Continuing Professional Development Series:
What is the evidence for the effect of hip abduction in standing on hip integrity in children with cerebral palsy?

Week 4: CPD Series Summary and Conclusion

This week’s final CPD focuses on drawing the research evidence together and providing you with the full review document.

Summary
Over the last three weeks, we have reviewed the research studies by Macias-Merlo et al (2015a & 2015b) and Martinsson & Himmelmann (2011) on the topic of abducted standing. What did you conclude? Are you any clearer on the topic of abducted standing? We hope, at the very least, you have found the discussion about abducted standing stimulating and challenging!

Conclusion
While there is much contemporary focus on the benefits of abducted standing for hip stability of children with CP, there is a dearth of research which means it is not possible to draw firm conclusions at this stage. Although many of the difficulties of carrying out research with children with CP are acknowledged by the authors, the very small numbers of children, as well as methodological and reporting concerns mean that clinical restraint must be exercised.

However, this does not mean that passive stretch as part of postural management programmes should be abandoned – it simply means that the sub-group of children for whom it is effective is not fully defined, and therefore an individualised approach should be used (Gough, 2007).

This client-centred approach is consistent with the principles of evidence-based practice (Sackett, et al., 1996). It is likely that standing in abduction is beneficial for some children. At the moment, the evidence to date suggests that abducted standing may have a support role in the development of hip integrity and symmetry for ambulant, cognitively intact children at GMFCS level III.

Children at GMFCS levels IV and V who have undergone surgical intervention may benefit from post-surgical standing, but it has not yet been determined whether abduction or regular standing is most effective. In addition, the most effective angle of abduction for MP improvement is not yet defined (Martinsson & Himmelmann, 2011).

The long-term outcomes for the children in these studies is not yet fully clear, and larger studies with randomisation, more stringent controls on duration and angle of standing, as well as restrictions on concurrent interventions are required to further clarify the potential benefits of abducted standing and the group(s) of children who may benefit the most from it.
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Until then, alongside a hip surveillance programme and timely surgical intervention, clinicians should continue to use their professional expertise to determine the most appropriate intervention for each child.

References


Links

www.csp.org.uk/faqs/cpd/what-do-i-need-know-about-continuing-professional-development

And finally...

You can find the full review article and a handy infographic on our website at http://www.leckey.com/know-how/evidence-for-the-effect-of-hip-abduction-in-standing-on-hip-integrity-in-children-with-cp/