TO ANALYSE THE EFFECTIVENESS OF VIDEO ASSISTED PROGRAM ON HOME CARE MANAGEMENT OF CHILDREN WITH CEREBRAL PALSY

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ABSTRACT

The overall prevalence of cerebral palsy (CP) has remained constant at 1.96 per 1000 live births over the past few years, despite an increase in the survival rate of infants born at a low birth weight. CP is the biggest demonstrative gathering treated in pediatric restoration. Social support, freedom and self-viability are confined in kids with CP as they experience impediments in the execution of everyday exercises. Around 60% of kids somewhere in the range of 4 and 16 years definitely disapprove of viable utilization of the arm and hand during reach, handle, delivery and control of items, bringing about restrictions in execution of day to day exercises. The majority of upper extremity interventions currently used aim to improve independence-oriented abilities and functionality. High training intensity and meaningful goal-directed and task-specific training are the key components for effective treatment, according to studies of these interventions. Important setting for kids to learn new day to day exercises is generally the home climate, and mediations gave in this setting are called locally established programs. "therapeutic activities that the child performs with parental assistance in the home environment with the goal to achieve desired health outcomes" is the definition of home-based programs. Locally situated programs are believed to be a helpful expansion or even substitution of focus based treatment in the recovery of youngsters with CP. Locally established developers' give an extraordinary chance to prepare ceaselessly, and explicit undertakings are prepared in an important setting. Additionally, these programs allow parents to incorporate training into their child's daily routine, reducing the need for separate training sessions, encouraging generalization, and increasing the intensity and repetition of trained tasks, all of which contribute to effective motor learning. What's more, expanded measure of preparing may work with maintenance of laid out intercession impacts. Besides, it might likewise increment parental association and strengthening, thus adding to equal organizations among guardians and wellbeing experts.

Keywords: *Cerebral palsy (CP), spastic diplegia, spastic hemiplegia, spastic quadriplegia, extrapyramidal, spasticity, physiotherapy.*

INTRODUCTION

The overall prevalence of cerebral palsy (CP) has remained constant at 1.96 per 1000 live births over the past few years, despite an increase in the survival rate of infants born at a low birth weight. CP is the biggest demonstrative gathering treated in pediatric restoration. Social support, freedom and self-viability are confined in kids with CP as they experience impediments in the execution of everyday exercises. Around 60% of kids somewhere in the range of 4 and 16 years definitely disapprove of viable utilization of the arm and hand during reach, handle, delivery and control of items, bringing about restrictions in execution of day to day exercises. The majority of upper extremity interventions currently used aim to improve independence-oriented abilities and functionality. High training intensity and meaningful goal-directed and task-specific training are the key components for effective treatment, according to studies of these interventions. Important setting for kids to learn new day to day exercises is generally the home climate,

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LITERATURE REVIEW

Vanesa Abuín-Porras (2023) Cerebral paralysis (CP) is the most widely recognized actual handicap in youth and results in engine hindrance that is frequently connected with different problems. The purpose of this study was to determine whether children and adolescents with CP benefit from an Action Observation Therapy telecare intervention with a family-centered approach. Balance (Spanish version of the Pediatric Balance Scale), walking endurance (6-minute walk test), and walking speed (10-meter walk test) were the outcome variables. Gross motor function was measured using the Spanish version of the Gross Motor Function Measure. The factors were estimated prior to beginning the review, following a month and a half of mediation and after the 6-week follow-up period.

Ons Borgi (2023) An accurate assessment of the spasticity in the spastic forms of cerebral palsy (CP) is important to establish the effectiveness of therapeutic management. The modified Ashworth scale (MAS) is the most frequently used method in the assessment of spasticity in clinical practice. However, this method does not allow an objective, precise and reliable assessment because of the lack of standardization and the low level of reliability. This prospective, analytical and diagnostic study involved children with spastic CP receiving a first injection of BTA to GCM. Muscle stiffness was measured with MAS and ES before the procedure, and at 1, 2, 3, 4 weeks, 3 and 6 months post-injection. ES parameter and MAS scores before and after the treatment were compared.

Meera Agar (2022) Financial proof in palliative consideration is significant for settling on choices in regards to portion of assets and backing patient inclinations for end-of-life (EOL) care. In any case, there is restricted proof on the expense adequacy of palliative and EOL models of care to illuminate medical services subsidizing choices. A demonstrated expense viability investigation was led from a medical care supplier point of view to gauge the gradual expenses, impacts and cost viability. De-recognized imminent and review information on the asset use, cost and results of the PEACH Bundles Program (n = 75) and common consideration (n = 95) were gathered from three taking an interest

nearby wellbeing locale (LHD) information data frameworks.

