

Small Step Program Results Table

Author, Year, Country, Design, PEDro score, Rating	Sample Size	Intervention	Outcomes and significance: (+) significant (-) not significant
<p>Holmstrom et al., 2019</p> <p>Sweden</p> <p>RCT</p> <p>6/10</p> <p>High quality</p>	<p>N = 39 infants at risk of CP and other neurological disorders</p> <p>Age at enrolment: 4-9 months corrected age</p> <p>CP diagnosis: 53% (20/38) were diagnosed with CP by 2 years of age.</p> <p>CP Type: Bilateral: 11/20 (55%) Unilateral: 1/20 (5%) Dyskinetic CP: 5/20 (25%) Ataxic CP: 1/20 (5%) Unspecific CP: 2/20 (10%)</p> <p>GMFCS (Gross Motor Function Classification System): Level I: 18/38 (47%) Level II: 8/38 (21%) Level III: 6/38 (16%) Level IV: 2/38 (5%) Level V: 4/38 (11%)</p> <p>MACS (Manual Ability Classification System): Level I: 20/39 (51%) Level II: 5/39 (13%) Level III: 8/39 (20%) Level IV: 1/39 (3%) Level V: 5/39 (13%)</p>	<p>Small step program (n=19)</p> <p>vs.</p> <p>Standard care (n=20)</p> <p><u>Intervention details:</u></p> <p><i>Small Step Program:</i></p> <ul style="list-style-type: none"> • 5 “steps” each lasting 6 weeks • 2 steps were targeting mobility • 2 steps were targeting hand use • 1 step was targeting communication • Parents were expected to be providing training daily • Coaching & supervision was provided by therapists (6 sessions for mobility and hand use “steps”, 4 sessions for communication “step”) • Goals were set in collaboration between the parents and the responsible therapist, and were written in the program diary kept by parents. <ul style="list-style-type: none"> - Goals were formulated as activities meaningful in everyday life • General principles: To assume the children have inner drive to explore 	<p>At post-treatment (35 weeks):</p> <p><i>Motor development:</i></p> <p>(+) Peabody Developmental Motor Scales (PDMS-2)</p> <p><i>Gross motor function</i></p> <p>(-) Gross Motor Function Measure-66 (GMFM-66)</p> <p><i>Upper extremity use</i></p> <p>(-) Hand Assessment for Infants (HAI)</p> <p><i>Depression/anxiety</i></p> <p>(-) *Hospital Anxiety and Depression Scale (HADS)</p> <p>At follow-up (2 years):</p> <p><i>Motor development:</i></p> <p>(+) PDMS-2</p> <p><i>Gross motor function</i></p> <p>(-) GMFM-66</p> <p><i>Upper extremity use</i></p> <p>(-) HAI</p>

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		<p>their environment; to assume that it is important to identify the child's strengths; to use short-term goals for practice.</p> <ul style="list-style-type: none"> • Great emphasis was put on the children's self-initiated actions stimulated by meaningful, motivating, challenging, and playful activities and toys. <p><i>Standard care:</i></p> <ul style="list-style-type: none"> • Frequency of interventions not standardized but related to child's individual needs • Physiotherapy at the hospital & advice for home training given to parents • Typically 1 physiotherapy session /month at the hospital until referred to rehabilitation center around 1 year. • The sessions were at the rehabilitation center or the home. • The treatment was based on family-centered interventions and functional training. 	<p><i>Functional performance</i></p> <p>(-) *Pediatric Evaluation of the Disability Inventory (PEDI): self-care (+) PEDI: mobility (-) *PEDI: social function</p> <p><i>Development</i></p> <p>(-) *Bayley Scales of Infant Development (BSID-III): cognitive development (-) *BSID-III: receptive and expressive language development (-) *BSID-III: fine and gross motor development</p> <p><i>Depression/anxiety</i></p> <p>(-) *HADS</p> <p>*Note: between-group differences not reported. (+) Note: Findings based on an interaction term between group and baseline scores and signifies that infants in the Small Step group developed independent of the baseline level (i.e., Small Step helped the most affected children to improve by the end of treatment).</p>