

RAJUL VASA FOUNDATION

Protocol for Cerebral Palsy Child

Neuroscience is completely in dark state about cerebral palsy children's ability to develop the brain and body. Neuroscience considers CP children's growth and development possibilities to reach to a dead end from presence of brain lesion. Vasa Concept promotes the growth and development of child with brain lesion by making the child to connect to the gravity like any other normally growing child. This demands a lot of work by parents on their child at home. Child feels safe and thinks he is playing with mother / father while in fact he is exercising. It helps develop strong bond between child and parents. Brain plasticity can be positively exploited to its maximum in safe environment of home. Child feels strong fear and cries in the hands of strangers who attempt to treat them. High plasticity of brain during growing age can become negative in terms of child developing spasticity, contractures, deformity, and abnormal dystonic movements if child is made to sit stand and walk with supportive devices before his brain and body are connected to gravity from within as we did when we were children. Empowering parents is extremely important in order that brain is moulded for at least 6 hours a day with activities, play and exercises. Only those parents who are willing to work with child under the guidance of Vasa Concept are welcome by RVF to learn **'what to do'** and **'what not to do'** with growing child.

Name of the child: _____

Date of birth: _____

Current age : _____ Male/Female: _____

Father's name and occupation: _____

Mother's name and occupation: _____

Address: _____

Contact detail: Residence: _____

Mobile no. of Father: _____ e-mail _____

Mobile no. of Mother: _____ e-mail _____

Age of mother at time of delivery: _____

Paste a recent
photograph of the child
+ submit 2 photos along
with the form.

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Did the mother have any complications during pregnancy or at the time of delivery?

(Anaemia /P.I.H /jaundice/thyroid/T.B. /B.P./depression /stress /diabetes/asthma)

Any other (please specify) _____

Birth of child (delivery): normal/forceps/vacuum/caesarean section/any other

Did the child cry at the time of birth? Yes/no

Was the child admitted in the NICU after birth? Yes/no

Reason for admission to NICU: seizure/ jaundice/ sepsis / underweight/ preterm baby/ heart problem/if any other (please specify)

Milestones of child

- Social smile (yes/no):_____If yes, how often? _____
- Drooling: a lot / moderate / positional
[do not give any drug to prevent drooling]
- Head holding(yes/no):_____
- If yes, complete_____partial _____any other_____
- Rolling(yes/no):_____if yes, one side -- right/left or both sides
- Moves forward on stomach (yes/no):_____
- Sits with support(yes/no):_____ if yes, _____(minutes/hours)
- Sits by self: with help/ without help
- Sitting independently: straight / with hunch back / with scoliotic S curve
- Crawling (yes/no):_____if yes, using alternate limbs / bunny hop
- knee stand
- Standing: erect / with support of furniture / wall / walker / crutches
- Walking :(yes/no):_____if yes, started at what age and how / explain current status.

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- Speech : babbles / speaks with understanding / 2 – 3 words / 2 – 3 sentence / full sentence
- Crossing legs (scissor legs): sleeping position / standing position / walking
- Playing with toys:
Reaching the toy /holding the toy with two hands/ playing with understanding / beading stacking rings /solving the puzzel / pressing buttons with one finger
- Focussing (yes/no):_____
- Eyes squint (yes/no):_____ if yes: both/right/left.
- Wearing spectacles(yes/no):_____if yes, at what age _____
What is the number of spectacles?
Which doctor you visited _____
- Recognising family members (yes/no): _____
Parents/ grandparents / brother / sister/ others
- How does the child express himself/herself? _____

- Cold /cough how often in a week, month, year. _____

How many times have to go to the doctor?

How many times in a year have given antibiotic for the same?

Do you use a nebulizer for the breathing difficulty?
- Have you given ozone therapy to the child?
- How much do the parents understand what the child is saying? _____

- How do you feed your child?
- Do you feed special food to the child or you feed what is cooked for adults at home?
- How often child coughs while feeding
- Can child chew the food / sip the liquid / drink the liquid /

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- Child eats by self (yes/no): _____
If yes, what type of food?
- Thirst :
How much water child drinks (approximate) during the day?
Does the child ask for water?
At what interval, how much you make the child drink water?
- Consistency of stool: liquid / semi solid / hard/ constipated
- Does the child pass stool every day/alternate day/ once in 3-4 days/weekly?
- Explain the effect of weather condition on your child. How frequently you visit a doctor ?
- Does child get muscles twitches / epilepsy / jerks / breathing difficulties (yes/no): _____
1st time at what age child experienced above
_____. Currently (yes/no): _____
What treatment / medication given so far?

How many times you have to rush to the doctor? Have the medicines given him relief?

Despite medicines for epilepsy no relief to the child?

Ongoing medication: _____

- How do you always carry your child? (on your waist/ on your back / anything else)

Your observation of your child is important to us at RVF.

