

What factors influence the quality of life of school age children with Cerebral Palsy?

childhood
disability
LINK



Glossary of terms

Psychosocial: Refers to the psychological development of an individual in interaction with their social environment; can include social-emotional factors.

Mastery motivation: The degree of persistence in performing and mastering challenging tasks and activities.

Summary

This study described the quality of life of school-age children (6-12 years of age) with cerebral palsy. Parents responded for the children, providing their perspectives on how they believe their children perceives their quality of life. When possible, children completed the quality of life questionnaires as well, and their scores correlated significantly with their parents' scores. Approximately half of the children experienced a good life quality, similar to peers without disabilities. Overall physical functioning and health was rated lower than psychosocial well-being. Moreover, motor and other activity limitations in the child were associated with physical well-being but not with psychosocial well-being. Factors that predicted psychosocial health and well-being included family functioning, behavior problems in the child, and the child's mastery motivation. These factors should be considered in guiding resource allocation and health promotion initiatives to optimize the health and well-being of children with cerebral palsy and their families.

Practice implications

About half of children with cerebral palsy experience a good quality of life, but a subgroup is at risk for lower life satisfaction and health. In addition to motor and other functional limitations, poor family coping and adaptation, behavior problems in the child and low motivation levels may negatively impact the social-emotional well-being of the child. This suggests that, to promote health and well-being, rehabilitation services should 1) maximize functional independence in everyday activities through training, as well as use of aids and adaptations or other modifications of the environment, 2) ensure that goals of treatment are child-centered (i.e. what are their goals) to enhance motivation, and 3) provide the appropriate resources to support families and enhance coping. Furthermore, health services should also address behavior problems that can impact the child's and the family's quality of life.

Reference

[Majnemer A, Shevell M, Rosenbaum P, Law M, Poulin C. \(2007\). Determinants of life quality in school-age children with cerebral palsy. *Journal of Pediatrics*, 151, 470-475.](#)