



Empowering Children. Supporting Families. Building Brighter Futures.

Resource 023 | Movement and muscle conditions

Cerebral palsy

What it means

Cerebral palsy (CP) is a group of conditions affecting movement and posture because of an injury or difference in the developing brain. The original brain disturbance is not progressive, but movement and musculoskeletal needs can change as a child grows. CP does not automatically imply intellectual disability. [1]

Causes and risk factors

CP can be associated with differences in brain development, prematurity-related brain injury, stroke, infection, or other early brain insults. Some children have no clearly identified cause. It is not always caused by a lack of oxygen during delivery, and the circumstances should be reviewed without blaming families. [1,2]

General family education. A concern deserves assessment, but this guide does not diagnose a child or prescribe treatment.



Signs and everyday impact

Signs may include delayed movement skills, unusual stiffness or floppiness, persistent asymmetry, early preference for one hand, difficulty with balance or posture, or involuntary movements. Communication, vision, hearing, feeding, seizures, and learning can also be affected, but the pattern varies. [1,2]

Assessment and diagnosis

Diagnosis combines history, neurological and movement examination, and developmental observation over time. Specialists may use standardized movement assessments and brain imaging where appropriate. Evaluation also identifies associated needs and functional abilities. A changing diagnosis should be considered if skills regress or findings do not fit a nonprogressive brain condition. [1,2]

Treatment and therapy

Physical, occupational, and speech-language therapies support mobility, daily activities, communication, and feeding when needed. Orthoses, seating, mobility devices, medicines for troublesome tone, and selected surgical procedures may be considered. Goals should improve comfort, access, participation, and health; treatment should not be judged solely by whether a child walks independently. [1,2,3]

Support at home

Use the positioning and handling strategies demonstrated by the team. Provide accessible play, communication choices, and opportunities to participate in routines. Report pain, fatigue, sleep or feeding changes, and equipment difficulties. Never force stretches or assume all stiffness should be treated in the same way.

When to seek help

Breathing or swallowing difficulty, a prolonged seizure, sudden neurological change, or major loss of skills needs urgent medical care. New pain or declining function requires timely review.

Questions for your care team

- Which CP pattern and functional needs have been identified?
- How will the plan support comfort and participation?
- Which associated health needs require surveillance?



Podcast preparation

Use this outline to develop a later podcast script.

Suggested opening

Welcome to Mariel Early Intervention. Today we discuss cerebral palsy. Cerebral palsy (CP) is a group of conditions affecting movement and posture because of an injury or difference in the developing brain. This is general education; each child needs individualized care.

Opening: Define the topic and its developmental context.

Understanding: Explain causes and signs without inviting self-diagnosis.

Assessment: Describe evaluation and distinguish screening from diagnosis.

Support: Discuss treatment, therapy, and practical family supports.

Closing: Explain urgent signs and one clear next step.

Misconception to address: CP describes movement needs; it does not independently tell us what a child understands.

Before recording: update clinical references and local service details, arrange clinical review, and use fully consented or fictional examples.

Terms in plain language

- Nonprogressive: the original brain disturbance does not keep worsening.
- Orthosis: a prescribed brace or support.
- Spasticity: a particular pattern of increased muscle tone.

Sources and further reading

Sources accessed 3 October 2026. Numbered references support the clinical overview. Treatment availability and referral routes vary by country.

[1] Cerebral Palsy

https://www.ninds.nih.gov/health-information/disorders/cerebral-palsy?Campaign_Content=100006380375789&linkId=100000294187174

[2] Is Your Baby's Physical Development on Track?

<https://www.healthychildren.org/English/ages-stages/baby/Pages/Is-Your-Babys-Physical-Development-on-Track.aspx>

[3] Hypotonia: MedlinePlus Medical Encyclopedia

<https://medlineplus.gov/ency/article/003298.htm>