

## **The child with hemiplegia in primary education**

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## **INTRODUCTION**

A majority of children with hemiplegia attend mainstream schools, but their success depends to a large extent on how much understanding they meet there. And since understanding depends on information, we are attempting to arm you with the information you need.

### **What is hemiplegia?**

Childhood hemiplegia is a condition affecting one side of the child's body (Green 'hemi' = half). We talk about a right or left hemiplegia, depending on the side affected. It is caused by damage to some part of the brain, which may happen before, during or soon after birth, when it is known as congenital hemiplegia, or later, in which case it is called acquired hemiplegia.

### **What are the main effects?**

The most obvious result of childhood hemiplegia is a weakness or stiffness and lack of control in the affected side of the body. The child may have little use of one hand, may limp or have poor balance.

It is difficult to generalise further: hemiplegia affects each child differently. the physical weakness may be very obvious, or so slight that it only shows when he or she is attempting specific physical activities.

Additional difficulties

Some children with hemiplegia have additional medical problems such as speech difficulties, visual defects or epilepsy. (The two national organizations for people with epilepsy, BEA and NSE, produce information leaflets. See (PAGE 19).

Many others have less obvious additional difficulties, such as perceptual problems, specific learning difficulties, or emotional and behavioural problems, which will affect their school lives and indeed may be more frustrating and disabling than their physical problems.

### **School life**

Many children will integrate very well at school, others may have various difficulties from time to time. Common sense and experience will see you through most of these, but we hope this leaflet will help address a few specific difficulties which may crop up.

School ethos and attitudes are also critically important. The child will find it much easier to cope with both physical and learning difficulties if he or she feels secure and integrated in school life. You can help smooth the child's relations with other children, who will usually accept their classmate's differences if they are explained to them, but may still act insensitively without realising it. If problems arise, discuss them with parents, therapists and, of course, the child.

## Getting around school

Having hemiplegia means having limited use of one arm and hand and possibly poor balance and co-ordination. This can cause difficulties in various areas.

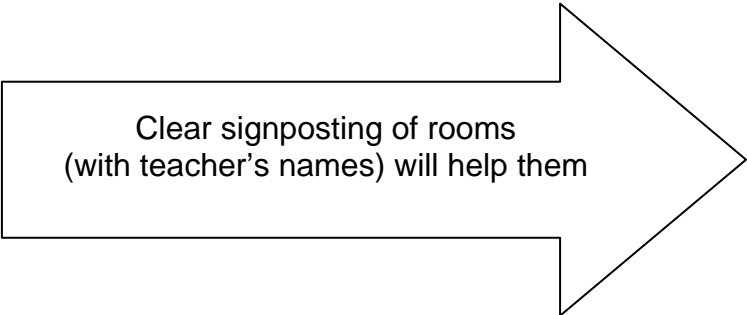
Problems:

- opening doors
- climbing stairs
- carrying a schoolbag
- carrying a lunch tray
- carrying sports equipment

Suggestions:

- help from other children
- extra time for climbing up/down stairs
- a one-handed tray

In addition, some children have **visuo-spatial** problems and may have Initial difficulties finding their way around school.



Clear signposting of rooms  
(with teacher's names) will help them

## SECTION 3: HEMIPLEGIA IN THE CLASSROOM

### Practical problems

A child with hemiplegia should be able to participate fully in most classroom activities, although he/she will need some help with certain things. Parents and therapists will have been working with the child to make him/her as two-sided as possible and it is important that this should be reinforced at school.

Left to themselves, children with hemiplegia often tend to ignore their weak side, out of frustration with its uselessness. This might lead to serious physical problems later, as well as preventing the child from making maximum use of the affected side.

### Seating

The child should

- face the teacher
- face the board or demonstration area
- be away from the main aisle or door, to minimise distraction
- sit squarely at desk or table, with affected arm on table, to keep spine straight
- have table and chair at the right height, i.e. he/she should sit with feet flat on floor and knees at 90 degrees.
- have adequate space for affected arm
- have unrestricted movement of dominant arm

Posture is equally important when standing, at an easel for example. The child should be facing forwards, not sideways, and both feet should be firmly on the floor.

