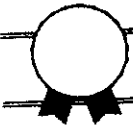


## INTRODUCTION

Cerebral palsy is a syndrome caused by a lesion of the brain; it is characterised by a bnormal control of motor function and it may interfere with sensory function and intellectual development (*Thomas, et al 1995*).

Cerebral palsy is a static encephalopathy. It is a non progressive central nervous system condition characterized by the persistence of more primitive neonatal refelexes beyond the time that they should have disappeared. The children are delayed in reaching both motor and congritive developmental milestones (*Jones, et al., 1987*).

Cerebral palsy is the term used to describe a collection of non progressive disorders that manifest as abnormalities of

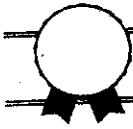


motion and posture and result from central nervous system lesion (CNS) injury sustained in the early period of brain

development, usually defined as the first 3 to 5 years of life (*Pegg and Mark. 1993*).

Cerebral palsy includes non-progressive lesions of the central nervous system that interfere with the control of one or more limbs by paresis, involuntary movement or inco-ordination and that sensory, emotional or psychological disturbances may exist as well, (*Sharrard, 1993*).

Cerebral palsy includes a group of disorders that result from non progressive brain damage during early development (*Aply, et al 1993*).



### *Incidence*

The incidence of cerebral palsy has varied in different series according to the criteria for selection, time and community studied. A figure of between one and three cases per 1000 live births has been quoted. Accurate figures are only

obtainable for the more developed nations, in which a trend has been noted towards a progressive reduction in incidence in recent decades (*Brett, 1985*).

The pattern in the incidence of cerebral palsy has changed. Short gestation remains the predominant factor associated with cerebral palsy. However, in a collaborative study in the United States, only 5% of infants weighing less than 2 Kg at birth developed cerebral palsy (*Churchil, et al., 1974*).



Analysis of types of cerebral palsy has shown the reduction to be greater in some syndromes than others being most marked in diplegia and dyskinetic syndromes, while hemiplegia has come to contribute a higher proportion of the total (*Hagberg, et al., 1975*).

