

Rehabilitation of cerebral palsy and need for collaborative assessment using rehabilitation problem solving (RPS) form

Volume 8 Issue 2 - 2023

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Received: April 29, 2023 | **Published:** May 02, 2023

Editorial

Cerebral palsy in short form known as CP. More specifically, cerebral means impairments within the structures of the brain and palsy means impairments related to muscle resulting in a group of disorders affecting posture and balance which may occur before, during or after birth. CP is classified firstly as per brain structural involvement and secondly as per limb involvement. There are spastic, ataxic, athetoid and mixed type of CP as per brain structural involvement. In contrast as per limb involvement, CP is classified as quadriplegic, hemiplegic and diplegic. The prominent features of CP are impairments within the body structure & function, activity limitation & participation restriction and contextual factors. Therefore, it is important to make a comprehensive assessment which has been intended to become collaborative from different health professional's perspectives such as Pediatrician, Child neurologist, Physiotherapist, Occupational Therapist, Speech and Language Therapist, Nurse, Social worker, Counselor etc. Given that rehabilitation of CP aiming to make them the most potential level of functioning in physically, mentally, socially, vocationally so that they can minimize dependency to family and country. There are a few assessment tools to measure the mentioned factors. Among them, International Classification of Functioning, Disability and Health (ICF) and Rehabilitation Problem Solving (RPS) is widely accepted tools for CP assessment. However, ICF only describes the patients/family member's perspective of the disease condition. In contrast, RPS helps in collaborative assessment of a disease condition like CP as RPS comprises the disease perspectives from patients/family member's and health professionals.

The word RPS form means Rehabilitation Problem Solving Form. RPS form is a tool which was developed to use in clinical practice by accumulating the ideas of ICF. RPS provided a single data sheet based on ICF with a view to patients and health provider expectations. In particular, the RPS-Form was designed to address the patients' perspectives and enhance their participation in the decision-making

process of rehabilitation. RPS form was developed in rehabilitation center in Switzerland.

From the literature study it was found that RPS form allows health care professionals to analyze the patient's functioning by presenting the assessment results in all components of human functioning, environmental and personal factors. The aim of RPS is to visualize factors that influence function, activities and participation, to plan the most appropriate interventions, to be used as a tool to facilitate both intra professional and inter professional communications and to improve the communication between health care professionals and their patients. RPS uses relevant qualifiers to describe a case focusing on body functions & structure, activities & participation and environmental factors as mild, moderate and severe categories (Figure 1).

	Body functions and structures	Activities and participation	Environmental factors		Personal factors	
Meaning of Qualifier	Indicates the extent or magnitude of an impairment	Difficulty in accomplishing this task	Barrier or facilitator		Quantitative property	
Qualifier	Negative scale 1 Mild problem 2 Moderate problem 3 Severe problem 4 Complete problem	Single item list 1 Mild difficulty 2 Moderate difficulty 3 Severe difficulty 4 Complete difficulty	Barrier -1 Mild -2 Moderate -3 Severe -4 Complete	Facilitator +1 Mild +2 Moderate +3 Substantial +4 Complete	Barrier -1 Mild -2 Moderate -3 Severe -4 Complete	Facilitator +1 Mild +2 Moderate +3 Substantial +4 Complete
Example	Moderate spasticity in hamstring & gastrocnemius	Moderate difficulty to participate in leisure activities and sports	family & relatives is cooperative+3		Very much motivated to get treatment +3 Lives in Kurigram -2	

Figure 1 RPS form with relevant qualifiers.

Based on the qualifiers, a case with spastic diplegic type of CP is describing with a RPS form. For instance tight muscles and foot deformity is described within the framework of impairments with a view to parents perspectives, Thus, those impairments have been expressed as health professional's perspectives mentioning moderate spasticity in hamstring and gastrocnemius muscle. Besides parents complained of walking problem and physiotherapist assessed this problem as moderate difficulty in gait cycle. In addition, pediatrician prescribed sodium valproate to minimize convulsion and spasticity Figure 2. Therefore, RPS form deliver a pillar for achieving independency covers a wide spread perception and collaborative assessment for a CP child.

Acknowledgments

None.

Conflicts of interest

The author has no conflict of interest.

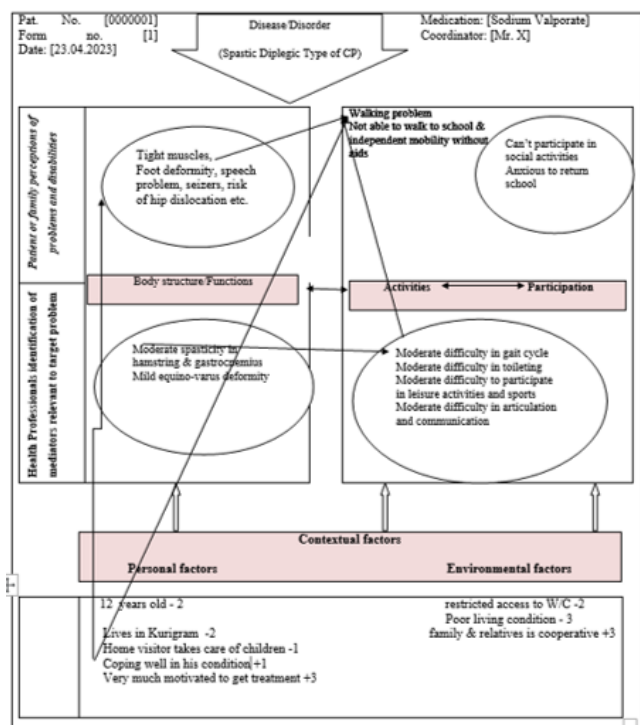


Figure 2 Case problems with a RPS form.