Introduction

Conductive education was developed in Hungary by András Pető in the 1940s1-6 and can be defined as a holistic method that utilizes an active cognitive approach to teach individuals with neurodevelopmental dysfunction and motor disorders (most commonly individuals with cerebral palsy) to become more functional participants in daily activities.7-9 There are several characteristics of conductive education which make it a unique approach for individuals with motor disorders, including the leader, rhythmic intention, task series, and group format.5 The leader is responsible for knowing every child's specific impairments and goals and is expected to individualize the tasks to each child's ability. Pető believed that language and learning were strongly interconnected and incorporated self-talk into every task to promote learning new tasks through repetition and rhythm. The task series is a way in which an activity is broken down into smaller, more functional units in order to promote motor control and improved orthofunction. The group provides a social context, which promotes learning, develops peer relationships, improves communication skills and encourages confidence, support and motivation. The purpose of this case report is to describe the significant improvements noted in one child's functional daily life skills as a result of participating in 18 months of a conductive education program.

Interventions and Outcome Measures

EO participated in an intensive motor training program at the Center for Independence through Conductive Education, which utilizes a multidisciplinary team approach with physical therapists and occupational therapists, alongside conductive education teachers from February 2012 through August 2013. He attended a program five days per week for three hours each day on a one-month on, one-month off basis for this duration. He also completed two intensive summer camps in which he attended five days a week for six hours each day, for one month. Upon his first and last day of each session, EO was measured for maximum passive knee flexion range of motion (ROM) to monitor any gains in ROM. His daily program consisted of completing tasks geared towards relaxing spastic muscles, increasing strength, supporting independence, and promoting proper alignment while relying on rhythmic intention, talk into every task to promote learning new tasks through repetition and rhythm. The group provides a social context, which promotes learning, develops peer relationships, improves communication skills and encourages confidence, support and motivation. The purpose of this case report is to describe the significant improvements noted in one child's functional daily life skills as a result of participating in 18 months of a conductive education program.

Subject

EO is a fun-loving, intelligent 12-year-old boy with spastic quadriparesis cerebral palsy. He was born at 40 weeks gestation after a reportedly easy labor and meconium stained fluid. He was intubated to decrease risk of meconium aspiration, but 12 hours later was experiencing episodes of apnea. Approximately 24 hours after birth, he was noted to have seizures for which he was given phenobarbital for a period of 9 months. He underwent a selective dorsal rhizotomy in June, 2005 to reduce spasticity with positive results per parent report. Between January 2008 and January 2012, EO participated in an intensive serial casting program promoting lower extremity extension and static weight bearing, no walking encouraged. He was evaluated for the Center for Independence program in February of 2012, and was determined to be an appropriate candidate.

Results

EO's attitude towards attaining these goals is amazing. He would much rather work hard and take his walker places than sit on the couch.