



INDIAN ACADEMY OF CEREBRAL PALSY

Official newsletter for members of IACP

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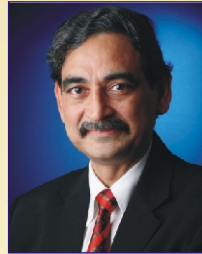
Dr. Vipul Shah - Lucknow

Dr. Viraj Shingade - Nagpur

Dr. Sandhya Khadse - Mumbai

Dr. Asha Chitnis - Mumbai

Dr. Anita Suresh - Bangalore



Dear Colleagues,

Cerebral Palsy has come to the fore as the biggest burden in the neuromuscular group of disorders. Professionals dealing with this disorder have to hence make concerted efforts in different directions with the common goal of getting their patients to reach their highest potential.

Having taken over as your President, I warmly rewelcome you to the organization. I hope that we will work together with a spirit of friendship, camaraderie and a sense of belonging to make this academy a great one.

Let me apprise you with my thoughts on our functioning in the coming year/s :

- Membership Drive, Directory and Website :** To come to grips with the huge burden and pool of patients with cerebral palsy, we need to strengthen IACP by increasing its membership. All specialities need to be represented in IACP and our existing members have to enroll more of their fraternity to increase our manpower resources. Dr. Vipul Shah has offered to take the lead by collecting correct addresses of our members and putting this up on the IACP website for ready access. He will also be liaising with different associations with a view to increasing membership. All executive members as also all of you, I am sure, will join in this effort.
- Constitution, publicity materials and brochure and newsletter of IACP :** For all the above and for creating awareness regarding IACP, we need to design brochures stating the aims and objectives and types of memberships available. Our constitution is our top most priority at this time and this needs to be formulated, circulated, amended and passed by the general body before its adoption. I would urge Dr. Shashikala to look after these aspects.
- Training and fellowship opportunities :** For our younger colleagues we need to create training opportunities wherein they can interact with seniors in their respective fields. We wish to identify centres of excellence which are ready to train younger colleagues on a short term program. Dr. Suresh Wadhwa has been charged with this responsibility and executive members from different specialities would help him. Once such centres are identified, the membership will be informed of these opportunities.
- Research :** Dr. Pratibha Singhi and Dr. Sunanda Kolli are in charge of research programs and publications. The idea is to encourage research to suit the Indian scenario. Those of you who have research publications in cerebral palsy are requested to contact Dr. Singhi so that she can compile the research work done in India.
- Advocacy :** We must create awareness of Cerebral Palsy and help patients and their families in terms of their rights and privileges to enjoy equality with their more able bodied peers. Dr. Dhruv Mehta is primarily in charge of this work and would be helped by Dr. Asha Chitnis, Dr. Sandhya Khadse and Dr. Anita Suresh.

I would start by working on this 5 point program to make the IACP a stronger and vibrant body. I need all your help and support in this. We are also working out the feasibility of having our next annual meeting in Goa and you would be informed shortly.

I take this opportunity of offering you all my good wishes for the rest of the year.

Prof. Ashok K. Johari

President

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There is nothing as remarkable as learning how to think better.



I am happy to learn that the next I.A.C.P. newsletter is ready to be published I am happy that the 3rd National Conference was well attended and Dr. Shashikala, Dr. Dandge and their team did a commendable job and deserve our grateful thanks.

Now we should concentrate to build I.A.C.P by incresing the membership to reach 500 in 2009. We should pursue our affiliation to the American Academy of cerebral palsy and developmental medicine and also have our own constitution. The academy is in good hands with

Dr. Ashok Johari, Dr. Shashikala and dynamic young team. Wish you and I.A.C.P. Members continued success.

Your Sincerely,

Dr. M.S.MAHADEVIAH

IMMEDIATE PAST PRESIDENT,
INDIAN ACADEMY OF CEREBRAL PALSY

MESSAGE



Deep in the ocean lies diamond, deep in the heart of each human being lives humanity. This is why the most neglected children of our society who have cerebral palsy are hugged by the members of the Indian Academy of Cerebral Palsy.

I congratulate all the members of our academy and welcome them to this huge family of cerebral palsy.

Ever since the inception of the academy in the year 2004 and first conference in 2006 held in Hyderabad we have contributed to the society by giving a firm rooted and dedicated organization.

Now with more than 350 members we can have division of labor and concentrate on fine research studies with one or two simple objectives, say, ankle foot orthoses (AFO) in spastic equinus. However, we may not take very big projects initially. But, we must discuss the research studies every year in the conference and write papers for publication. "Publish and Progress" should be our mindset. This would take us to international forums for contribution at the global level.

There are many scientific researches which get outdated and a few may again emerge with a tag of newer technology. However, it may again loose the importance of new tag in next few years. The new research usually have honeymoon period initially and they reach peak of their name for first few years. However, after a few years only the real indications get established.

