Neurodevelopmental Therapy Results Table

Author, Year, Country, Design, PEDro score, Rating	**Sample Size**	**Intervention**	**Outcomes and significance:** **(+) significant (-) not significant**
Batra et al., 2012 India RCT 4/10 Fair quality	**N** = 30 children with CP (mild to moderate spasticity) and IQ of 50 and above **Age at enrolment**: 6 months to 2 years **CP diagnosis:** 100% **CP Type:** N/A **GMFCS (Gross Motor Function Classification System) Level:** N/A	Neurofacilitation of Developmental Reaction (NFDR) (n=N/A) vs. Neurodevelopmental Therapy (NDT) (n=N/A) ***Intervention details:*** 40 min/session, 3 sessions/week for 3 months *NFDR:* approach used two phases: • Phase 1: Preparatory and Variability Phase. The Preparatory phase uses techniques to normalize tonal characteristics, while the Variability phase promotes dynamic postural responses, encouraging postural stability and normal motor behaviour • Phase 2: Modulation Phase aimed at modulation of postural behaviours by altering dynamics and perturbation characteristics. *NDT:* incorporates positioning, handling at therapeutic key points, inhibitory and facilitating techniques such as: stretching exercises and weight shifting/bearing in developmental position.	**At post-treatment (3 months):** *Gross motor function:* (+) Gross Motor Function Measure (GMFM) (+) GMFM Component I (+) GMFM Component II (+) GMFM Component III (+) GMFM Component IV (+) GMFM Component V (+) Total Dimension Score *Primitive reflex:* (-) Primitive Reflex Status (-) Primitive Reflex Intensity Grading Score *Spasticity:* Modified Ashworth Scale (+) Shoulder (Left) (+) Shoulder (right (-) Elbow (Left) (+) Elbow (Right) (-) Forearm (Left) (+) Forearm (Right) (+) Wrist (Left) (+) Wrist (Right) (-) Hip (Left) (+) Hip (Right) (-) Knee (Left) (+) Knee (Right) (-) Ankle (Left) (+) Ankle (Right)

Neurodevelopmental Therapy Results Table

Author, Year, Country, Design, PEDro score, Rating	**Sample Size**	**Intervention**	**Outcomes and significance:** **(+) significant (-) not significant**
Labaf et al., 2015 Iran RCT 5/10 Fair quality	**N** = 28 children with diplegic CP **Age at enrollment:** 2-6 years old **CP diagnosis:** 100% **CP Type:** Diplegia: 100% **GMFCS Level:** N/A	Neurodevelopmental Therapy (NDT) (n=15) vs. Home exercises (n=13) ***Intervention details*:** • One hour, 3x/week • 3 months *NDT:* • Completed by Occupational therapy (OT) • Exercise positions: Sustaining themselves on forearms and hands, sitting, crawling, semi-kneeling, standing supported by OT until tone reduction was achieved • Once achieved maintaining exercise positions: CP ball and tilt board used to target balance and corrective reactions • Ambulation training was given dependent on developmental level (crawling, creeping, walking on knees, walking) • Passive stretching of lower limbs followed by technique to reduce spasticity/facilitating more normal movement patterns *Home exercises:* • Stretching, PMOR, AROM, at home with parents	**At post-treatment (3 months):** *Gross motor function:* (+) Gross Motor Function Measure -88 (GMFM-88): lying & rolling (+) GMFM-88: sitting (+) GMFM-88: kneeling & crawling (+) GMFM-88: standing (-) GMFM-88: walking, running & jumping