Cerebellar Ataxia Survey Results (as of 4/15/13)

**Total Responses: 53**

# of NC Primary School PTs = **205**

# of Pediatric Special Interest PTs = **210**

Potential Total = **415**

(There is some overlap between School PT’s and Pediatric SIG PT’s)

**Practice Setting**

School: 63%

Home: 12%

Clinic: 8%

Hospital: 2%

Other (includes home and clinic, or home/clinic/school setting): 15%

**Years of pediatric PT experience**

<2: 4%

2-5 years: 9%

5-8 years: 6%

8-12 years: 8%

12+: 74%

**Treated a child with cerebellar ataxia?**

YES: 75%

NO: 25%

**Outcome Measures used by pediatric PT’s for cerebellar ataxia.**

The following were outcome measures mentioned by most PT’s (top 3 shown listed first, then in no particular order) :

* GMFM (12 mentions) School Function Assessment (8 mentions), PDMSII (7 mentions), Pediatric Berg, Timed Up and Go, PEDI level of transfer independence and non-specific balance assessments.
* PT’s also reported outcome measure testing may be difficult due to the severity of cerebellar ataxia, so they focus on task specific goals (more included in the goals section).

**Goal examples**

* Most responses included increases in functional mobility, reduction in falls, safe access/participation in classroom activities, playground equipment and PE.
* Family goals
* With progressive ataxia mention of management and consultation was important after decline in function. Managing fatigue (knowing when to ask for help and self advocacy). Development of modified exercises to allow participation with other students.
* Wheelchair mobility (if applicable), assistive device uses, future need for equipment evaluation.
* Goals centered around transfers (bathroom, classroom), curb negotiation, stairs/bleachers
* Acting out daily activities (carrying tray in the lunch room, navigating the school while keeping up with classmates, ambulation with a book bag)

**Interventions**

* NDT techniques (and modified NDT)
* Postural strengthening and stability
* Balance exercises (static, dynamic, anti-gravity positions)
* Endurance training (ambulation for long distances)
* Gait training (on unleveled surfaces, external perturbations)
* Proprioception techniques (i.e joint approximation)
* Weighs on limbs/trunk, SPIO vests, Theratogs weighted vests
* Music/beat incorporated in gait training for cadence
* Visual tracking and head movements
* Vestibular strategies (i.e spinning)
* Orthotics
* Repetition of activities
* Reduction of external support to promote maximal functioning/independence for ambulation
* Yoga postures
* Verbal and physical feedback (i.e. hand over hand)
* Most responses incorporated using activities the child is interested in, fun and motivating.

**Thank you for taking the time to participate in my survey and review the results. I hope this information is as helpful for you as it was for me. Many PT’s responded similarly, but it was also very neat to see the vast creativity that is incorporated in PT practice. For the last 3 questions, I tried to synthesize the responses to the best of my ability. This information, as well as my presentation, will also be available on the NC School-Based PT website (coming soon):** [**http://www.med.unc.edu/ahs/physical/schoolbasedpt**](http://www.med.unc.edu/ahs/physical/schoolbasedpt)

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