

## **A Cross Sectional Survey on Prevalence Rate and Physical Therapy Awareness of Cerebral Palsy in Panipat City**

**Kanika Bhaskar, Shefali Kapoor, Jyoti and Vinay Jagga**

### **Abstract**

**Aim:** This cross-sectional study assessed prevalence rate and physical therapy awareness of cerebral palsy (CP) in Panipat city. **Method:** A total two hundred (107 male and 93 female) of age between 2 to 7 year subject with premature birth (< 36 weeks) and low birth weight (< 2500 g) participated in the study. A structured questionnaire which sought information on socio- demographics, gestational age, birth weight, mother history, neonatal history, MAS and DTR scale was used to obtain data from the respondents who were taken from all government and private hospitals/ nursing homes having obstetrics and gynaecology department. **Result:** More than one fourth of the respondents, 54 (27%) reported diagnosis was cerebral palsy hence 27.0% is reported prevalence rate and 42.6% was aware of physical therapy importance in cerebral palsy. There were significant associations between gestational age and low birth weight. A significant association was also found between delayed cry and birth asphyxia and cerebral palsy. **Conclusion:** It was concluded from the results of the present study that there was a high prevalence rate of CP and low physical therapy awareness in Panipat city. It was also found that cerebral palsy was significantly influenced by prematurity and low birth weight.

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### **Introduction**

Cerebral palsy (CP) describes a group of permanent disorders of the development of movement and posture, causing activity limitation that is attributed to non-progressive disturbances that occurred in the developing fetal or infant brain (Zeljka et al 2011). The motor disorders of cerebral palsy are often accompanied by disturbances of sensation, perception, cognition, communication and behavior by epilepsy, and by secondary musculoskeletal problems (Hwang et al 2011). Cerebral palsy is a static neurologic condition resulting from brain injury that occurs before cerebral development is complete. Because brain development continues during the first two years of life, cerebral palsy can result from brain injury occurring during the prenatal, perinatal, or postnatal periods (Bass 1999). The CP encompasses a spectrum of motor disorders of varying tone, anatomical distribution and severity. According to clinical classification CP is divided into Spastic, Dyskinetic, Hypotonic/Ataxic and Mixed type of CP. On the other hand CP is divided into Hemiplegia, Diplegia, Quadriplegia, Triplegia, Monoplegia and Double Hemiplegia on the basis of anatomical classification (Nadire 1999). Upper motor neuron