There is another aspect of management also, wherein qualities of heart play very important role. The social scientists and psychologists may play an important role in this direction. They in fact should put efforts to see how great and in what way these qualities of the professionals can make positive difference in the life of these children and their families. Interestingly, these qualities, e.g. the concern, love, affection, respect, sympathy do not get out dated, we only need to see and firmly establish their results scientifically so as to convince the people of this era, who know only the language of science, and it is really good to have that. For example, by scientific approach only smallpox has been eradicated from the globe, whereas in India, once upon a time, it was considered a curse of Goddess.

With these approaches we all will be able to bring physical mental and social well-being i.e. the perfect health of our children. With these words, I handover the General Secretary post to a dynamic memembr of our academy Dr. Mrs. Shashikala, so as to take academy to a greater heights.

Prof. A. K. Purohit
Joint Vice - President

FROM SECRETARY'S DESK



As a parent professional, I consider it as my great privilege to be able to serve the academy as a faithful member first & then as your secretary. I thank all the members for helping in the unanimous elections of office bearers & look at the composition of the team that is going to serve you for the next three years! Five professors from reputed

institutes- from pediatric orthopedics, neurosurgery, pediatrics, pediatric neurology & physical medicine, a developmental pediatrician who is a journal editor , a developmental neurologist who is also a parent of a young man with cerebral palsy, web master who is a pediatric orthopedic surgeon & another who will work for advocacy. Added to the list are three therapists & a special educator with years of work experience make up the Executive committee of our academy truly multidisciplinary, good enough to cater to the diverse needs of our members who are growing in numbers steadily.

A country with 14,000 pediatricians, 6000 orthopedic surgeons & 1500 neurologists & god knows how many general practitioners, psychologists, therapists & special educators needs to have more of these people along with many psychiatrist and psychologists speech therapist in our membership! Friends, building an academy without true representation from all concerned specialties will not serve our mission of improving services for special children. If each member gets another member enrolled, we will double our strength by next conference! So, hurry up & get involved in membership drive & help IACP grow!

As your secretary, my job is not only to help our president achieve his- need of the times- vision for the academy but also fulfill the long felt priority in energizing interdisciplinary & intra disciplinary communication among members , communication between members & office bearers. We have an abundant resource of people with creative ideas. I intend to harness this resource as bricks of learning for all of us at IACP. So, good luck for all your communicating skills & for me, in bringing them to fore front this year. Do write to us about what you do, your problems at work & what you want us to do for you. We need to talk to help each other grow. May be, we will then serve the cause for which the academy stands, better & better!

Dr. G. Shashikala
General Secretary

A Presentation during 3rd Annual Conference of IACP

New Definition of Cerebral Palsy: Need & Futuristic Vision

Cerebral Palsy in the 21st Century

Peter Rosenbaum, MD, FRCP(C),

Professor of Paediatrics, McMaster University, Canada Research Chair in Childhood Disability,
Co-Founder, CanChild Centre for Childhood Disability Research, Hamilton, ON, Canada

1. What I Would Like to Do...

- Discuss CP as an example of a 'neuro-developmental' disorder
- Highlight specific ideas to help people see how the neurobiological aspects of CP connect with child (and family) development, family well-being, and a life-course perspective on CP.
- I hope my remarks are complementary and add to your understanding of CP!

2. Key Themes as seen by a Developmental Paediatrician...

- Revised definition of CP 2007 – so what?
- The WHO's International Classification of Functioning, Health and Disability (ICF)
- Modern biomedical understanding of CP
- CP as a 'developmental' disorder
- CP as a life-long condition
- CP as a family challenge

3. Theme I: Revised Definition of CP 2007 – So What?

- Why define?
- For epidemiological purposes...
- For clinical purposes...
- For research purposes...
- Varied definitions, for varied purposes, often lead to difficulties in consistency and hence in communication
- Here's the recent international effort...

4. The 2007 Revision of the Definition

- ... as reported by Rosenbaum et al. in *Definition and Classification Document*, in *The Definition and Classification of Cerebral Palsy* (Ed Baxter P). DMCN (Suppl) 2007; 49: 8-14.
- Let me briefly review what I see as important points of emphasis in this recent effort.

5. Highlights of this Two-Sentence Definition (i)...

- "Cerebral palsy (CP) describes a group of permanent disorders of the development of movement and posture, causing activity limitation, that are attributed to

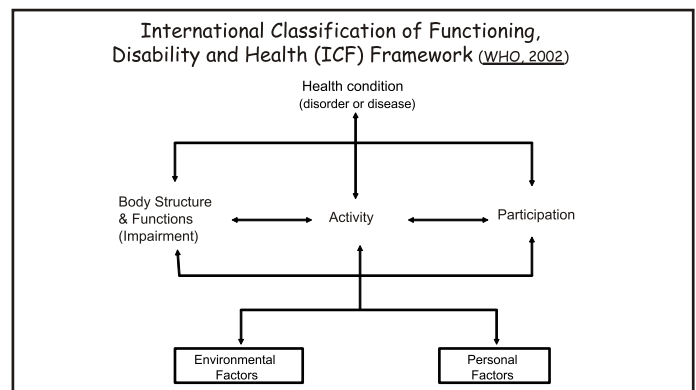
nonprogressive disturbances that occurred in the developing fetal or infant brain."

