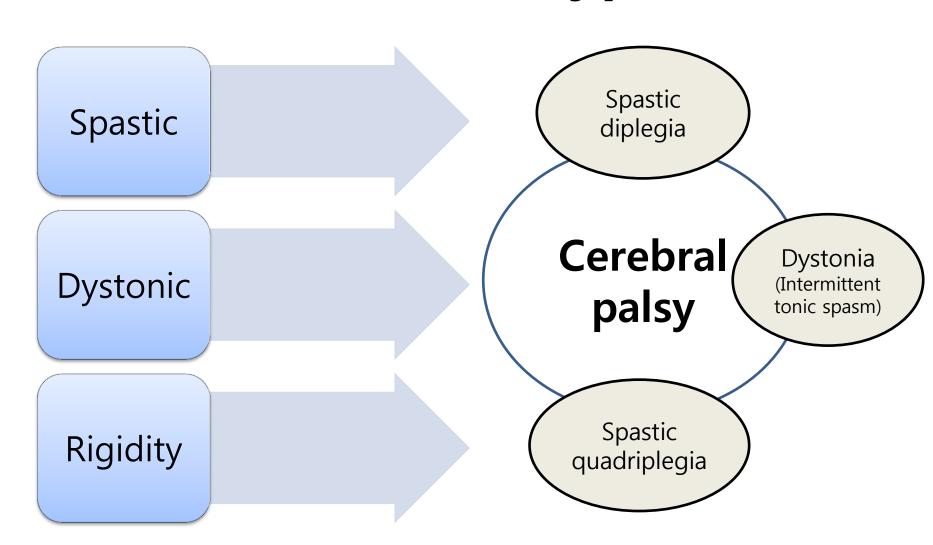
Occupational therapy for total body involved hypertonic children: Focusing on arm and hand function

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Contents

- Overview of hypertonia
 - ✓ Arm and Hand function
- Assessment
- Intervention
- Case

Classification of hypertonia



Characteristics of CP and Associated hand function

Characteristics of CP	Associated Hand function limitation
Muscle tone characterized by	

From Vogtle, L. K. (2006). Upper extremity intervention in cerebral palsy: A neurodevelopmental approach. In A. Henderson & C.Pehoski (Eds.) Hand function in the child: Foundation for remediation (2nd ed., pp. 345-368). St. rouis: Mosby elsevier.

Clinical feature of hypertonia

Arm and hand function

Limitation of

participation (ADL, Play)

Interaction of

environment

Perception and cognition

problem

Limitation of posture and

movement

Poor sensory-motor

experience

Increase muscle tone

Assessment

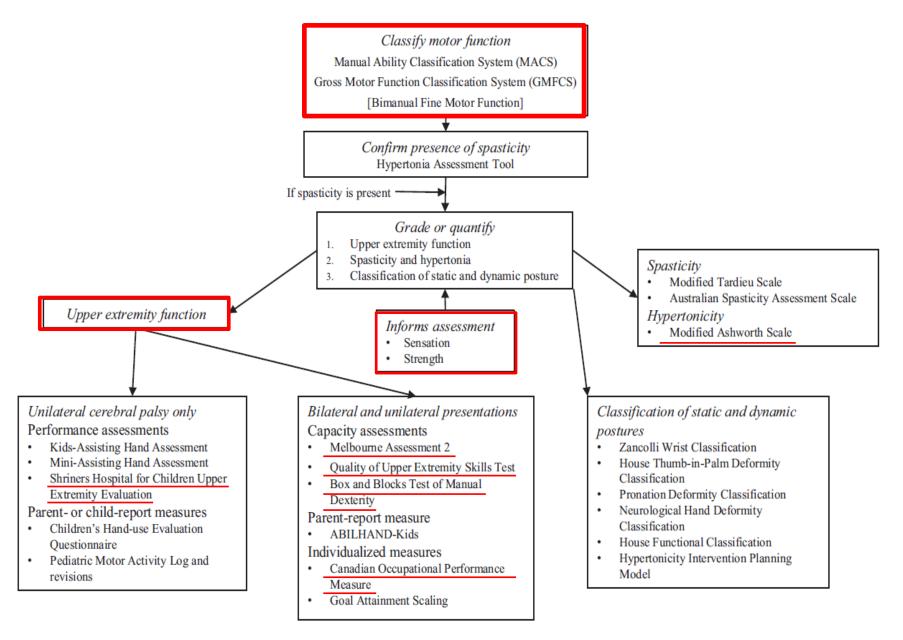


Fig. 1 Measures for grading and quantifying upper extremity function in children with spasticity.

