
F1: Hypotonia Update

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Learning objectives:

At the conclusion of the session, participants will be able to:

1. Describe how hypotonia might be measured
2. Identify which interventions targeting hypotonia are evidence based
3. Create a “Care Pathway” for an individual child with severe to moderate hypotonia

Session description:

Congenital hypotonia can be central or peripheral in origin and the therapeutic management of these two groups is distinct. Central hypotonia may have a genetic basis such as Down syndrome or the cause may be unknown. Hypotonia syndrome is defined by Kathy Martin as “a human movement system syndrome characterized by decreased strength, increased flexibility/muscle extensibility, hypermobility, decreased activity tolerance, delayed motor abilities or skills, leaning on supports, and rounded shoulder posture”. This course will identify and evaluate the evidence supporting interventions commonly used by physical (PT) and occupational therapists (OT) for children with central hypotonia.

Content references:

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3. Paleg G, Huang M, Vasquez Gabela SC, Sprigle S, Livingstone R. Comparison of the Inertial Properties and Forces Required to Initiate Movement for Three Gait Trainers. *Assist Technol*. 2016 Fall;28(3):137-43
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7. Paleg, G, Smith BS, and Glickman LB. Systematic review and evidence-based clinical recommendations for dosing of pediatric supported-standing programs. *Pediatr Phys Ther*. 2013 Fall; 25(3):232-47.
8. Glickman L, Geigle P, Paleg G. A systematic review of supported standing programs. *J of Ped Rehab Med Vol 3:3* 2010 pp 197-213.