



## **Appendix**

**This appendix was part of the submitted manuscript and has been peer reviewed.  
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Appendix to: Graham D, Paget SP, Wimalasundera N. Current thinking in the health care management of children with cerebral palsy. doi: 10.5694/mja2.12106

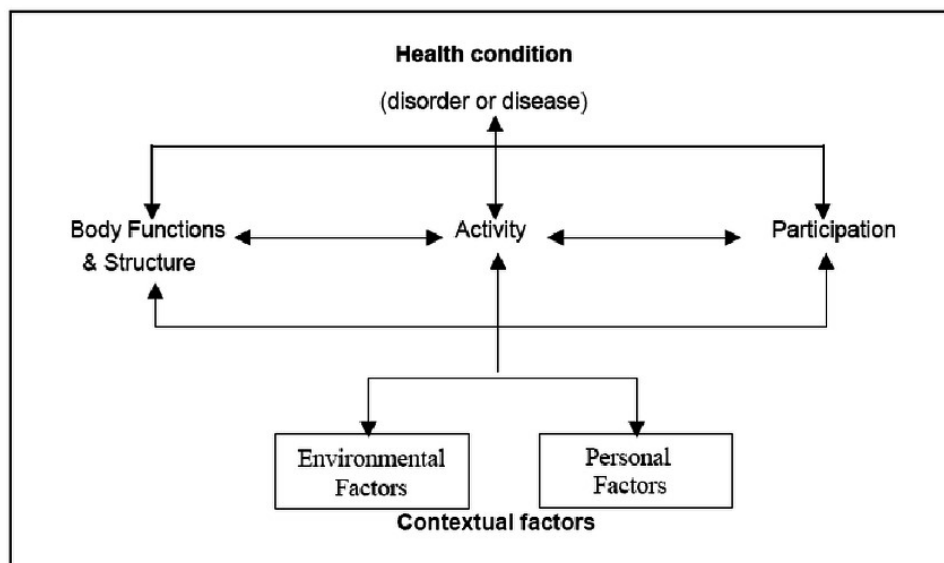
**Table 1.** Common functional classification systems used in CP. GMFCS = Gross Motor Function Classification System, MACS = Manual Ability Classification System, CFCS = Communication Function Classification System, EDACS = Eating and Drinking Abilities Classification System

<b>Level</b>	<b>GMFCS</b>	<b>MACS</b>	<b>CFCS</b>	<b>EDACS</b>
I	Walks without limitations	Handles objects without limitations	Communicates effectively without limitation	Eats and drinks safely and efficiently
II	Walks with limitations	Handles most objects but with limitations	May require additional time to communicate effectively	Eats and drinks safely, but with some efficiency limitations
III	Walks with hand-held device	Handles objects with difficulty	Communicates effectively with familiar people	Eats and drinks with some safety limitations, and with efficiency limitations
IV	Mobilises with limitations	Handles limited easily-managed objects	Inconsistent communication, even with familiar people	Significant limitations to eating and drinking safely
V	Dependent on others for mobilisation	Very severely limited in manual handling	Rarely communicates effectively	Unable to eat or drink safely

**Table 2.** Green light interventions and ICF-CY domain<sup>32</sup>

<b>Body structures and function</b>	<b>Activities</b>
Therapy: <ul style="list-style-type: none"> <li>• Ankle casting</li> <li>• Fitness training</li> <li>• Pressure care</li> </ul> Pharmacological: <ul style="list-style-type: none"> <li>• Anticonvulsants</li> <li>• Botulinum toxin A</li> <li>• Bisphosphonates</li> <li>• Diazepam</li> </ul> Surgical: <ul style="list-style-type: none"> <li>• Selective dorsal rhizotomy</li> </ul> Other: <ul style="list-style-type: none"> <li>• Hip surveillance</li> </ul>	Therapy: <ul style="list-style-type: none"> <li>• Bimanual training</li> <li>• Constraint-induced movement therapy</li> <li>• Context-focused therapy</li> <li>• Home programmes</li> <li>• Occupational therapy post botulinum toxin A</li> </ul> Pharmacological: <ul style="list-style-type: none"> <li>• Nil</li> </ul> Surgical: <ul style="list-style-type: none"> <li>• Nil</li> </ul> Other: <ul style="list-style-type: none"> <li>• Nil</li> </ul>

**Figure 1.** The ICF model<sup>30</sup>



**Figure 2.** Pelvic x-ray of a child with severe bilateral hip dislocation. Panel (a) shows femoral head migration and shallow acetabulum as seen in cerebral palsy; panel (b) is a post-operative image showing derotation surgery to enlocate the femoral heads