- Have you observed physical and mental deterioration of your child despite regular therapy?
- Have you given a thought why your child gets frequent cough, cold, fever, indigestion, constipation, and muscle twitches to seizures despite lots of drugs given to the child for such symptoms?
- Have you thought why child gets hip joint dislocation despite therapy / due to standing and walking when child is yet not ready for it?
- Have you thought why your child's bones are so weak fragile and prone to fractures despite giving good food and calcium syrup / tablets etc?
- Do you think that giving expensive drugs will cure your child?

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Please note : Using the following question bank as a point of reference, both, the mother and the father have to write the entire history of the child in a story format, separately, in their own perspective. Both softcopy and hardcopy are required for submission. [Write up in other than English should be submitted in pdf format.]

Question Bank

- When and how did you first come to know about the neurological problem in your child?
- Write birth history of child and complications during birth.
- What was the first thought on your mind when you came to know about difficulty of the child?
- What kind of emotional disturbances did you feel knowing about the child's condition?
- What did the doctors explain to the parents about your child's condition and future?
- What idea do you have about your child's condition?
- At present, what treatment/therapy /medication you are following?
- What all treatment / therapies/ medication has your child undergone in the past years? Give as timeline.
- Describe development / deterioration in terms of spasticity, contracture, hip dislocation, etc. with time line.
- Has your child gone through BOTOX, stem cells, any other therapy?
- What are the child's daily activities and routine?
- What the child can do and cannot do and the child's likes and dislikes.
- Write briefly about child's social, physical, physiological, psychological, emotional abilities and disabilities.
- What the child does to get the attention of others around him?
- How did this problem in the child affect the relationship between husband and wife socially?
- How did this problem in the child affect the parents when in public with the child.
- What is your thought for the child? Do you think the child will be alright in time?
- Have you felt the child has taken away your freedom?
- Do you worry about the child's future?
- What understanding still the doctors give you about your child?
- Any particular remarks by the doctors which you are unable to forget?
- How did you come to know about Dr. Rajul vasa?
- Have you been to Dr. Vasa's website <https://vasaconcept.in/>?
- What have you understood and what are your expectations from Dr. Vasa?
- On Dr. Vasa's advice are you willing to discontinue present treatment/therapy /medication /medicine you are following at present?
- Exercise prescribed may cause some pain in the beginning. Are the parents ready for the same?

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List of essentials to be provided along with the registration form for cerebral palsy child. (Paste this page on the backside of the front of the file.)

1. 2 current passport size photographs of the child.
2. One current photograph of the child with his parents/guardians.
3. Photo copies of all medical reports including discharge papers from hospital at the time of birth.
4. Disability certificate of the child.
5. Current X-ray of the hip (AP and Lateral) including legs.
6. Current X-ray of the vertebral spine - (Dorso-lumber AP, lateral) in sitting and standing.
7. Bone density test (for above 8 years child)
8. Kindly send all above reports and protocol form in soft copy to the given mail id. Clear numbering at the top on the right side of the medical reports with the latest report on top.
9. Label the office spring file with full name, address, contact nos., email id, date of birth.
10. Scan the complete data of the file including our form, medical reports, and x-ray reports in JPEG format with title and date of medical reports. Provide it to a pen drive of **8 GB**. Also, story by both the parents to be typed in the computer (.doc format) and provide it on the **pen drive**. **(Write up in other than English should be submitted in pdf format)**
11. All available childhood photographs till date with the timeline (scanned/soft copy) on the **pen drive** (.jpeg format) with age of the child on each photograph.
12. Video shooting require in the horizontal format only. No vertical format will be accepted. Video shooting must be done in good light. Video shooting of child's current therapy and daily activities from morning to night till child go to sleep must be taken. e.g. Brushing teeth, bathing, eating, exercising, playing, going from on stomach to on the back and from back on the stomach, walking with support, walking with orthotics, child speech, video to demonstrate speech and recognition of objects, etc.
If the child is going to school, then school activities and therapy to be taken. Video shooting of what Child can do and cannot do by self.
13. All video shooting of the child must be only in diaper / under pant. Video clips should be of maximum 1 minute only. Each and every video clip has to be named. Provide it on a **Pen drive**.
14. Please check complete videos on pen drive before sending to us. Videos on the pen drive should play in the horizontal format only. Videos playing in the vertical format will not be accepted.
15. Label the pen drive with the name and date of submission. Retain one more copy with you for your reference.

In case of patients out of India only, the videos may be sent via sendspace.com or wetransfer.com and other documents may be sent via email. If you can courier file and pen drive, it would be highly appreciated.

**Please feel free to ask for any information or explanation.*

Please visit Dr. Vasa's website <https://vasaconcept.in/> for better understanding of the about vasa concept.

It is mandatory to send your PENDRIVE by post or courier to below address:

Debasis Panda

PNK imperial heights Wing A, House no. 402,

Nr. police commissioner office, Shanti Garden, Mira Road East – 401107, Dist. Thane Maharashtra.

rajul@brainstrokes.com, debasispanda2007@gmail.com milindgt@outlook.com,

What's App Number- 8108815678

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(For Office Use)

Patient's Details

Name:

(First Name)

(Middle)

(Surname)

Diagnosis:

Date of Episode:

Date of Joining:

Date of Birth _____:

Age:

E mail:

Address:

Contact Numbers: