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Opinion

The Effect of Active Standing on Cerebral Paralysis on Physical and Mental Happiness?

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Recently, in the mission of developing better therapy strategies for children with physical disabilities, recent research has begun to give hope for new approaches to motion therapy.

Especially the concept of "active standing" has attracted the attention of many people in this field. This is due to the potential benefits of long-term still behavior that affect many medical problems, such as activity, social communication, respiratory capacity, skin integrity, digestive system functions, joint mobility, and so on, to eliminate the negative consequences and happiness comes with it.

It's one of the questions families think and ask the most. "Walking" is of course very important both as a function and as a social. But other skills can be even more important for the child. In order for the child with cerebral palsy to be happy and be able to remain independent, the following points are listed in the order of importance:

1. Feeling self-confident and loving/loving oneself,
2. To be able to communicate with other people and to establish strong/good relationships,
3. Eating, dressing, toilet, daily life activities such as being independent,
4. To go from one place to another (mobilization),
5. If possible, walking.

What Is Active Standing?

In contrast to a simple stationary standing position, an active situation is considered a low-intensity physical activity that increases the rate of metabolic rate of an individual's running metabolic rate. Most children with physical disability are less active than peers, and immobilization increases according to disability level.

For this reason, it may be difficult to reach moderate activity levels for children with physical disability. However, there is strong evidence that mild severe physical activity is healthier for people who are not ambulatory than those who remain stable. For this reason, active posture is a practical approach for children.

We must understand that "walking" is not the most essential function for a child with cerebral palsy to be happy. Of course, all kinds of treatment and attempts are required to walk. However, before walking, the child must be in control of the head, sit without help, stand on balance while standing.

A well-developed active stop or resume plan will be adapted to the child, but in general, as a movement therapy, there are a few main aims of incorporating the new movement or training approaches.

- Exercise, movement and walking in vertical position with weight transport
- It provides maximum muscle strain and reduces spasticity, muscle deformation and general muscle activation
- The physical movement of an individual enables the sensory experience of activity
- The continuity of repetitive movements, creates a corrected poster
- Coordination of movement patterns in body patterns
- Mutual movements, upper and lower extremity and fuselage between the movement patterns to deal with
- With efficient physical training, the whole body movement gains more motivation to move faster.
- Increased activity increases the conditions for better participation in daily activities, both physically and mentally.

When you are doing this activity, every activity that is made to the child should be translated into a game. Otherwise, the child will be bored and you do not agree.

Children with cerebral palsy at physical activity level tend to be physically less active than their peers, so active posture allows non-ambulatory persons to be more active. This type of therapy not only reduces the negative health consequences of long-term non-mobility, but also causes new active behaviors to become urgent. More physical participation helps overall health and well-being with better participation in daily activities.

In addition to improving muscle tone and muscle weakness or imbalances, stretching of muscles and joints in the cerebral palsy maintains the distance of movement in the lower extremity.

The respiratory and circulatory system can take positive gains with active standing, provides more space to expand the diaphragm, and the child becomes better breathing. This deepens the breathing and improves the respiratory system in general, as well as improves the circulatory system; A better hemodynamic is achieved with active stopping compared to a stable position. Active Stop also increases physical activity, overall endurance and contributes positively to cardiovascular function.

Bone mineral density in non-ambulatory children usually present in low bone mineral density, bone mineral density and activity within the system provides more movement Nov have been shown to affect positively.

In the gastrointestinal tract, many studies have shown that particular gastrointestinal functions are stimulated. In addition to the effect of gravity while the child is in vertical position, it is thought that stretching and bending of the pelvis is the biggest factor.

In the integrity of the skin, it can usually mean that the areas that remain in contact with other areas of the skin are under constant pressure. This can cause problems in blood circulation and surface damage, such as bed sores. The best way to mitigate these risks is active outpatient treatment to alleviate the pressure in the stable area and increase blood circulation, which helps prevent permanent skin integrity problems by alleviating the constant pressure areas.

Mental functionality and mental capacity, with the promotion of active posture, the child's perspective differs from the usual sitting position to help increase mental alertness.

Walker and robotic walking helpers, who have increased their use and preferability in recent times, have provided the opportunity to mobilize by supporting posture. In addition, the increase in courage and confidence will give the advantage of independent and unsustainable mobility and bring happiness with it [1-8].

Bibliography

1. These information obtained from Japanese Society for Rehabilitation of Persons with Disabilities (JSRPD).

2. GS Paleg., *et al*. "Systematic Review and Evidence-Based clinical Recommendation for Doing of Pediatric. Supported Standing Program". *Pediatric Physical Therapy* 25.3 (2013): 232-247.

3. RC Henderson., *et al*. "Bone Density and Metabolism in Children and Adolescents With Moderate to Severe Cerebral Palsy". *Pediatrics* 110 (2002).

4. Verschuren., *et al*. "Muscle activation and energy-requirements for varying postures in children and adolescents with cerebral palsy". *Journal of Pediatrics* 165.5 (2014): 1011-1016.

5. Verschuren., *et al*. "Exercise and physical activity recommendations for people with cerebral palsy". *Developmental Medicine and Child Neurology* (2016).

6. CT Butler. "Pediatric skin care: guidelines for assessment, prevention and treatment". *Pediatric Nursing* 32.5 (2006): 443-450.

7. TW Pin. "Effectiveness of static weight-bearing exercises in children with cerebral palsy". *Pediatric Physical Therapy* 19.1 (2007): 62-74.

8. JJ Eng., *et al*. "Use of prolonged standing for individuals with spinal cord injury". *Physical Therapy Journal* 81.8 (2007): 1392-1399.

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