**However, if the child has a visual impairment, these suggestions may not be appropriate. In this case, seek advice from the child's therapists.**

The child should be encouraged to make use of his/her affected hand as much as possible, although constant nagging can of course be counterproductive. If the arm is not being used it should rest on the table, or the child may prefer to grip the edge of the table (a non-slip mat will help stabilise the arm, as well as books and paper). Placing a friend on the weak side may encourage awareness of that side.

## Written work

### Problems:

- stabilising of paper
- drawing of graphs, diagrams etc.
- setting out of work
- poor co-ordination affecting handwriting
- slowness at completing tasks



### Suggestions:

- a non-slip mat can help stabilise paper
- a magnetic board, used with rulers and
- geometry instruments also backed with
- magnetic strips, can help with drawing
- graphs, diagrams etc. blobs of 'Blu-Tack'
- can help anchor paper
- loose sheets of paper are easier to manage than exercise books
- pre-prepared diagrams and graphs may help
- extra time may be needed to complete tasks
- tasks may be broken down into more manageable units

## Practical Work

The child may feel more conscious of his/her hemiplegia during activities requiring particular dexterity, and may need encouragement to participate fully.



### Problems:

- cutting and pasting
- modelmaking
- experiments
- sewing and knitting
- cookery
- safety factors (the affected limb may have reduced sensitivity)

### Suggestions:

- pairing with another child
- modified equipment (e.g. left-handed or mounted scissors, clamps, adapted cookery equipment etc)
- extra time to complete tasks

## Learning difficulties

This section addresses problems often associated with hemiplegia. Some of these may be specific learning difficulties; others, associated problems which nevertheless have an impact on school work.

Because of their physical limitations, all children with hemiplegia experience some difficulty and frustration at school and may need a little more time and attention to achieve their full potential.

In addition, many children with hemiplegia have general or specific learning difficulties which may be slight or severe, and which can be more frustrating and disabling than their obvious physical ones.

We cannot provide solutions for these problems, but we can offer advice on coping with some of them, and make you aware of others so that you can then seek advice from specialists in the appropriate area.

### Short-term memory problems

Problems:

- poor retention of information or instructions difficulty in organising classroom work effectively

Suggestions:

- give instructions one at a time, repeating as necessary ask child to repeat instructions back
- write instructions down
- ask child to write down the goals for each task, to help develop organisational skills
- split tasks into smaller units

Giving the child simple repetitive tasks, such as watering plants on a regular basis, or other classroom chores, can help him/her develop information retention skills. Other helpful strategies might be making lists and keeping a diary.

## Visual perception and spatial awareness

### Problems:

- orientation within the school

### younger children may have difficulties with:

- puzzles and matching games
- building blocks
- drawing recognisable figures and objects

### older children may have difficulties with:

- copying texts or sequences of numbers
- reproducing maps and charts
- setting out work on the page

### Suggestions:

- Seek professional advice from School Support Services or Educational Psychologists

## Many of the problems outlined in this leaflet can be alleviated by the use of a computer.

### Using a keyboard may:

- help children with poor handwriting skills
- help develop the ability to present work effectively
- help develop personal organisational skills
- help dyslexic children spell correctly

If the child has a Statement of Special Educational Needs it may be possible to obtain funding for a laptop from your LEA. ACE (in Oxford) and CENMAC assess any child, whether statemented or not, and may be able to provide an alternative writing aid.

Younger children with handwriting difficulties can be encouraged to record Their stories, etc. on audio cassette.

## Emotional and behavioural problems

Recent research has shown that some children with hemiplegia go through a period of significant emotional and behavioural problems at some point in their childhood.

These problems can take various forms and may in some cases require specialist advice.

Problems:

- excessive shyness
- difficulties with making and/or sustaining friendships
- excessive anxiety
- irritability
- aggressiveness
- general immature behaviour

## **Specific learning difficulties**

### Reading

Some children with hemiplegia have problems learning to read. Research suggests that they respond better to a phonic, rather than a 'whole word' or 'real books' approach to reading. Teachers should seek specialist advice. You can boost the child's confidence by making the most of his/her verbal skills. See also paragraph above on computers and audio cassettes.

### Mathematics

Some children with hemiplegia have difficulties with number work, especially mental Arithmetic. Teachers should seek specialist advice.

## SECTION 3: STATEMENTING AND TESTING

This leaflet cannot address the specific problems of each individual child. In general, though, the earlier a problem is identified and addressed, the greater the benefit to both the child and the teacher. If more information on specialist services is required, please contact HemiHelp.

