Cerebral Palsy

Fact Sheet

What is Cerebral Palsy?

Cerebral palsy (CP) is a lifelong condition that affects body movement and muscle coordination. It is caused by damage to one of the parts of the developing brain which controls and organises a person's movement and posture. The damage to the developing brain can happen before, during or after birth and is usually diagnosed before the age of three.

Cerebral palsy will affect a person's coordination, tone and strength of muscle action.

Cerebral palsy is not progressive.

Each individual with CP will be affected differently, and it can vary from mild to severe.

For some people, cerebral palsy will affect them physically, making muscle movements more difficult due to muscle tightness or spasticity and involuntary movements.

People with CP may present with balance difficulties, and a disturbance in gait or mobility and have perception issues (difficulties making sense of and interpreting the messages received from the senses, moving around objects, judging size and shapes of objects etc.).

Others may also be affected by epilepsy, breathing difficulties, hearing and vision impairment, a poor swallow or difficulties with speech and language.

It is often assumed that people with CP who are unable to talk, or have difficulty controlling their movements, have an intellectual disability. This is not always the case and should never be assumed. CP does not necessarily affect intelligence, though some people might have an intellectual disability.

Forms of Cerebral Palsy (CP)

Spastic Cerebral Palsy

- Affects 70 to 80 percent of people with Cerebral Palsy
- Muscles are stiff and permanently contracted

Athetoid Cerebral Palsy

- Affects about 10 to 20 percent of people with Cerebral Palsy
- Uncontrolled, slow writhing movements which can affect the hands, feet, arms, or legs, and, in some cases, the muscles of the face and tongue, causing grimacing or drooling. These movements often increase during periods of emotional stress and disappear during sleep
- Some people may also have problems coordinating the muscle movements needed for speech, a condition known as dysarthria
- More involvement of the lower limbs than the upper limbs

Ataxic Cerebral Palsy

- Affects an estimated 5 to 10 percent of People with Cerebral Palsy
- Affects a person's sense of balance and depth perception
- Often have poor coordination or walk unsteadily with a wide-based gait, placing their feet unusually far apart
- Can experience difficulty when attempting quick or precise movements

Mixed forms

It is not unusual for people with Cerebral Palsy to have symptoms of more than one of the previous three forms. The most common mixed form includes spastic and athetoid movements, but other combinations are also possible.

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Fact Sheet (cont'd.)

How to include people with Cerebral Palsy in your rugby coaching sessions

Individual Consideration:

Each person with cerebral palsy is unique, so it's essential for coaches to account for their specific physique, mobility, and abilities when planning sessions.

Communicate with the Participant:

Speak directly with the player to understand their strengths, needs, and limitations in order to tailor your coaching accordingly.

Temperature Sensitivity:

Be mindful that cold weather during winter months may affect some participants' ability to train effectively outdoors.

Repetition and Reinforcement:

Repeating drills and instructions continuously can help improve coordination and reduce movement difficulties, which is vital for skill development in rugby.

Slower Reaction Times:

Participants may have delayed response times when initiating movement after a command, so drills and gameplay should accommodate this by allowing extra time for them to react.

Movement Restrictions:

Some participants may have limited limb movement, so encourage them to perform to the best of their ability. Assist them in adapting their movements to fully engage in tackling, passing, or running drills.

Memory Reinforcement:

Due to potential short-term memory issues, regularly repeat instructions and provide clear cues during drills and matches.

Circulatory Concerns:

Participants might require more stretching and flexibility exercises, especially before and after sessions, and shorter, more frequent breaks during drills.

Balance Considerations:

Balance challenges should be taken into account when designing drills or game scenarios, such as adapting contact or tackling drills to ensure player safety.

This personalised approach will help maximise the player's performance and enjoyment during rugby sessions while keeping safety and inclusion at the forefront.

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