

*DOES HIPPO THERAPY INCREASE AXIAL CONTROL OF THE TRUNK AS A TREATMENT FOR INDIVIDUALS WITH CP? ARE THE RESULTS LINKED CLOSELY TO THE FREQUENCY OF THE SESSIONS?*

For the hippophysiotherapy sessions, the target group was sorted by the topographic cerebral palsy classification: (congenital) diparesis, with mild to moderate spasticity and sensorimotor impairment, characterised by a lack of normal movement experiences.

This study was carried out with the assistance of Jolien, a 7-year-old girl, suffering from a motor disorder called spastic diparesis with a mild mental handicap. For four consecutive years she had some Botox infiltrations near the hamstrings, the last one in January of this year (2009). She moves functionally with an orthopaedic tribike, a manual wheelchair and a Kaye-walker. She wears bilateral leafsprings in orthopedic shoes and a night orthosis. Apart from the typical problems in the lower limbs she suffers from a weak hypotonic trunk musculature (postural and selective) as well as from clear instability near the pelvis region and poor selective muscular strength values for all hip muscles at the expense of the right side.