Evidence-based practice

In parallel with Leckey’s CPD series on standing, here are two recent articles for review and discussion. Copyright law prevents us from providing or reproducing the originals, but the references and summaries are provided below.

Systematic review and evidence-based clinical recommendations for dosing of pediatric supported standing programs

This review concludes that standing programmes carried out 5 days per week can positively affect bone density at 60-90 minutes per day; hip stability at 60 minutes per day in 30-60° of bilateral hip abduction; range of hip, knee and ankle movement at 45-60 minutes per day; and spasticity at 30-45 minutes per day.

Discussion point: Standing devices were shown to be medically useful by Paleg et al, but there are still gaps in the literature with regard to minimum and optimal doses for desired outcomes with specific paediatric populations, as well as the activity and participation outcomes of standing. How do we ensure that this evidence is integrated into child-centred standing programmes?

Prevention of dislocation of the hip in children with cerebral palsy: 20 year results of a population-based prevention programme

Over a 20 year period, the incidence of hip dislocation in Swedish children with cerebral palsy (CP) has been reduced from 8% to 0.5% through a combination of clinical and radiological examination, early intervention and preventative surgery. Non-surgical interventions included lying, sitting and standing positions, as well as the use of orthoses.

Discussion point: According to Hagglund et al, the incidence of hip dislocation in the general CP population is estimated to be between 15-20%, yet the work in Sweden shows that this does not have to be an inevitable outcome of CP. How can we use this evidence to reduce the incidence of hip dislocation in our own countries?

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