Implementation of Early Detection & Intervention for Cerebral Palsy Conference

Global Objectives:
1. Identify the discrete component of the guidelines for best evidence in early detection and intervention of cerebral palsy (CP).
2. Describe the current processes for diagnosis and intervention of CP in your setting.
3. Identify the strengths, weaknesses, opportunities and threats to implementing the guidelines in your program.
4. Develop a process flow to adapt the critical elements of the guidelines to your own high-risk infant follow-up setting.

FRIDAY: DETECTION

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<th>Workshop</th>
<th>Objectives</th>
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<tr>
<td>Communicating a Diagnosis or Risk of CP</td>
<td>• Integrate research on family needs and expectations, healthcare and social supports into a comprehensive team-based approach to counsel parents of high-risk or diagnosed infants with CP.</td>
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<td>Learning the AIMS</td>
<td>• Present research about the Abnormal Involuntary Movement Scale (AIMS) and its use in infants with cerebral palsy 0-3 years including feasibility, properties and limitations.</td>
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<td>*ADVANCED Workshop</td>
<td>• Discuss and compare solutions on how to implement within clinic.</td>
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<td>*Prerequisite: Previous attendance at our Early Detection Conference 2017 or 2018 required.</td>
<td>• Demonstration, practice and video examples of each of the 12 items will be given and case studies reviewed.</td>
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| Using the GMA and the HINE in Clinical Practice | • Examine the feasibility, properties, and limitations of the using the Hammersmith Infant Neurological Examination (HINE) in the follow-up of high risk infants.  
• Discuss practical solutions for successful implementation of the HINE in various settings, including documentation and communication with varied providers.  
• Translate newest and best systematic review evidence for the use of the General Movements Assessment (GMA) in both the neonatal period and the 3-4 month period.  
• Discuss and compare practical solutions to GM reading and universal training. |
| Update on Neuroimaging in the Detection of CP                        | • Integrate best evidence for use of cranial ultrasounds and MRIs in detection of CP.  
• Compare approaches to real-life use and timing of MRI in early detection of CP. |
| Prognostication and Shared Decision Making for the Long-term          | • Quantify the accuracy of various measures in predicting the typology, severity and long-term outcomes of children with CP.  
• Overview of best practices for shared decision making and anticipation of issues in adolescence. |
| Motor Function Assessments for Infants                               | • Compare the evidence for motor assessments of high-risk infants from 3 to 24 months and make informed choices about which can feasibly be implemented in your own program for early detection of CP. |
| Feeding Evaluations                                                  | • Compare the evidence for feeding assessment of high risk infants.  
• Examples of feeding assessments and evaluations appropriate for infants will be given including case examples.  
• Discuss feasibility of implementing in your own program. |
| Hearing Assessments                                                  | • Improve outcomes of the patient with high risk for CP by facilitating a better understanding of the neonatal physiology.  
• Develop appropriate clinical therapies, taking into account differences for a patient with high risk for CP.  
• Implement treatment and management plans for patients at high risk for CP that are based upon current literature, guidelines, and/or protocols. |
**Communication and Language Assessments**

- Translate best evidence in research into a whole team approach to communication teaching.
- Build realistic expectations of parent training programs to promote responsive interaction and communication.
- Case study examples of how different communication and language assessments have been applied in high risk follow up.

**Neurosurgery Surveillance**

*ADVANCED Workshop
Prerequisite: Previous attendance at our Early Detection Conference 2017 or 2018 required.

- Children with CP are often those who have perinatal brain lesions making them at risk for needing surgical interventions.
- Review easy ways to identify neurosurgical involvement.
- Intervention will be discussed including management of hydrocephalus, head shaping.
- If identified early many of these problems can be addressed in ways that will promote optimal development.
- Participants will leave with easy tools to perform surveillance in their own practice.

**State EI Advocacy for Early Detection**

*ADVANCED Workshop
Prerequisite: Previous attendance at our Early Detection Conference 2017 or 2018 required.

- Examine the current state of federal and state policies for early detection of CP.
- Illustrate challenges and strategies of implementation in state EI using two examples.
- Identify individual challenges and strategies for participants own situation.

**Oral Hygiene and Dentistry in Early CP**

*ADVANCED Workshop
Prerequisite: Previous attendance at our Early Detection Conference 2017 or 2018 required.

- Identify preventative care needs for children with CP under the age of 3.
- Discuss special challenges of assessment and care for children at high risk of or with CP.
- Discuss practical strategies to ensure appropriate oral hygiene and surveillance in this population.
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<td>Identify available resources to enhance parent wellness.</td>
<td>Discuss common problems faced in parents and infants with high risk or diagnosis of CP in the NICU and outpatient settings.</td>
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<td>Advocate for additional resources utilizing research and other evidence.</td>
<td>Advocate for resources to support parent well-being.</td>
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<td>Identify challenges and solutions unique to your own healthcare system in delivering parenting interventions.</td>
<td>Compare Acceptance and Commitment Therapy (ACT) versus Cognitive Behavioral Therapy (CBT) approaches.</td>
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<td>Brief presentation about how the health systems, administration, and organizational entities can effectively partner with physicians and researchers.</td>
<td>DISCLAIMER:</td>
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<td>Examples of clinic templates incorporating elements of guidelines (HINE, TIMP, and GMA) will be demonstrated along with options for scheduling and efficiency.</td>
<td>Will not be discussing state or institutional-specific policies.</td>
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<td>Bring organizational chart for your setting in order to optimize your experience.</td>
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