Marina Pagaki-Skaliora (2022) Distant treatment, or telehealth, has shown guarantee for youngsters with cerebral paralysis (CP) preceding 2020; in any case, the start of the worldwide Coronavirus pandemic restricting admittance to clinics for up close and personal medicines has driven the requirement for telehealth and prompted a flood in its turn of events. The evidence for telehealth for children with CP that is currently available has not been systematically synthesised due to recent developments. This study planned to dissect and sum up the current proof for telehealth mediations for the treatment of kids with CP and recognize any regions requiring further examination.

Mellanie Geijen (2020) To determine whether or not children with cerebral palsy (CP) can benefit from home-based occupational therapy and physiotherapy programs that focus on the upper extremity and report on outcomes that are related to the child and/or the parent. Child- and parent-related outcome measures from any level of the International Classification of Functioning, Disability, and Health were examined for their efficacy. The data were independently extracted by two authors.

Classification of Cerebral Palsy

The practice of classifying conditions, such as cerebral palsy, is important because it allows cases with similar characteristics, to be grouped together. It is important to classifiy the different features of CP, as this helps to set realistic expectations and influences the treatment. Cerebral palsy is often classified based on several factors, including severity, topographical distribution (which body parts are affected), muscle tone, and functional ability.

- Severity can be classified as mild, moderate, or severe. This classification is broad and lacks specific criteria, but it provides a simple way of communicating the scope of impairment.
- Topographical distribution refers to which parts of the body are affected. It is a useful classification when combined with motor function classification, as it provides a description of how and where a person is affected by cerebral palsy, which can guide treatment protocols.
- Muscle tone refers to the effects of cerebral palsy on muscle tone and how muscles work together. Two terms used to describe muscle tone are hypertonia (increased muscle tone, often resulting in very stiff limbs, associated with spastic cerebral palsy) and hypotonia (decreased muscle tone, often resulting in loose, floppy limbs, associated with non-spastic cerebral palsy).

Dyskinetic CP

Abnormal movements that occur when the child initiates movement are named Dyskinesias. Dysarthria, Dysphagia and drooling accompany the movement problem. Intellectual development is generally normal, however severe dysarthria makes communication difficult and leads the outsider to think that the child has intellectual impairment. Sensorineural hearing dysfunction also impairs communication. Dyskinetic cerebral palsy accounts for approximately 10% to 15 % of all cases of CP.

Ataxic CP

Ataxia is loss of balance, coordination and fine motor control. Ataxic children cannot coordinate their movements. They are hypotonic during the first 2 years of life. Muscle tone becomes normal and ataxia becomes apparent toward the age of 2 to 3 years. Children who can walk have a wide-based gait and a mild intention tremor (Dysmetria). Dexterity and fine motor control is poor. Ataxia is associated with cerebellar lesions. Ataxia is often combined with spastic diplegia. Most ataxic children can walk but some need walkers.

Mixed CP

Children with a mixed type of Cerebral Palsy commonly have mild spasticity, dystonia and/or athetoid movements. Ataxia may be a component of the motor dysfunction in children in this group. Ataxia and spasticity often occur together. Spastic Ataxic Diplegia is a common mixed type that often is associated with hydrocephalus.

Interventions with Cerebral Palsy

Clinicians can learn a lot about the development of children born extremely preterm (EP, 28 weeks' gestation), but outcomes at school age are more useful for predicting long-term functioning. The study found that compared to controls born at term, extremely preterm school-age children have significantly higher rates of intellectual impairment, neurodevelopmental disability, poorer health-related quality of life, and impaired executive, academic, and motor function. An understanding of a variety of significant school-age outcomes could assist in focusing interventions on specific times before, during, and after birth as well as throughout a person's lifetime.

RESEARCH METHODOLOGY

The methodical approach to resolving the research issue is known as research methodology. It comprises of all broad and explicit exercises from ID of the issue to definite translation and end. It also discusses the creation of a tool, a method for data collection, and a strategy for data analysis. The parents' interview, the pre-test, and the post-test were the three data sources used in the study. The information assortment went on for a long time. The Cambridge Assessment English Pre A1 Starters Speaking test1 was used to pretest the children who took part. A pre-test was managed to decide members' homogeneity (EFL starters) in talking abilities, and a post-test to show the kids' formative level in language talking has moved along. Both pre-and-post tests' inquiries blend unassuming inquiries in with shut finished questions. The main distinction between the post and pre-tests was the succession of the inquiries that had been changed to keep away from training impact on the members. A number of processes were carried out during the treatment, including the observation of the children in the experimental group by the EFL teacher and their parents, recording the children's progress in the classroom and at home, and receiving feedback from their parents. The meeting information mean to check guardians' insight of how the advantageous recordings impact home verbal cooperation with their youngsters and investigate challenges and recognize any further remarks or ideas for better execution.

RESULTS

The collected data were analyzed and interpreted under the following headings:-

- Demographic data
- Comparison of pre and post test score to evaluate knowledge

regarding prevention of child abuse among school teachers.

- Effectiveness of video assisted teaching programme to improve the knowledge regarding prevention of child abuse among school teachers.
- Association of pretest score with their selected demographic variables.