Wallen, M., & Stewart, K. (2016, February). Grading and quantification of upper extremity function in children with spasticity. In Seminars in plastic surgery (Vol. 30, No. 1, p. 5). Thieme Medical Publishers.

OT Assessment

Upper extremity function

- Melbourne 2
- Quest(Quality upper extremity skill test)
- · Jebsen Taylor hand function test, Box and block test
- Shuee(Shriners hospital for children upper extremity evaluation)
- 수지기능 관찰평가

Functional ability

- PEDI(Pediatric Evaluation of Disability Index)
- KPPS(Knox preschool play skill test)-ex.Material management
- DDST II(ex. Fine motor adaptive)

Strength

Sensation

- Grip and pinch power
- Two point discrimination, stereognosis, tactile perception)
 →Observation, Parent interview

Association problem

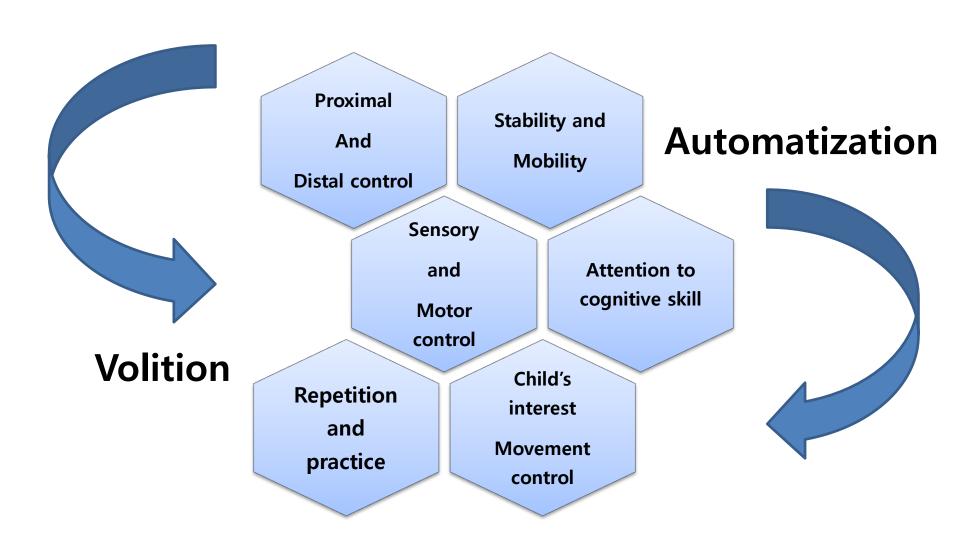
- Medical chart review
- Clinical observation

수지기능 관찰평가

수지기능 관찰평	가	Rt.	Lt.
	Extending a arm	1 🔻	
Reach	Reaching for objects		
	With crossing midline		
C	Grasping objects		
Grasp	Holding objects		
Pinch	Pincer grasp		
Deleses	Open a hand		
Release	Voluntary release		
	Hand to mouth		
	Finger feeding		
Coordination	Hand to hand		
	Grasping both hands together		
	Transfer objects		
	Clap hands		
Sensory factor	Tactile sensitivity on the palm		
Reflex	Palmar grasp reflex		

Occupational therapy Intervention

Factors to Intervention planning



Focus on Intervention session

- Positioning of the child and the therapist
- Tone and postural/ proximal control
- Tactile/sensory awareness/discrimination
- Isolated arm(reaching) and hand movement
- Grasp
- Voluntary release
- In-hand manipulation
- Bilateral hand skill
- Integration of skill into occupational performance

Intervention focus

Hypertonia with Motor Involvement



Strategy for Intervention

Function (GMFCS, MACS IV~V)

Occupational Goal

- Limited or absent active U/E and hand movement
- Minimal no active grasp or thumb movement
- Passive function
- Sensory and perceptual deficit (ex. CVI)
- Lack of Interaction with environment

Severe



- Reduce of muscle tone
- Improving positioning for comfort and care
- Prevention of Contracture and deformity (U/E, hand)
- <u>Sensory information</u> <u>with experience</u>
 - -> Interaction with environment

Strategy for Intervention

Moderate

Function (GMFCS, MACS I~III)

- Active movement U/E to place arm/ hand in space
- Limited of isolation movement
- Inefficient, unreliable grasp with pattern
 ->clumsy, weak grasp, may flex wrist to grip
- Some active movement
- Incomplete of U/E coordination

Occupational Goal

- Reduce of muscle tone
- Improving positioning for Function
-)• Improving active reaching, grasp and release
- Improving bilateral function
- Improving arm and hand function
 - -> <u>Improving</u>
 <u>Occupational</u>
 <u>performance</u>

