxation , surgery is deferred until age 6 to 8 years , when multilevel correction of muscle and joint contracture and of bony malrotation is accomplished . At this age children can better cooperate with the aggresive therapy regimens required for a successful outcome performing such surgery in a single setting avoids the need for multiple hospitalizations and recovery periods , which can be both financially and emotionally costly for the chiled and family .