in therapy and gets the most from each session. From my experience as a clinical instructor and watching many students come through the clinic, I realize pediatrics is not for everyone. I suggest requesting a clinical rotation in a pediatric setting to give yourself a chance to see if this is the right specialty for you.

**CASE STUDIES**

**CASE #1**

TC was born 2 months premature. During labor, his mother experienced a drop in blood pressure. At birth, he was diagnosed with kidney dysfunction, and at 9 months of age, he underwent surgery to correct the problem. At 16 months of age, he was diagnosed with CP, only after his mother repeatedly asked the pediatrician about her concerns. He was first diagnosed with diplegia; however, the PT determined that this child’s motor deficits included his trunk, both legs, and one arm (triplegia). At 18 months of age, he began physical therapy. At the time of evaluation, he lacked adequate head control, had no trunk control, and could not bear weight on his LEs. When placed in the standing position, his LEs pushed into the support surface, which stimulated the positive support reflex, thereby producing extension, adduction, and internal rotation of the LEs with the feet plantarflexed and inverted. The left UE was held in flexion, and the neck was hyper-extended. Following 6 months of treatment, once weekly and a home exercise program performed daily, he was able to be placed in sitting and maintain this position independently while perturbing his COG during play. He began rolling over in both directions, creeping on all fours, pulling up onto his knees, and attempting to pull to stand. When he began therapy, there were minimal vocalizations. Following 6 months of intervention, he had multiple vocalizations and a vocabulary of 30 words because of improved posture and motor control that directly affected respiration, phonation, and articulation.

Physical therapy interventions included the following:

- Altering postural tone
- Increasing trunk extensor tone for postural control
- Increasing trunk flexor tone for stability and mobility
- Repeating newly acquired motor skills is necessary to develop function or motor learning

If the child requires immediate intervention and facilitation, the PT may choose not to delegate treatment to the PTA. Once the child begins to demonstrate some internal motor learning and control, the PTA could work on all of the above within that skill, working to the outer limits to allow the child the opportunity to practice, self-correct, and develop normal patterns of movement.

**QUESTIONS**

1. What positions or postures could the PTA consider using with TC? Consider that his trunk tone is low, whereas his 3 extremities demonstrate high muscle tone.

2. Once postural tone is closer to normal and facilitated movement can be freer and easier, why would the PT ask the PTA to incorporate an activity where gravity is resisted?

3. Trunk extension must be balanced by trunk flexion. List 3 ways that you would develop trunk flexion strength.