

Conductive Education Results Table

Author, Year, Country, Design, PEDro score, Rating	Sample Size	Intervention	Outcomes and significance: (+) significant (-) not significant
<p>Myrhaug et al., 2018 & Myrhaug et al., 2019</p> <p>Norway</p> <p>RCT</p> <p>Myrhaug et al 2018: 8/10</p> <p>Myrhaug et al 2019: 7/10</p> <p>High quality</p>	<p>N = 21 children with CP</p> <p>Age at enrollment: 3-6 years old</p> <p>CP diagnosis: 100%</p> <p>CP Type: Spastic, unilateral: 12/21 (57%) Bilateral: 4/21 (19%) Dyskinetic: 3/21 (14%) Ataxic: 1/21 (5%) Unclassified CP: 1/21 (5%)</p> <p>GMFCS (Gross Motor Function Classification System): Level I: 5/21 (24%) Level II: 2/21 (10%) Level III: 4/21 (19%) Level IV: 4/21 (19%) Level V: 6/21 (29%)</p> <p>MACS (Manual Ability Classification System): Level I: 3/21 (14%) Level II: 8/21 (38%) Level III: 3/21 (14%) Level IV: 2/21 (10%) Level V: 5/21 (24%)</p>	<p>Conductive education (CE) (n=11)</p> <p>vs.</p> <p>Waiting list (WL) (n=10)</p> <p><u>Intervention details:</u></p> <p><i>Conductive Education:</i></p> <ul style="list-style-type: none"> • 4 hrs./day, 5 days/week • Duration: 3 weeks • Course was provided in groups of 4-6 children (split into walkers/non-walkers) • Course was given by 1 experienced Hungarian conductor, 1 Norwegian conductor & 1-3 assistants. • CE course: <ul style="list-style-type: none"> - Structured training program targeting: standing, sitting, walking, lying, arts & crafts, specific child-parent-conductor set goals. - Children performed daily training that targeted eating & drinking, dressing, toileting - Use of CE equipment and rhythmic intentions - Children were encouraged to 	<p>Results: Myrhaug et al., 2018</p> <p>At post-treatment (4 months):</p> <p><i>Motor function:</i></p> <p>(-) Gross Motor Function Measure 66 (GMFM-66)</p> <p><i>Functional skills:</i></p> <p>Pediatric Evaluation of Disability Inventory (PEDI)</p> <p>(-) Self Care Scale (-) Mobility Scale (-) Social Function Scale</p> <p><i>Quality of life:</i></p> <p>Pediatric Quality of Life Inventory (PedsQL)</p> <p>(-) Physical Functioning Scale (-) Emotional Functioning Scale (-) Social Functioning Scale (-) Functioning in Kindergarten Scale</p> <p><i>Quality of life:</i></p> <p>(-) Norwegian version of the Quality of Life Scale (QOLS-N)</p> <p><i>Experience of services:</i></p> <p>(+) Measure of Processes of Care (MPOC-20): Enabling & partnership</p>

Conductive Education Results Table

Author, Year, Country, Design, PEDro score, Rating	Sample Size	Intervention	Outcomes and significance: (+) significant (-) not significant
		<p style="text-align: center;">select the topic of the course/different activities</p> <ul style="list-style-type: none"> - Parents were not trained to carry on with CE at home • Followed by conventional practice <p><i>Waiting list group:</i></p> <ul style="list-style-type: none"> • Conventional practice (indicated in Norwegian surveys to most commonly be): <ul style="list-style-type: none"> - Performed as functional training - Targeting walking, eating, playing - Integrated in daily activities at home - Led by physiotherapist, parents/other caregivers 	<p>(-) MPOC-20: Providing general information</p> <p>(-) MPOC-20: Providing specific information about the child</p> <p>(+) MPOC-20: Coordinated and comprehensive care</p> <p>(-) MPOC-20: Respectful and supportive care</p> <p>Results: Myrhaug et al 2019</p> <p>At follow-up (12 months):</p> <p><i>Motor function:</i></p> <p>(+) GMFM-66</p> <p><i>Functional skills:</i></p> <p>(-) PEDI: Self Care Scale (-) PEDI: Mobility Scale (-) PEDI: Social Function Scale</p> <p><i>Quality of life:</i></p> <p>PedsQL:</p> <p>(-) Physical Functioning Scale (-) Emotional Functioning Scale (+) Social Functioning Scale (-) Functioning in Kindergarten Scale</p>