### **Statementing**

If your pupil has serious problems in one or more of the areas outlined above, your local educational psychologist should be able to provide practical advice. You may also wish to discuss with parents, psychologists and therapists whether a Statement of Special Educational Needs is required.

### **Testing**

Provision exists within the regulations for SATS testing for children with special Educational needs, whether stated or not, to have extra time and/or other appropriate help e.g. use of a keyboard. If the child does not have a statement, the school may need to seek permission in advance from the LEA for certain special arrangements.

Teachers should consult Special Arrangements for Key Stage 1 (Key Stage 2) Tests (available from DFE publications).

## SECTION 4: PHYSICAL EDUCATION AND SPORT

With a little care and pre-planning on your part, PE can be made as enjoyable and challenging for children with hemiplegia as for their classmates. Moreover, PE can play an important role in helping children with hemiplegia increase their dexterity and range of movement, and improve their balance and spatial/perceptual abilities.

### **Ball-handling skills**

Problems:

- throwing and catching movements
- gripping and releasing the ball
- poor hand-eye co-ordination

Suggestions:

- try different sizes of ball
- use beanbags (easier to catch)
- foam balls, or balls with a textured surface, may help gripping and releasing skills
- grips are available to help hold bats and racquets
- it is easier to catch a ball which is bounced rather than thrown
- it is easier to hit a stationary ball than a moving one

### **Balance**

Problems:

- poor balance
- poor weight-bearing on weaker side
- bad posture

Suggestions:

- include plenty of activities to improve balance and weight-bearing (whilst not forgetting considerations of safety)
- make sure the child adopts the correct starting position for any activity, whether standing, sitting or lying.

## Other considerations

- *be supportive*: physical differences are most obvious here - it can be very demoralising always to finish last and be picked last. In group activities, the child may find it easier to function in a smaller group.
- *be flexible*: try allowing head starts, or developing underarm serving techniques
- *be imaginative*: encourage the child to try new sports e.g. fencing, sailing, contact sports
- *be patient*: allow more time for activities, and also for undressing/dressing.
- remember, that the child has to expend more energy than his/her classmates to achieve the same goals, and may tire easily

See Disability Sport England for information about opportunities for participation in sport for people with all disabilities. [www.disabilitysport.org.uk](http://www.disabilitysport.org.uk)

## SECTION 5: MUSIC

At first glance a weak arm may seem a considerable hindrance in playing a musical instrument, but many instruments can be played with one hand, or hands of differing strengths, and the pleasure of music making may actually encourage the child to make more use of the affected hand.

### **Instruments suitable for playing by a child with hemiplegia include:**

**percussion:** many percussion instruments can be played with one hand or hands of differing strengths

**piano and keyboard:** there is a good deal of music for one handed players. On a keyboard, the 'good' hand can play the melody and the additional part can be programmed in.

**violin, viola, guitar:** stringed instruments can be restrung for either right or left handers, the weaker hand being used for bowing or strumming.

### **other instruments:**

cornet    trumpet    horn    French horn    trombone    euphonium

If the weaker hand cannot support, slings and stands are available through Remap-GB

## SECTION 6: ABOUT HEMIHELP

In all our literature for teachers we are keen to reflect not only the latest research into hemiplegia, but also the experiences of teachers themselves. If you have any comments or suggestions to make we shall be very pleased to receive them.

HemiHelp was set up in 1990 by a group of parents of children with hemiplegia. It aims to provide information and support for families where there is a child with hemiplegia, and to increase general awareness of the condition. As well as producing leaflets for parents and teachers, HemiHelp publishes a regular newsletter and runs frequent workshops for parents and professional members.

Also available: The Student with Hemiplegia in Secondary Education.

HemiHelp has a range of leaflets covering many of the areas touched on above, and also a Useful Names and Addresses List to help you contact other organisations.

HemiHelp  
Camelford House,  
89 Albert Embankment  
London, SE1 7TP  
Helpline: 0845 123 2372  
(Mon-Fri 10am-1pm)  
Admin: 0845 120 3713  
Fax: 0845 120 3723  
Email: [support@hemihelp.org.uk](mailto:support@hemihelp.org.uk)  
[www.hemihelp.org.uk](http://www.hemihelp.org.uk)

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Although great care has been taken in the compilation and preparation of this leaflet to ensure accuracy, HemiHelp cannot accept responsibility for any errors or omissions.

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