

The following information has been written by those with a great deal of experience in this area. The information is provided as **guidance** only, allowing you to be more informed in your approach to being a more **inclusive** coach. No two people are the same; as such, please ensure your first step is always to speak to the person - understand their **abilities** and goals, and never assume.

What is Cerebral Palsy?

Cerebral palsy is a lifelong condition arising from damage to the motor areas of the brain that can occur before or during birth, or later on in life through a traumatic head injury, stroke or similar condition.

Cerebral palsy is a non-progressive brain lesion and causes variable impairment of the coordination, tone and strength of muscle action, impacting on posture and movement.

It is important to understand the following two points:

- No two people with cerebral palsy are affected in the same way; some have cerebral palsy so mildly that its effects are barely noticeable, while other people may be extremely affected.
- Even someone severely physically affected by cerebral palsy may have average or above-average intelligence.



Potential Characteristics of People with Cerebral Palsy

Depending on the severity of their condition, a person with cerebral palsy may have one or many of the following:

- balance difficulties – through uncontrolled coordination of limbs
- an active startle (Moro) reflex
- hearing and visual impairments
- sensory loss to the skin
- epilepsy – recurring seizures (fits)
- intellectual disability – this could present itself as a mild, moderate or severe learning difficulty
- perceptual difficulties – difficulties making sense of and interpreting the messages received from senses, moving around objects, judging size and shapes of objects etc
- speech and language difficulties – some people may be fine and very articulate; others could be mildly affected; and some may be very severely unable to say any words
- eating and drinking difficulties – cerebral palsy may affect the chewing and swallowing muscles.

Including People with Cerebral Palsy in Your Coaching Sessions

- The important factor is that no two people are the same, so the coach will have to consider the individual's physique, mobility and application. Speak to the participant to understand their own personal abilities.
- For some athletes with cerebral palsy, outdoor temperature could be a limiting factor to an effective training session during winter months.
- Constant and continual repetition and reinforcement can reduce coordination problems.
- Participants may have a slower reaction time when initiating movement on command.
- The participant may have limb movement restrictions. Therefore, they must work at their maximum capacity to enable optimum performance. The participant must be supported to move any affected limb to the best of their ability.
- The participant may have short-term memory loss, requiring constant and continual reinforcement of instructions.
- Circulatory problems may mean additional stretching and flexibility exercises, and/or shorter drill times are required.
- Be aware of any balance problems and take these into consideration with any relevant drills or game play.

Terminology	
Characteristics:	While there are many types of motor control problems, athletes are affected by ataxia, athetosis and spasticity. <ul style="list-style-type: none"> • Ataxia: Difficulty with balance, trunk control, rapid and fine movements – a wide-based gait is sometimes used to compensate for this. • Athetosis: This results in involuntary writhing movements, which are uncontrollable, irregular and jerky. Often, these movements increase with emotion and stress. • Spasticity: Cerebral spasticity is a state of increased muscle tone with increased reflexes. This may fluctuate depending on various conditions, including posture, positioning, stress and temperature.
Diplegia:	More involvement in lower limbs than upper limbs.
Hemiplegia:	Involvement in upper and lower limb and trunk on the same side.
Monoplegia:	Involvement in only one limb.
Quadriplegia:	Total body involvement (ie head, neck, trunk and all four limbs).
Triplegia:	Primarily three limbs involved (sometimes referred to as asymmetric quadriplegia).