6. Highlights (ii)...

- "The motor disorders of cerebral palsy are often accompanied by disturbances of sensation, perception, cognition, communication, and behaviour, by epilepsy, and by secondary musculoskeletal problems".

7. Theme II: The WHO's ICF

- I expect everyone here is now familiar with this important framework for health and disorders.
- The interconnected ideas remind us to look beyond the Bio-medical aspects of people's 'diseases' to the impact on their lives.
- Please learn, and use, the ideas on next slide!



8. Points to Emphasize about ICF

- The ICF is an essential tool for the modern service provider
- Note how all aspects of the person and the 'condition' are inter-connected – in all directions – into a 'dynamic' system!
- Note also the importance of 'personal factors' and 'environment' as more 'points of entry' for things we can do.

9. Theme III: Modern Biomedical Understanding of CP

- I expect everyone is aware of how new technologies are allowing us to understand neurobiology, and its variations and disruptions.
- CT and MRI, developmental neurobiology, new research methods and tools are moving us forward.

To me the glow of one warm thought is worth more than money.

10. How Does Modern Biomedical Understanding of CP Help?

- We are understanding the course of neurological development
- We understand much more about what does/does not 'cause' CP
- We are making informed connections between areas of brain Function and impairments, and functional capacity

11. Theme IV: CP as a 'Developmental' Disorder - i

- It is vital to recognize that "Cerebral palsy (CP) describes a group of permanent disorders of the development of movement and posture..."
- By definition, CP is a disorder that affects a child's development!

12. Theme IV: CP as a 'Developmental' Disorder - ii

- "... causing activity limitation"
- We need to recognize the impact of activity limitation on the developing child, and the fundamental differences from adult disability that is acquired in a previously functional person.

13. Theme IV: CP as a 'Developmental' Disorder - iii

- This idea has profound importance for how – in addition to 'therapies' – we might address the 'deprivation' that can be associated with functional (mobility) restrictions.... E.g., powered (augmented) mobility to 'empower' children!
- These issues remain controversial...

14. Theme IV: CP as a 'Developmental' Disorder - iv

- By emphasizing the developmental perspective I hope we will recognize that, whatever we do with and for children with CP, we need to consider whether and how any intervention supports children's overall development toward independence, competence, self-confidence...

15. Theme V: CP as a Life-long Condition

- Children with CP grow to be adults with CP!
- There are no cures available!
- Adults with this 'childhood' disorder are often 'orphans' in the adult care systems.
- Recognizing the life-course aspects of CP allows us to think about how the things we do with/for children (and their

families) will be important to these people as adults!

16. Theme VI: CP as a Family Challenge - i

- CP starts in infancy and childhood...
- It also starts in a family context.
- Our professional relationships begin with parents and families as well as with the (child) 'patient'.
- Therefore it is important to think of family issues as well as child problems (i.e., to be family-centred!)

17. Theme VI: CP as a Family Challenge - ii

- I described the impact of childhood disability on the physical and mental health of parents (I believe these impacts are secondary to the disabilities)
- How we work with families matters a great deal to them and their well-being.
- What we do, and how, may add to or help prevent some of these impacts.

18. To Summarize the Themes...

- Revised definition of CP 2007 – so what?
- The WHO's International Classification of Functioning, Health and Disability (ICF)
- Modern biomedical understanding of CP
- CP as a 'developmental' disorder
- CP as a life-long condition
- CP as a family challenge

19. My Hope...

- That this talk has expanded your views of CP, and of the things we can do as service providers to enhance child development and function as well as family well-being.
- We need to go on finding ways to PREVENT CP from happening, and prevent the secondary consequences
- International collaborative research is helping these goals to be reached.

Thank You!

- For lots more on CP, GMFCS, FCS and many other materials, please look at our website: www.canchild.ca where there is a lot of free materials for parents and service providers.



PROCEEDINGS OF DEBATE ON EARLY INTERVENTION

(22nd NOVEMBER 2008)

CO - ORDINATOR : **Dr.G. Shashikala**

PARTICIPANTS: **Dr.Ashok Johari, Dr. Aniruddh Purohit, Dr. Pratibha Singhi, Dr. Anaita Hegde, Dr. Medhini Padhye, Dr.Sanjay Wadhwa, Dr.Rabindran Issac, Mr. K.D. Mallikarjuna**

JUDGES: **Prof. Peter Rosenbaum, Prof. M.S. Mahadeviah, Prof. Bhavana Lakkar, Dr. Sunanda Kolli.**

Definition—AAMR definition- Provision of all those developmental services to the developmentally disabled child in the age group 0-6 years and his/ her family .so that he / she can compensate for the developmental lag.

