**EMBARGOED UNTIL 12:01 AM ET MONDAY, NOV. 21, 2022**

**MAJOR HEALTH ORGANIZATIONS RELEASE GUIDANCE ON IDENTIFYING, TREATING CEREBRAL PALSY**

*The American Academy of Pediatrics and the American Academy for Cerebral Palsy and Developmental Medicine emphasize the need to screen and identify children with cerebral palsy early for best outcomes*

**Itasca, IL--**Cerebral palsy is the most common motor disorder in children, affecting between 1 and 4 out of every 1,000 children. The term cerebral palsy describes a group of permanent disorders of the motor system that are attributed to disturbances that occurred in the developing fetal or infant brain. When cerebral palsy is identified early, families, physicians and specialists have a better chance at improving outcomes by acting as a team to provide evidence-based therapies while the young brain is still developing and most adaptable to change.

The American Academy of Pediatrics (AAP) and the American Academy for Cerebral Palsy and Developmental Medicine (AACPDM) provide updated guidance for physicians within a clinical report, “Providing a Primary Care Medical Home for Children and Youth with Cerebral Palsy.”

The clinical report and an accompanying executive summary detail the definition, manifestations, and management of cerebral palsy. Both reports are published in the December 2022 *Pediatrics* (published online Nov. 21).

“As a primary care physician, a critical task is to integrate and orchestrate care across multiple organ systems and specialists, while providing families with resources and support to help the child or adolescent thrive” said Garey Noritz, MD, FAAP, FACP, lead author of the report and chairperson of the AAP Council on Children With Disabilities. “We emphasize child and family strengths, family choice, and collaboration early on. Physicians also act as advocates who can help families navigate their relationships with the medical system, therapy providers, school, community groups and other resources.”

Children with cerebral palsy may show delays in meeting development milestones, or problems with movement and coordination, speech and eating, development, or muscle tone. Some children will be identified as “at risk” for cerebral palsy or other developmental disorders because of factors from the medical history, such as preterm birth and other pre- or perinatal difficulties. These children should be followed closely to monitor for motor problems.

However, many children with cerebral palsy have no identifiable risks from the birth history and should be identified through screening and surveillance in the primary care medical home.

“AACPDM appreciates the opportunity to work with the AAP to provide updated guidance for physicians,” said AACPDM President, Lesley Pritchard PhD. “We view these recommendations as vital to the continuation of high-quality care for children and adolescents with cerebral palsy and believe their implementation will contribute to improved child health and child and family well-being.”

The AAP recommends that standardized developmental screens be administered to children at ages 9 months, 18 months and 30 months. Screenings should include a neuromotor examination with particular attention to acquisition of motor milestones and assessment of muscle tone, the report states.

The AAP and AACPDM also recommend:

* Children with cerebral palsy should receive standard primary care visits to promote health and well-being, which includes receiving vaccinations according to the recommended childhood and adolescent immunization schedule, with additional vaccines for those with chronic pulmonary or other conditions.
* Cerebral palsy is more prevalent in Black children and children who come from families with lower socioeconomic status. Because race is a social construct rather than biological construct, these disparities may be attributable to systemic racism within the medical system. It is important that physicians identify implicit biases and barriers to screening, identification, treatment, and familial support for children with cerebral palsy whose lives are impacted by social determinants of health.
* Children with CP benefit from a multidisciplinary approach to care with teams typically consisting of the child and family, PCP, medical specialists, and other health professionals such as physical, occupational, and speech therapists.
* Physicians should encourage families to participate in social, recreational, and community activities based on the child and teen’s interests and assist with locating opportunities for adaptive sports and recreation when indicated.
* When new symptoms or functional declines are seen in patients, these should be investigated fully as new medical problems without assuming that they are related to the underlying cerebral palsy.
* Begin a health care transition process for shifting from pediatric care to adult care by the time a patient reaches age 12 to 14.

“It really does ‘take a village’ to help children with CP reach their full potential,” Dr. Noritz said. “Families and physicians share this goal and can partner to improve quality of life by focusing on the strengths of the child and family, providing appropriate services, and adapting the environment to the needs of each child.”

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*About the AAP:*

*The American Academy of Pediatrics is an organization of 67,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults. For frequent updates on AAP recommendations, Pediatrics studies, AAP in the news, public awareness campaigns, information for parents and more, follow us on Twitter at* [*http://twitter.com/AmerAcadPeds*](http://twitter.com/AmerAcadPeds)*.*

*About the AACPDM:*

*The American Academy for Cerebral Palsy and Developmental Medicine (AACPDM) is an Academy of over 1,100 health professionals dedicated to advancing the health and well-being of all individuals with cerebral palsy and other childhood-onset disabilities. The interdisciplinary organization encourages a teamwork mindset among its members who represent a worldwide network working to optimize outcomes for children and families. We are pediatricians, neurologists, surgeons, rehabilitators, therapists, nurses, special educators, engineers, and scientists. To learn more about AACPDM, please visit:* [*https://www.aacpdm.org/about-us*](https://www.aacpdm.org/about-us)*.*