

Early Identification and Early Intervention (Baby Constraint Induced Movement Therapy) for Children with Hemiplegic Cerebral Palsy: A Knowledge Implementation Project

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Background

- In Canada, the average age of CP diagnosis lags behind international standards.¹
- For early detection of CP, Clinical Practice Guidelines (CPG) recommend the Hammersmith Infant Neurological Examination (HINE).²
- CPGs recommend Baby Constraint Induced Movement Therapy (CIMT) to improve arm and hand function in infants with Hemiplegic CP.³
- Early intervention for CP is critical to harness early neuromuscular plasticity.³

Research Objective

To implement, evaluate and sustain change in clinical practice for early identification of HCP and an early intervention Baby CIMT program at five sites across Ontario.

Sites













Methods: Knowledge to Action

- Engaged neonatal follow-up programs, local rehabilitation/children's treatment centres and community-based Occupational Therapists (OTs)/Early Interventionists (EIs) at five sites across Ontario.
- A Knowledge to Action Cycle Framework⁵ was used to implement an early identification to early intervention (Baby-CIMT) program.
- The Action Cycle has three stages:



Action: Integrate the HINE in neonatal follow-up clinics.

Implementation Strategy: Facilitated webinar on administering and scoring the HINE for neonatal follow-up clinicians. Support HINE uptake at monthly Community of Practice meetings to iterate process.

Outcomes: Number of neonatal follow up clinicians using the HINE.

Action: Neonatal follow up clinics refer infants identified at high risk for HCP to Baby-CIMT OTs at rehabilitation centres.

Implementation Strategy: Established Baby-CIMT OT leads at each site. OT leads and neonatal follow up clinicians developed strategies to streamline referrals to Baby CIMT.

Outcomes: Infant age at the time of referral; Number of referrals to the Baby-CIMT program

Action: Baby CIMT OT leads perform initial assessments, and develop a personal parent-mediated 6-week Baby-CIMT home program.

Implementation Strategy: Facilitated a Baby-CIMT webinar for site OT Leads. OT Leads trained local community OTs/EIs on Baby-CIMT and site-specific processes.

Outcomes: Age at initial rehabilitation assessment; Parent and clinician program satisfaction.

Success Markers

Sites have completed initial steps for implementation, including:

- ✓ Neonatal follow-up clinicians attended HINE webinar
- ✓ Rehabilitation OT leads attended & facilitated Baby-CIMT webinars
- ✓ OT leads completed Mini Assisting Hand Assessment (mini-AHA) training
- ✓ Sites refined referral processes

Next Steps

- Support sites through monthly Community of Practice meetings.
- Collect data to assess program implementation.
- Develop Baby-CIMT online toolkit to sustain knowledge use.

Impact

- Improve access to early identification and treatment for infants across Ontario at high risk for HCP.
- Continue to evolve clinical practice for infants at high risk of HCP across Canada.

References

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