2000 definition from Handbook of early childhood intervention edited by ShankoffJP, Meisels SJ[special education perspective]

Early intervention consists of multidisciplinary services provided to children from birth to 5years of age to promote child health and well-being, enhance emerging competencies, minimize developmental delays, remediate existing or emerging disabilities, prevent functional deterioration, promote adaptive parenting and over all family functioning. These goals are accomplished by individualized developmental, educational and therapeutic services for children provided in conjunction with mutually planned support for their families.

- Do you agree with this definition? If yes, why? If no, Why?
- Is this an adequate definition or is this a vague umbrella term?
- How will you interpret early-early in life or as early in the expression of the condition?
- What are advantages and disadvantages of both?
- Do you agree with the age group mentioned?
- What spectrum of dev. disorders should be covered?
- What should be the content of EI programs?
- What is the scientific rationale?
- What are the models of EI programs?
- What is suitable in Indian conditions?
- Who should be the leader of early intervention team and how do we build them?
- Is main streaming the beginning or end point of early intervention ?
- What should parents bring to early intervention ?
- Parent - Professional partnership - are they feasible in Indian context ?
- Family centered service - possibility or an ideal?
- How effective are early intervention programs?
- What is the evidence and how do we measure it?
- Are there any limitations?
- Are they cost effective?
- What is the reality as on today?
- Early intervention and rehabilitation-should we merge or differentiate?
- What should we do to implement EI programs Successfully?
- What are your suggestions for advocacy?

SUMMARY:

Participants agreed with the second definition, felt it was a comprehensive & adequate definition but just too long to remember. It was also suggested that demands of society, participation & accent on child's ability as the determining factor be added to this definition. Early was opined as -as early as diagnosis is possible. Suggestion of even intrauterine diagnosis was made. Caution in over diagnosing under the term high risk infants & avoiding too early labeling of disabilities was also stressed. Importance of developmental surveillance & monitoring was also stressed to avoid undue burden on early intervention services & unwanted anxiety to families. Age group up to 5 years was considered adequate & an index of suspicion for early picking of other developmental problems in the evolution of static encephalopathy in to developmental disability spectrum disorders were recommended.

Content of early intervention programs need to be global apart from accent on syndrome specific developmental domains starting from NICU care programs after detailed assessment Models in & around family need to be incorporated along with proper accent on cultural relevance & cost factor No method in particular has been proved more effective & there is a great need for programs to concentrate on improving family compliance with ample opportunities for activities & participation. Family centered model is a realistic & possible model for Indian conditions.

There was no agreement on who should be the leader in E.I. programs – it continues to be debate worthy point for future also. Parents need to bring more open information about the family itself & the performance of the child when he/she is not being supervised. Rehab measures should continue after 6 years under a different name-Life span care possibly.

Limitations are mainly due to lack of awareness & inadequate number of well trained professionals. Early intervention should be thought of both from the perspective of bio clinicians & community setting.

A few more questions were not discussed for lack of time. We intend to continue the debate till we evolve an acceptable model with most questions satisfactorily answered .

We therefore request all members to mail their opinions to shashi_kola@rediffmail.com

For compilation to help complete the debate & have a consensus report.

Dr. G. Shashikala
Co - ordinator

The will to win is worthless if you do not have the will to prepare.

MINUTES OF THE MEETING

3RD Annual General Body Meeting

Dr. M. S. Mahadevaiah, President chaired the general body meeting and welcomed all the members.

Agenda

Presentation of Annual Report by General Secretary

Prof A. K. Purohit General Secretary presented annual report to the general body. He stated and highlighted the great success made by IACP. He requested the house that any event of IACP should be organised under the banner of IACP giving due respect and acknowledgement to the local organisers.

He congratulated all the organisers who organised the IACP conferenes so far.

He urged the members to take active part in the academy's activities and shoulder the equal responsibility in strenthening the academy

As there were no nominations for the executive posts after the notice published. Therefore it was put forth to the General Body meeting that shall each executive office bearer step up to the next higher executive chair till all the founder members and executive office bearers reache upto the president's chair.

Resolution is approved by the all the members present, I implementing the above resolution Dr. Mahadevaiah, President proposed present Vice President Dr. A. K. Johari as President. All the members were present accepted unanimously.

Presentation fo Annual Accounts

K. D. Mallikarjuna, Treasurer presented the accounts for the period 27-11-2007 to 19-11-2008. Prof. A. K. Johari proposed and Viraj Shingade seconded. All the members present passed the accounts.

