

Vojta Approach Results Table

Author, Year, Country, Design, PEDro score, Rating	Sample Size	Intervention	Outcomes and significance: (+) significant (-) not significant
<p>Ha and Sung, 2018</p> <p>Korea</p> <p>RCT</p> <p>4/10</p> <p>Fair quality</p>	<p>N = 10 Children with spastic CP</p> <p>Age at enrollment: 4.80 years (± 1.47)</p> <p>CP diagnosis: 100%</p> <p>CP Type: Diplegia: 8/10 (80%) Hemiplegia: 2/10 (20%)</p> <p>GMFCS (Gross Motor Function Classification System) Level: Level I: 3/10 (30%) Level II: 2/10 (20%) Level III: 5/10 (50%)</p>	<p>Vojta Approach (n=5)</p> <p>vs.</p> <p>General Physiotherapy (n=5)</p> <p><u>Intervention details:</u></p> <p>30 minutes per session, 3 sessions per week for a total of 6 weeks.</p> <p><i>Vojta Approach:</i></p> <p>Reflex turning 1, 2 and reflex creeping for 10 min each in 30 min total.</p> <ul style="list-style-type: none"> • Reflex turning 1 is a stimulus to induce chest expansion and abdominal contraction by stimulating the breast zone in a supine position • Reflex turning 2 is a stimulus to activate global reactions such as shoulder support and abdominal contraction by stimulating the 1/3 point of the inferior scapula and the anterior superior iliac spine in a side lying position • Reflex creeping is a stimulus to induce forward movements and global reactions through support for the medial epicondyle of humerus and the calcaneus in the prone position <p><i>General Physiotherapy:</i></p> <p>Trunk strengthening exercise and gait training.</p>	<p>Post-treatment (6 weeks):</p> <p><i>Diaphragm movement:</i></p> <p>Ultrasound Imaging</p> <p>(+) Inspiration (-) Expiration</p>