

# SEREBRAL PALSİDE FİZYOTERAPİ VE REHABİLİTASYON

## 8. BÖLÜM

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### GİRİŞ

Serebral palsi (SP) doğum öncesi ya da doğumdan sonraki süreçte beyinde meydana gelen ilerleyici rahatsızlıkları beraberinde getiren, aktivite sınırlamasına neden olan hareket ve postür gelişimindeki kalıcı bir grup bozukluktur (1). SP'ye sıklıkla motor bozukluklar, duyu, proprioepsiyon, bilişsel, iletişimsel ve davranışsal bozukluklar, epilepsi ve sekonder kas-iskelet sistemi sorunları eşlik etmektedir (2). Amerika Birleşik Devletleri'nde yapılan yaygınlık tahminleri son 20 yıldaki 18 yaşın altındaki her 1000 çocuğun yaklaşık yüzde 90'ının yetişkinliğe geçebildiği yönündedir (3-10). ABD'de SP ile yaşayan yetişkin sayısı tahmini 400.000'dir (11-16). SP'li çocuklar ve yetişkinler spastisite, beslenme sorunları, zihinsel engellilik ve nöbetler gibi çeşitli durumlardan muzdariptirler. Spastisite, SP'li çocukların ve yetişkinlerin yaklaşık yüzde 70 ila 90'ını etkilemektedir. Yürüyüş, kaba/ince hareketler ve kalça işlev bozukluğu gibi problemler fonksiyonel yeti yitimine yol açabilmektedir (11,17-21). Gastroözofageal reflü ve yutma güçlüğü de beslenme yetersizliklerine neden olabilen diğer durumlardır (22-24). Öğrenme güçlüğü ve davranış problemleri de eşlik edebilmektedir. Zihinsel yetersizlik, SP tipine ve bozukluk düzeyine göre değişebilir. SP'li bireyi ve bakım verenlerin, erken dönemde ve yetişkinlikte tüm bu yapı ve fonksiyon kısıtlılıklarıyla baş edebilmelerinde fizyoterapi ve rehabilitasyon uygulamaları, medikal ve cerrahi uygulamaların yanında oldukça önemlidir.

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Şekil 19

**Pozisyonlama:** Düzgün oturma pozisyonunu sağlamak ve farklı vücut kısımlarını pozisyonlamak amacıyla farklı materyallerden üretilmiş destekler önerilmektedir. Amaca uygun olarak belirlenmelidir. Yastıklar, minder, kama, destekleyici kemerler ve bantlar da SP’de sık kullanılan malzemelerdir (26).

**Teşekkür:** Şekil 3, Şekil 4, Şekil 10, Şekil 11, Şekil 15 ve Şekil 19 Deniz Ortopedi/Medikal ürün kataloğundan alınmıştır. İlgili şekillerin teminini hususundaki katkılarından dolayı Ortez Protez Uzmanı İlhami Kılıç’a teşekkürlerimi sunarım.

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