As per the agenda the 11nd annual conference accounts, Dr. Mahadevaiah could not present. He said that Mrs Rukmini Krishna Swamy is having ill health so we will present it in next conference and would sent to the members or will be published.

Decision on venue for 4th Annual Conference

General Body requested Dr Wadhwa to take up next conference. As Dr Pratibha Singhi also belongs to Chandigarh both jointly said that they may take up the conference in 2010.

Dr. Vipul Shah wishes to hold the conference in 2013.

Dr. Sunand Kolli was asked to hold the conference. She expressed that she need atleast three years of time to gear up to hold conference.

Dr. Purohit and Dr. Johari expressed that they would contact Goa Medical College and Dr. Sinil Das, Kerala to take up next annual conference.

Dr. A. K. Purohit suggested that infuture orgniser should contribute money to IACP corpus fund.

Elections

As per the resolution existing office bearers were nominated to next higher position excpet Treasurer. On the post of General Secretary Dr. Hanumantha Rao present Joint General Secretary, if he does not agree,

then the post will be filled by the next in step. i.e. Associate General Secretary Dr. Shashikala. If Dr. Hanumantha Rao is not willing it should be communicated to the central office in writing then the post will be occupied by Dr. Shashikala, Nagpur. As Joint Treasurer post is lying vacant a request made to Dr. Dhruv Mehta, Mumbai. General Body accepted the request and elected as Joint Treasurer

As Mrs. Rukmini Krishna Swamy is sick said by the President, expressed her in ability to continue as office bearer in her place, Dr. Pritbha Singhi was nominated.

Dr. Purohit informed the meeting that there is a provision in the bylaws to have four excutive members in addition to the existing IACP excutive office bearers post. There fore Dr. Asha Chitnis, Mumbai, Dr. Vipul Shah, Lucknow, Dr. Anita Suresh, Bangalore, Dr. Viraj Shingade, Nagpur and Dr. Sandhya Khadse, Pune were nominated by the general body as executive members for one year.

Dr Mahadevaiah suggested that next time onwards the persons who are not present in the meeting are not eligible to be nominated as office bearer.

FORMATION OF COMMITTEES

Formation of committees should be taken on priority basis. Dr. Johari suggested that IACP should create hubs for effective communication among committee members. Proposed each committee should have two members of their speciality.

Dr. Johari proposed to start training centers by IACP experts. Short term training programmes may be offered without any fee initially there after these training programmes may be made paid one.

Dr. Nilofer Mujawar voluntarily came forward and offered place to academic programmes at their institute.

Dr. Sandhya Khadse and Dr. Viraj Shingade were requested to identify the resource centers for training programmes.

Dr. Johari proposed to have webmaster to manage IACP website. Dr. Vipul Shah voluntarily expressed his desire to manage the website and make it more interactive at his own expenses. This will be managed entirely by him upto five years.

Matter to be hosted in website: a draft copy should be circulated among the office bearers suggestion and corrections. It should be uplinked after obtaining final approval from the President.

Any other issues

Dr. Dhruv Mehata was asked to take up advocacy group to propogate the IACP

Members were requested to prepare public awareness and educational brochures on the subject related to Cerebral Palsy.

Newsletter may be published once in six months.

Membership fee will continue to be Rs. 1500/- as earlier to facilitate to enroll more numbers.

Dr. Johari suggested to have executive office bearers meeting one day prior to the conference and after the conference.

INDIAN ACADEMY OF CEREBRAL PALSY (IACP)

MEMBERSHIP APPLICATION

- I.** Name in full :
(Block letters) First Name Middle Name Surname
- II.** Designation : Dept. :
- III.** Experience in the field of Cerebral Palsy (No of years) :
- IV.** Official / Institutional address : H.No. Road No.....
Cross Colony City District
State Country Pin/Zip Email:
- V.** Residential address : H.No. Road No.....
Cross Colony City District
State Country Pin/Zip Email:
Tel: (R) () (O) () (M) Fax ()
- VI.** Date of Birth : Male / Female **VII.** Nationality :
- VIII.** Educational qualification (If multiple degrees - kindly use bottom blank columns) :

S.No.	Qualifications	Speciality	Name of the University / College	Year of Passing
1.	MB. BS.			
2.	DCH			
3.	MD / DM			
4.	MS / MCh / DNB			
5.	BOT / MOT			
6.	BPT / MPT			
7.	Psychology			
8.	Spl. Education			
9.	Others (Specify)			
10.	Prosthetist / Orthotist			
11.	Biomedical Eng.			
12.				
13.				

