Early intervention

CLINICAL FACT SHEET

Clinicians should understand the importance of prompt referral to diagnostic-specific early intervention to optimise infant motor and cognitive plasticity, prevent secondary complications, and to optimise caregiver well-being[1].

Neuroscientific evidence indicates that brain development and refinement of the motor system continues postnatally, driven by motor cortex activity. Early active movement and intervention is essential because infants who do not actively use their motor cortex risk losing cortical connections and dedicated function[2,3].

There is increasing evidence that the infant's motor behavior, through discovery and interaction with the environment, controls and generates the growth and development of muscle, ligament, and bone, as well as driving ongoing development of the neuromotor system. Evidence is emerging that commencement of cerebral palsy-specific early intervention before 6 months (corrected age) and the completion of the corticospinal tract, improves children's motor and cognitive outcomes[4,5].

Early intervention improves child outcomes

Commencement of cerebral palsy-specific early intervention before 6 months (corrected age) and the completion of the corticospinal tract development, improves motor and cognitive outcomes.

Early intervention is about taking action as soon as possible to tackle problems for children and families before they become more difficult to reverse.

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Cerebral Palsy ALLIANCE

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