

The Bobath Clinical Reasoning Framework: Time to listen to one another

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EDITOR—I am writing in response to the letter to the editor relating to the Bobath Clinical Reasoning Framework, written on behalf of all members of CP360 (Cerebral Palsy Alliance, Cerebral Palsy Foundation, and International Cerebral Palsy Society) and ‘F-words’ therapists.¹

It is time to acknowledge that much uncertainty in underlying neuropathology, musculoskeletal metabolism, growth, and inborn changes in structure and maternal health exist in cerebral palsy (CP) – as well as the ambiguity in the terminology used. The availability of advanced imaging and genetics have enhanced and highlighted the heterogeneity of this condition.² Such heterogeneity increases over the lifespan as the individual is exposed to hormonal and environmental contextual variations, affecting each person in different ways, requiring in-depth clinical reasoning by a transdisciplinary team in the absence of longitudinal research.

It is also time to accept that linear thinking does not capture the complexity of development manifested by non-linear pathways and interdependent networks, affecting each individual differently in how we think and what we do.

Then there is the realization that randomized control trial (RCT) studies are less suitable for CP, as they are at risk of not identifying all the variables underlying

heterogeneity. Or as Peter Rosenbaum so elegantly put it: ‘I hope people will resist the siren call of the RCT simply because it is there and use the best design for the big questions we need to answer.’³

We need to recognize our own inherent difficulties with objectivity, unconscious bias, and tendency to avoid cognitive dissonance, resulting in that we often remain in our comfort zone. Bobath therapists are less prone to confirmation bias and cognitive dissonance. Well ahead of their time, the Bobaths realized that change is necessary and must go on as evidence-based knowledge becomes available,⁴ much like the medical community has done with the availability of the International Classification of Functioning, Disability and Health, changing the medical model to a biopsychosocial one. Is that rebranding¹ or simply updating as expected from any scientist or clinician?

It is time to acknowledge the importance of a non-linear transdisciplinary approach to address the heterogeneity, complex networking, and interdependence of motor-sensory-perceptual-cognitive-communication ability (such as provided by systems science). This helps us to understand a child's behaviour when engaged in a task and arrive at the best possible intervention and management that meets that child's individual needs and goals.⁵

The Bobaths, again in advance of their contemporaries (in an era that advocated strengthening the non-affected body parts), realized that using the affected body part in daily activities, play, and transitions will stimulate and harness self-initiated use. Today this is called plasticity.

The Bobaths were also prescient on the importance of working with parents: ‘... one learned to be incredibly efficient and to work well with parents.’⁴ They learned when and where to support the child and more importantly, when and where not to.⁴

And they had a forward-looking perspective on normalization: ‘CP cannot be cured or completely prevented, but we can help all children, and more importantly, their parents.’⁴

Something we now know as family-centered functional therapy.

So, what is ‘the best design for the big questions we need to answer’?³ It seems that systematic reviews of CP interventions, with inclusion of meta-analysis, have low confidence levels and are considered unreliable according to AMSTAR-2.⁶

The overarching goal is improving quality of life for individuals with CP and their families. Scientists and clinicians have an obligation to work together, bridge the gap, and come up with the right interventions. We need to involve people with lived experience and a transdisciplinary team, in order to balance the six ‘F-words’ with musculoskeletal sheering effects, fatigue, and pain as the years go by.

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