- IX.** Particulars of present work status:
- Teaching Institute: - Govt /Autonomous/Private /Charitable Organisation
 - Non Teaching Institute: - Govt /Autonomous/Private /Charitable Organisation

X. Areas of interest related to Cerebral Palsy (Please Mark ✓)

A) Early diagnosis and early intervention	B) Physical
C) Mental	D) Visual
E) Speech & Hearing	F) Special Education and mainstreaming
G) Neuro-musculo-skeleton and Anatomy and Physiology	H) Non-ablative surgical interventions
I) Neurosurgical Intervention	J) Orthopedic Interventions / Plastic Surgery
K) Behavioural	L) Learning / Psychology / Psychiatry / Counseling
M) Comorbid conditions particularly seizures and others	N) Vocational rehabilitation
O) Adolescents, Adults, Geriatrics with cerebral palsy	P) Radiology and Imaging
Q) Epidemiology and Basic research	R) Others (specify ENT / DENTAL)
S) Multiple (specify))	T) Additional Therapies: Homeo Biomedical / Ayurveda / Acupuncture
U) Advocacy	V) Research and Innovative Technology

- XI.** I /We would like to enrol my / our self as Life / Associate Life Member / Organisational Member / Student Member of the IACP
 Rs. Cash / Cheque / D.D. No. Bank Date

DECLARATION

I hereby declare that I will abide by the bylaws of the Academy and accept the amendments which come in to force time to time. I assure that I will promote the Academy aims and objectives.

Enclosures: !)

2)

3)

Signature of the member
4)

FOR OFFICE USE ONLY

Life / Associate Life Member / Organisational Member / Student Member :

Receipt No. Date. Amount Membership No.
 The application of the candidate has been verified and he/she is found fit for the membership. Membership may be granted

General Secretary

DETAILS OF MEMBERSHIP Fees:

A. For SAARC Nations:

- LIFE MEMBERSHIP:** Rs. 1500/- . Eligibility :- Those who have completed degree and diploma in medical and Para - medical courses
- ASSOCIATE LIFE MEMBER:** Rs. 1000/- . Eligibility :- Those who have completed certificate or equivalent Courses or who have relevant courses related to cerebral palsy and rehabilitation.
- AFFILIATION OF CP ORGANIZATION:** Rs. 3,000/- . Eligibility :- Registered organizations
- STUDENT MEMBER:** Rs. 300/- (Annual Membership fee) Eligibility: Should be a bonafide student in relevant subject and submit bonafide Certificate from the institute.

B. For other than SAARC Nations :

- LIFE MEMBERSHIP:** \$ 100/- Eligibility: - Those who have completed degree and diploma in medical and Para - medical courses
- ASSOCIATE LIFE MEMBER:** \$ 50/- Eligibility:- Those who have completed certificate or equivalent Courses or who have relevant courses related to cerebral palsy and rehabilitation.
- AFFILIATION OF CP ORGANIZATION:** \$ 250/- Eligibility:- Registered CP organizations
- STUDENT MEMBER:** \$ 25/- (Annual Membership fee) Eligibility: Should be a bonafide student in relevant subject and submit bonafide Certificate from the institute.

- Note: 1. Professionals will be registered to this academy only after Confirming the relevant qualification required for this Organization. Kindly send the certificates of your qualification along with registration fees.
 2. Please attach relevant brief bio-data

CHEQUE / D.D. FAVORING

“ IACP, A/c No. 26466, Andhra Bank ”
 Payable in Hyderabad
 Should be sent to the following address
INDIAN ACADEMY OF CEREBRAL PALSY
 P.Box: 1539, Somajiguda, Panjagutta, Hyderabad - 500 082,
 A.P. India. Cell: 0 98490 54600

PROCEEDINGS OF 3rd IACP CONFERENCE (NOVEMBER 21st-23rd 2008)

The 3rd annual conference - (21st - 23rd November) there were 5 concurrent pre-conference workshops which were well attended. Early Developmental intervention workshop particularly was attended by near about 60 therapists who were also the largest participants in the whole conference

The workshop on educational aspects had participation from main stream schools as well. The invited faculty, along with some senior participants have drafted rough guidelines from these two work shops which will be published in this news letter & members are invited to send their opinions & comments on the same.

The conference was inaugurated on Friday evening at Mathoshri Sabhagruh Of NKPSalve Institute of Medical Sciences by Dr.Vedprakash Mishra, Member MCI & Vice Chancellor of Dattameghe Institute of Medical Sciences , Mr Ranjit Deshmukh-Chairman,VSPM Academy of higher education & Dr.S. Dasgupta- Dean, Dr. V. Dandge HOD –Department of Pediatrics- NKPSIMS, Nagpur along with Dr. Peter Rosenbaum, Developmental Pediatrician.& Director, McMaster Child Health Research Institute , Canada, Dr. M.S.Mahadeviah, our president, Dr. Rohit Agarwal from Indian Academy of Pediatrics.