Section A: Demographic variable:

Table: 1 Frequency and percentage distribution of school teachers working in selected school at Madurai, according to their demographic data.

(n=60)

Demographic data	**Frequency**	**%**
1.Age (in years):		
25-30 years	4	6.7
31-40 years	32	53.3
41-50 years	19	31.7
Above 50 years	5	8.3
2.Gender:		
Male	0	0
Female	60	100
3.Educational qualification:		
Primary	6	10
Secondary	2	3.3
Higher secondary	7	11.7
Graduates	45	75
4.Year of Experience :		
Below 5 years	14	23.3
6-10 years	22	36.7
11-15 years	11	18.3
Above 15 years	13	21.7
5.Previous knowledge :		
Yes	15	25
No	45	75
6.Type of family :		
Nuclear family	40	66.7
Joint family	17	28.3
Extended family	2	3.3
Others	1	1.7

Table 1 reveals that majority 32 number (53.3%) of teachers belongs to the age group of 31--40 years. Regarding sex, majority 60 number (100%) of teachers are females. Regarding educational status, majority 45 number (75%) of teachers were graduates. with Regarding year of experience of majority 22 number (36.7%)of teachers within 6-10years. Regarding the previous knowledge, majority 45 number(75%) of teachers have inadequate knowledge. with regard to the type of family majority 40 number (66.7%) of teachers were nuclear family.

Section B: Comparison of pretest and post test score to evaluate the knowledge regarding prevention of child abuse among teachers in selected school at Madurai.

Table 2: Mean , SD and mean% scores of pre test to evaluate the effectiveness of video assisted teaching programme knowledge regarding prevention of child abuse among teachers in selected school at Madurai.

Area	pre test			
	Max score	Mean	SD	Mean %
Introduction	2	0.85	0.79	43
Rights of child	1	0.77	0.43	77
Definition	1	0.67	0.48	67
Causes	3	0.98	0.83	33
Types	9	4.8	1.25	53
Prevention	10	4.35	1.61	44
Legal issues	2	1.28	0.80	64
Child helpline	2	1.39	0.65	69
Overall	30	15.27	3.13	51

Table 2 The table reveals that overall pretest mean score on knowledge regarding prevention of child abuse among school teachers was 51% shows Inadequate knowledge.

Table 3: Mean , SD and mean% scores of post test to evaluate the effectiveness of video assisted teaching programme knowledge regarding prevention of child abuse among teachers in selected school at Madurai

Area	Post test			
	Max score	Mean	SD	Mean%
Introduction	2	1.95	0.22	98
Rights of child	1	1	0	100
Definition	1	0.98	0.13	98
Causes	3	2.87	0.43	96
Types	9	8.9	0.35	99
Prevention	10	9.62	0.58	96
Legal issues	2	1.67	0.54	84
Child helpline	2	1.63	0.64	82
Overall	30	28.55	1.29	95

Table 3 The table reveals that overall pretest mean score on knowledge regarding prevention of child abuse among school teachers was 95% shows Adequate knowledge.

Table 4: comparison of pre & post test scores to evaluate the effectiveness of video assisted teaching programme on knowledge regarding prevention of child abuse among teachers in selected school at Madurai

Level of knowledge	Pre test		Post test	
	f	%	f	%
Inadequate	29	48.3	-	-
Moderate	31	51.7	1	1.7
Adequate	-	-	59	98.3
Total	60	100	60	100

TABLE 4 The table indicates the overall knowledge level of teachers in the school regarding child abuse, in pre test there were 29 number (48.3%) of the teachers with indequate knowledge, 31 number (51.7%) of the teachers with the moderate level of knowledge where as in post test 59

number (98.3%)of teachers had adequate knowledge regarding the child abuse.

CONCLUSION

The scientist needed a lot of knowledge about the difficulties mothers face when really focusing on their children with CP, so they collected subjective data. This is avowed by Holton and Walsh (2017:191) who pointed out that there is need to notice 'emerging association between thoughts'. According to Rubin and Babbie (2013:40), the qualitative research method is "more likely to tap the deeper meanings of particular human experiences, and generate theoretically richer observations that are not easily reduced to numbers." The procedure assisted the expert with uncovering various components expected under study, ramifications of convoluted characteristics were made and conceptualized. Snowball analyzing was in like manner utilized in which individuals with whom contact had proactively been made implied the researcher to anticipated individuals. Genuine requests were used to aggregate data from the twelve individuals through semi-coordinated interviews after moral underwriting had been gotten from the Social Work Departmental Investigation and Ethics Board at the School of South Africa (UNISA). Data were assembled through semi-coordinated interviews with twelve mothers truly zeroing in on jokes with CP, helped by certifiable requests contained in a gathering guide. Thematic analysis and Lincoln and Guba's classic model were used to verify the data in accordance with Tesch's eight steps. The audit adhered to moral rules like protection, informed consent, mystery and the leading group of information.

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