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Commentary on “Measuring Postural Stability in Young Children with Cerebral Palsy: A Comparison of Two Instruments”

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How can I apply this information?

The results of this study can immediately be incorporated into clinical practice by those evaluating and treating children with cerebral palsy (CP). The Early Clinical Assessment of Balance (ECAB) is a more reliable and clinically useful measure in comparison to the Pediatric Reach Test (PRT) to assess postural stability in young children with CP. As the need for justification of services increases, especially for life-long diagnoses with pervasive developmental delay, therapists must include clear, objective measures and outcomes in their documentation. The findings support the ECAB as a valid and reliable test that can easily be administered in any clinical setting for children with CP at all Gross Motor Function Classification System (GMFCS) functional levels. The test allows therapists to indicate clear objective measures of postural stability, and because the ECAB is strongly correlated with the GMFM-66 B&C specific goal areas for therapy can be indicated, which is often an area of particular challenge for children with CP at lower functional levels.

What should I be mindful about when applying this information?

The age range was limited to 2-7 years, but included all functional levels on the GMFCS. Therapists should be mindful of interpreting test results for children with CP who take tone-reducing medication such as baclofen, undergo Botox injections, or receive other therapeutic interventions that may have variable effects on their performance. Further, this study uses the standard error of measurement and the minimal detectable change to investigate the ability of the tests to measure change over time, however the ability of the tests to measure change over time in the same individual was not directly measured. Further studies are also necessary to see if the ECAB can be used as a measure of postural stability for children with other diagnoses.