An interesting entertainment program presented under the apt caption of “Tare Zameen Par” was flagged off by a mother propelling her child dressed as an angel in a wheel chair & soulfully compered by another mother of a delightful child with cerebral palsy asking for acceptance & opportunities for these kids .The program began with a dance- Shivastuthi in bharata natyam style by twin sisters -one of the girls with cerebral palsy followed by an endearing group of special children [4 of them with varying degrees of cerebral palsy] blissfully dancing to the song “bum bum bole”, a western dance by a teenager with Down Syndrome, a fashion show by special children & ended with group songs by parents & therapists declaring “ Hamari hi mutti me akash sara” and then praying “ Ithni shakthi hame dena datha” A befitting beginning for a conference whose theme was “Family centered services”!

The main conference was attended by an encouraging number of 360 delegates & 120 parents attended the family forum meeting. The delegate break up showed an interesting emerging trend of increased participation of undergraduate & postgraduate students from Pediatrics, Physio therapy, occupational therapy & Orthopedics [120].This by itself suggests that it is worth while to conduct our annual conference in medical college campuses to initiate younger generation into the much neglected field of developmental medicine.80 practicing therapists, 140 doctors & 40 others- [special educators, parent professionals , psychologists & school management personnel] were the rest of the delegates which included 58 faculty members.

The conference format was appreciated by all in spite of a few organizational hurdles in catering to multidisciplinary professional needs by conducting large number of concurrent programs! The morning sessions introducing concepts of family centered services, motor growth curves by Prof. Peter Rosenbaum, concepts on biomechanics [Dr.Ashok Johari] Hip Surveillance & spastic hip disease [Dr.Sanjay Marwah] were enlightening as were the afternoon programs on communication skills [Prof. Shrikala Bharath] ,hands on work shop on GMFM & other evaluation instruments [Dr.Vandana Giri & Dr. Pranali Somkuwar], Post Botulinum Therapy { Dr. Asha Chitnis }, Instructional

course on orthotics [Dr. MedhiniPadhye.] Two of the research papers were awarded –Dr. Apurva Kale for his paper on Focal seizures in cerebral palsy [1st prize] & Dr.Mohit Mittal for his paper on Correlation of neuro imaging & neurodeficit in cerebral palsy with vision & hearing problems.[2nd prize] . Dr.Sanjay Marwah] were enlightening as were the afternoon programs on communication skills [Prof. Shrikala Bharath] ,hands on work shop on GMFM & other evaluation instruments [Dr.Vandana Giri & Dr. Pranali Somkuwar], Post Botulinum therapy { Dr. Asha Chitnis }, Instructional course on orthotics [Dr. MedhiniPadhye.] Two of the research papers were awarded –Dr. Apurva Kale for his paper on Focal seizures in cerebral palsy [1st prize] & Dr.Mohit Mittal for his paper on Correlation of neuro imaging & neurodeficit in cerebral palsy with vision & hearing problems.[2nd prize] .

The debate on Early intervention [Dr. Shashikala] though was inconclusive, confirmed that early intervention continues to be different to different specialties. There is a big scope for improvement in conducting such interactive programs in future& needs to be looked at as a regular feature. Similarly, the expert group discussion on Medical education in developmental disabilities [Dr. Nelofer Mujawar] did not throw up any agreement but at least has initiated enthusiastic follow up by Dr. Sandhya Kadse , member, Maharashtra University of Health Sciences.

The family forum meetings were hugely successful with about 300 participants – particularly on Sunday. The session conducted by Dr.Sudhir Bhave , Psychiatrist, Nagpur with adult achievers with cerebral palsy was very positive & highly inspirational to parents with their right accent on education, continuing medical help & accepting parental attitude & importance of friendship as well as societal opportunities . As one of the parents – Mr. Gupta from Jaipur said, the proceedings of the conference amply brought out a clear message to parents that developmental issues need to be pursued zealously along with therapeutic endeavors. All these were highlighted in the Q&A sessions conducted on both the days. All the faculty who did justice to these marathon sessions deserve our gratitude. Parents particularly liked the idea of round table discussions among themselves in groups done according to the age band of their children. Their inter group discussions were facilitated by senior doctors who brought their queries to experts in the session titled “Needs & Remedies” in an organized form This helped in answering lot of relevant queries in the allocated time slot.

The valedictory function was a pleasant session with a video presentation of the 2 year efforts of the organizing committee in thanks giving by Dr. Meenakshi Girish Associate Prof. of Pediatrics-NKPSIMS, prize distribution to scientific paper winners & felicitation of Miss. Paneri Pasad ,teenager from Amaravathi with ataxic cerebral palsy who has won 13 gold medals in swimming at special olympics over the years at the hands of Prof. Peter Rosenbaum .In conclusion, the Chairperson of Scientific Committee & Associate General Secretary of IACP- Dr. Shashikala acknowledging local support of Professionals & parents in the successful conduct of an intensive conference of this nature, suggested that this kind of collaboration between medical college & IACP should continue in future also. Her gratitude to special children for having kept all of us on the eternal learning front as students was a fitting finale to a conference whose humble effort was at bridging the gap between mentors & learners, academics & office practice !

