Pattern of Neurological Conditions Seen at the Outpatient Paediatric Physiotherapy Unit of a Nigerian Tertiary Hospital: A-five year review

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Abstract

Neurological conditions in children constitute a major source of referral and workload for physiotherapy. This study assessed the pattern of neurological conditions in children seen at the physiotherapy department of a Nigerian tertiary hospital. A five-year retrospective review (January 2008 to December 2012) of children with neurological conditions seen in the Physiotherapy Department of the Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife, Nigeria was carried out. Data were gleaned on patients' demographic (gender, age and residential address) and clinical (diagnosis and source of referral) variables. A total of 410 paediatric cases were reviewed out of which 294 (71.7%) constituted neurological conditions with a male to female ratio of 1.5:1.0. The mean age of the study's participants was 32.9± 32.5 months. Cerebral Palsy (CP) was the most common neurological condition seen (50.3%) with spastic quadriplegic type as the most common (41.9%). Other types of neurological conditions seen were traumatic sciatic nerve palsy (22.4%), obstetric brachial plexus injury (13.3%), central nervous system infection (7.1%) and facial nerve palsy (1.4%). Physicians' referrals from the paediatric out patient department (27.2%) and children emergency ward (20.7%) followed by self-referral (18%) constituted the most of referrals. 44.2% of the cases were referrals from other satellite towns outside the location of the clinic. In Conclusion Paediatric neurological conditions constitute a huge burden for physiotherapy in Nigeria. CP and traumatic sciatic nerve palsy were the most common neurological conditions. Demographic distribution of neurological conditions seen in this study was similar to findings from previous studies in literature.

Key words: Paediatrics, Physiotherapy, Neurological condition, Workload

Introduction

Neurological disorders in children are common occurrences in clinical practice *(Lagunju and Okafor, 2009)*. These disorders could arise from prenatal, perinatal and postnatal pathological changes or lesions of the peripheral or central nervous system *(Edwards, 2002)*. Genetic factors, chromosomal abnormalities, metabolic disorders and trauma are known to play a significant role with respect to the aetiology of paediatric neurological disorders *(Williams, 2003)*. Specifically, neurological disorders include conditions like cerebral palsy, traumatic nerve palsy, obstetric brachial plexus injury, poliomyelitis, cerebral malaria and head injury *(Adelugba et al, 2011)*. These disorders are usually associated with motor impairments which include low muscle force production, poor motor planning and postural control, irregular muscle tone, limited joint range of motion and poor balance and *coordination (Peters et al, 2008)*. Children with neurological disorders in the developing world are faced with the added burden of poverty, inadequate health facilities, inadequate community services, parental ignorance and illiteracy as well as lack of facilities for rehabilitative care *(Bribeck, 2000)*.