Abducted Standing - What’s the Evidence?*
Only three research studies published

Macias-Merlo et al, 2015, a&b

- Very small numbers and no control group means we don’t know if results can be applied to all children with CP
- Impact of mobility on hip was not taken into account
- Link between hip flexibility and hip stability cannot be made

Lack of base line measures, randomisation, small study numbers and selection bias in study and control groups.

Study Group | Control Group
---|---
Impact of mobility on hip was not taken into account | Impact of mobility on hip was not taken into account
Children in study group maintained hip integrity and symmetry but this cannot be wholly attributed to abducted standing.

Martinsson & Himmelmann, 2011

| Study Group | Control Group |
---|---|
3 | 11 |
Surgery & Abducted Standing | Abducted Standing Alone |
20 | 63 |
Surgery & Regular Standing | Regular Standing Alone |

Lack of controlled variables between study and control groups, and lack of recording of dosage and duration means reliable conclusions cannot be drawn.

Surgery may have been the most important and predictive factor for MP improvement.

*Note

The infographic should be used in conjunction with the report "What is the evidence for the effect of hip abduction in standing on hip integrity in children with cerebral palsy?"

What can we learn?

- Hip surveillance and preventative or corrective surgical intervention can maintain hip integrity
- Abducted standing may have a role in the development of hip integrity or children with CP
- Children are likely to benefit from standing after hip surgery
- An individualised approach for each child should be used, based on clinical expertise

References:
2. Macias-Mena Elagur-Calatà C, a Girabent-Farrel, M & Vöberg, W 2015b Effects at the standing program with hip abduction on hip acetabular development in children with spastic diplegia cerebral palsy, Cerebral Palsy Intervention. DOI ID 30291788530628 & DOI 1101221

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