CASE

CASE I

GMFM V, MACS(mini) V

- Name/Gender: 전 O O(여)/ Age 1세 2개월
- DX.) Quadriplegia d/t HIE (onset : 17.4.14)
- BD) 2017년 1월 11일
- BHx) IUP 38+4wks, Bw 3.3kg, C-sec
 perinatal asphyxia (-): ventiltor (-) incubator care (-)
 neonatal hyper-bilirubinemia (-): phototherapy (-) transfusion (-)
 neonatal seizure (-) associated anomaly (-)
- PI) 17.4.14 PPV 시술 중 RV rupture 로 cardiac arrest 후 CPR 40min후 ROSC emergecy op s/p Exploratory median sternotomy, Repair of cardiac rupture, pulmonary valve annulus 시행함. Intubation 후 ventilator apply.
 18.2.27 포괄적 재활 치료 위해 본원 나동욱 교수님께 1st adm.
 18.3.12 재활의학과로 TI되어 치료 시작함.
- Brain MRI : (+) 17.5.4
 <u>Diffuse hypoxic injury in almost entire brain</u>
- Brain MRI (17.12.7)
 Large amount of chronic SDH in both cerebral convexity.
 Extensive encephalomalacia with atrophy of cerebral hemisphere and cerebellum.

1. COPM(Canadian Occupational Performance measure)

작업 수행 과제	중요도	수행도	만족도
1. 감각 자극에 대한 반응 능력 증진	10	1	1
2. 자세변화 활동 시 긴장도 이완	10	3	3
3. 고개 조절 능력 증진	10	1	1

2. K-Denver Development Screening Test

[개인-사회성 발달]: 전 항목 수행 불가

[미세운동 및 적응발달]: 전 항목 수행 불가

[언어 발달]: 1~2개월 추정('종소리에 반응한다', '소리를 낸다')

[운동 발달]: 전 항목 수행 불가

- 3. KPPS(Knox Preschool Play Scale)
 - : 전 항목 수행 불가
- 4. PEDI(Pediatiric Evaluation of Disability Inventory)
 - : 전 항목 수행 불가
- 5. 수지기능 관찰평가

:tactile sensitivity on the palm(+), holding object(+)

Feature



Assessment

Problem

- Poor awareness of sensory stimulation
- Incomplete control of postural tone and movement

Goal

- Improvement of U/E body awareness
- Reduce of hypertonicity
- Improvement of positioning for care



Intervention strategy for OT





- 상지에 대한 인식
- 상지와 object, person의 관계
- 상지 움직임의 경험
- 적절한 position 유지

CASE II

GMFM, MACS(mini) III

- Name : 홍OO (여) Age(2세3개월) BD : 15.12.18
- Dx.) Cerebral palsy Spastic diplegia
- BHx) NSVD at IUP 28+5wks, B.wt=1.77kg d/t 자궁근무력증 perinatal asphyxia (-): ventiltor (-) incubator care (+) neonatal hyperbilirubinemia (+): phototherapy (+), transfusion (-) neonatal seizure (-) associated anomaly (-)
- PI) 16.6.8 환아의 발달평가 및 관련 상담위해 박은숙 교수님 1st opd visit 16.6.29 intensive rehab 위해 박은숙 선생님께 1st adm. 17.3.16 intensive rehab 위해 박은숙 선생님께 6th adm.
- Brain MRI: Both PVL

1. COPM(Canadian Occupational Performance measure)

작업수행 과제	중요도	수행도	만족도
1. 공간에서의 자세조절 능력 증진	10	5	3
2. 식사 활동 시 도구 사용 능력 증진 (숟가락, 포크)	10	5	3