IACP 3rd ANNUAL CONFERENCE

Income And Expenditure From 28-11-2007 To 19-11-2008

EXPENDITURE	Rs.	INCOME	Rs.
To Bank Charges	266=00	Opening Balance	3,62,188=76
To Printing & Stationary	26,750=00	Cash at Hand	2,000=00
To Salaries	2,000=00	By Life Membership	47,490=00
To Mailing Charges	28,098=00	By Institution Membership	3,100=00
To Website Hosting, Maintanance Design	3,000=00	By Bank Interest	10,595=00
To Domain renewal Charges	2,649=00		
Web site space Charges	1,849=00		
To Develop Database Software	5,000=00		
Cash at Bank	3,53,661=76		
Cash in Hand	2,000=00		
	4,25,373=76		4,25,373=76
BALANCE SHEET AS ON 28-11-2007			
LIABILITIES	Rs.	ASSETS	Rs.
<i>Loan from IFCP to be paid.</i>	80,000=00	Cash in Hand	2,000=00
		Cash at bank	3,53,661=76
			3,55,661=76

M.S. Mahadevaiah
Dr. M.S. Mahadevaiah
 President

Dr. A. K. Purohit
Dr. A. K. Purohit
 General Secretary

K.D. Mallikarjuna
K. D. Mallikarjuna
 Treasurer

One word frees us of all the weight and pain of life - that word is love.

3rd Annual National Conference of Indian Academy of Cerebral palsy held in Nagpur (21st - 23rd Nov. 08)



Inauguration by ★ Dr. Vedprakash, Vice Chancellor, ★★ Sri Ranjit Deshmuk, Chairman, NKPSIMS; ★★★ Dr. S. Dasgupta, Dean, NKPSIMS; Dr. Dandge, HOD, Paediatrics, NKPSIMS; Dr. Peter Rosenbaum, Director, MCHRI, Canada.



★ Dr. Peter Rosenbaum, Director, MCHRI, Canada; ★★ Dr. M. S. Mahadevaiah, President of IACP felicitated by Dr. V. Dandge, Chairman Organising Committee.

Dr. A. K. Purohit, General Secretary, IACP, presenting book "Cerebral Palsy Gyankosh-Pahala Vijaykadam" to Chief Guest Dr. Vedprakash, Vice Chancellor, DIMS.



Professional engrossed in listening to the Presentation of Guest Faculty and ★★ Dr. Vipul Shah, Peadiatric Orthopeadic Surgeon; addressing the delegates.

Hands on Workshop on Orthopaedic Mangement of CP by Dr. Ashok Johari, President IACP.



Miss. Paneri Pasad , with ataxic cerebral palsy who has won 13 gold medals in swimming at special olympics felicitated by Dr. G. Shashikala

★ Dr. Ashok Johari, President IACP; ★★ Mr. K. D. Mallikarjuna, Treasurer of IACP felicitated by Dr. V. Dandge, Chairman Organising Committee.

We do not care of what we have, but we cry when it is lost.

3rd Annual National Conference of Indian Academy of Cerebral palsy held in Nagpur (21st - 23rd Nov. 08)



Entertainment Program "Tare Zameen Par" cultural feast by children with disabilities enthralled the delegates, guests and parents.



Professionals and families during the discussion of the 3rd Annual Family Forum of IACP



NCCP 08, Dr. V. Dange, Chairman Organising committee, Dr. Nilofer Muzawar, Org. Secretary with their team members.



4th Annual Conference of IACP in Goa (September - 2009)

4th Annual Conference of IACP will be held in Goa under the auspices of Goa medical College in the month of September 2009 the tentative dates are

Dates: 5th & 6th, (Saturday & Sunday) September - 2009

IACP members extend their best wishes to the Dean of the Medical College Prof. V. N. Jindal and his team members for the task of organising prestigious 4th Annual Conference in Goa.

IACP members are requested to get ready for the papers to be presented in the conference. Those who are interested may immediately contact IACP executive members on email for other details of the submission of papers. The same will be soon available on website of IACP – www.iacporg.com.

CP CAMP CUM WORKSHOPS

There will be two cp camps cum workshops. under the auspices of IACP, IFCP and NIMS. Those who are interested may find out details from the contact numbers given below Please use SMS only to contact

KOTA, Rajasthan Dates: 23rd to 25th May 2009 Phone: 0 94140 01542, 0 74424 88299

JAIPUR, Rajasthan Dates : 26th (evening) to 30th May 2009 Phone: 0 98290 51400