

Table 10-12 Classification of Cerebral Palsy by Type of Motor Disorder

Spastic cerebral palsy: the most common form of cerebral palsy, it accounts for 70%–80% of cases. It results from injury to the upper motor neurons of the pyramidal tract. It may occasionally be bilateral. It is characterized by at least two of the following: abnormal movement pattern, increased tone, or pathologic reflexes (e.g., Babinski response, hyperreflexia).

Dyskinetic cerebral palsy: occurs in 10%–15% of cases. It is dominated by abnormal patterns of movement and involuntary, uncontrolled, recurring movements.

Ataxic cerebral palsy: accounts for <5% of cases. This form results from cerebellar injury and features abnormal posture or movement and loss of orderly muscle coordination or both.

Dystonic cerebral palsy: also uncommon. It is characterized by reduced activity and stiff movement (hypokinesia) and hypotonia.

Choreoathetotic cerebral palsy: rare now that excessive hyperbilirubinemia is aggressively prevented and treated. This form is dominated by increased and stormy movements (hyperkinesia) and hypotonia.

Mixed cerebral palsy: accounts for 10%–15% of cases. This term is used when more than one type of motor pattern is present and when one pattern does not clearly dominate another. It typically is associated with more complications, including sensory deficits, seizures, and cognitive-perceptual impairments.

educational attainment. CP cannot be cured, but a host of interventions can improve functional abilities, participation in society, and quality of life. Like all children, an assessment and reinforcement of strengths are important, especially for intellectually intact or gifted children who have simple motor deficits.

Suggested Reading

- Brosco J, Mattingly M, Sanders L: Impact of specific medical interventions on reducing the prevalence of mental retardation, *Arch Pediatr Adolesc Med* 160:302–309, 2006.
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- Daniels S, Greer F: Committee on Nutrition: Lipid screening and cardiovascular health in childhood, *Pediatrics* 122:198–208, 2008.
- Gardner HG: American Academy of Pediatrics Committee on Injury, Violence, and Poison Prevention. Office-based counseling for unintentional injury prevention, *Pediatrics* 119(1):202–206, 2007.
- Hagan J, Shaw J, Duncan P: *Bright Futures: guidelines for health supervision of infants, children, and adolescents*, ed 3, Elk Grove Village IL, 2008, American Academy of Pediatrics.
- Kliegman R, Behrman R, Jenson H, et al: *Nelson Textbook of Pediatrics*, ed 18, Philadelphia, 2007, Elsevier.