2. K-DDST II(K-Denver Development Screening Test II)

[개인-사회성 발달]: 14~15개월 추정

[미세운동 및 적응발달]: 12~13개월 추정

<u>'컵안에 적목넣기','적목을 다른 손으로 옮겨잡기'</u>

[언어 발달]: 27~30개월 추정

[운동 발달]: 7~8개월 추정

3. KPPS(Knox Preschool Play Scale)

[공간 운용]: 13개월 추정 <u>[놀이감 운용]: 18개월 추정</u>

[가장/상징]: 21개월 추정 [참여]: 13개월 추정

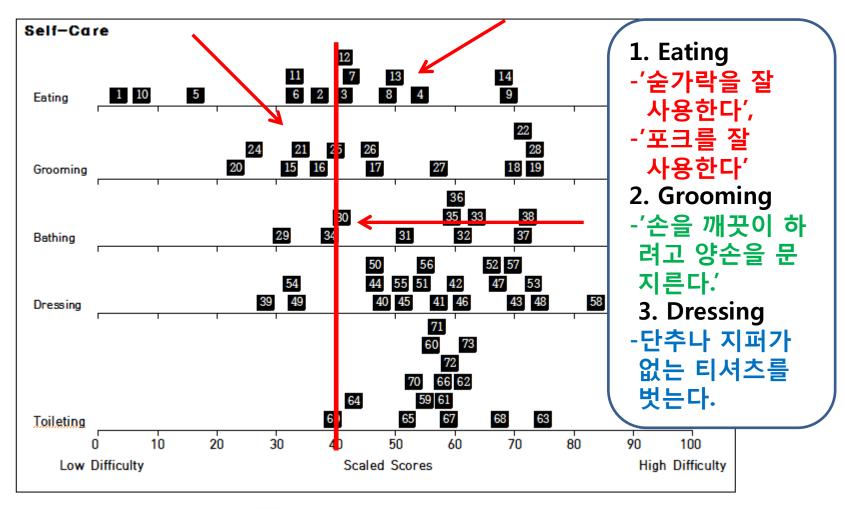
		놀이 감 운용	· (개월)		
	조작 (개월)		구성 (개월)	
	던지기	+	관련된 물건 모으기		+
	집어넣기	+	통 안에 물건 넣기		+
	밀기	+			
12-18	당기기	+			
개월	옮기기	+			
	<u>돌</u> 리기	+			
	열기(예: 문 열기)	+			
	닫기(예: 문 닫기)	+			· · ·
18-24	작동 장난감 조작하기	+			
개월	구슬 끼우기	-			

4. 수지기능 관찰평가

수지기능 관찰평가

				1
<u>수지기능 관찰평</u>	가			
		Rt.	Lt.	
	Extending a arm	+	+	
Reach	Reaching for objects	+	+	
	With crossing midline	+	+	Bilateral
Grash	Grasping objects	+	+	
Grasp	Holding objects	+	+	hand use
Pinch	Pincer grasp	±	±	의 어려움
Release	Open a hand	+	+	
Release	Voluntary release	+	+	다양한
	Hand to mouth	+	+	
	Finger feeding	+	+	grasp
Coordination	Hand to hand	+	+	pattern
Coordination	Grasping both hands together	±	±	경험 부족
	Transfer objects	+	+	
	Clap hands	±	±	
Sensory factor	Tactile sensitivity on the palm	-	-	
Reflex	Palmar grasp reflex	-	-	

4. PEDI(Pediatiric Evaluation of Disability Inventory)



Assessment

Problem

- Incomplete of positioning for function
- Incomplete of U/E coordination

Goal





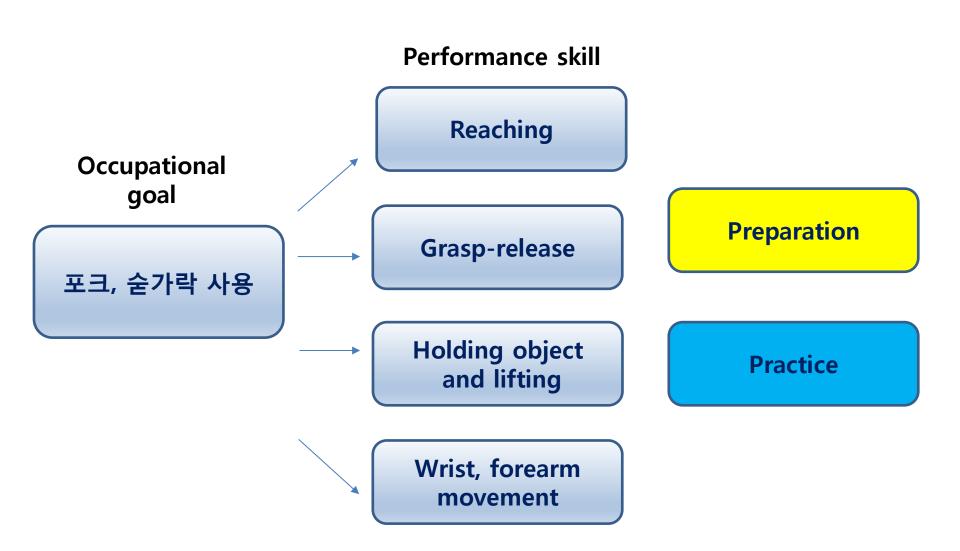
-for ADL participation



Feature



Intervention strategy for OT



Preparation



Practice



Practice





치료 장면



치료 후기

Thank you

Reference

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