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Obstetric Brachial Plexus Palsy (Erbs Palsy)

Information for Schools

Occupational Therapy Service for Children & Young People

Obstetric Brachial Plexus Palsy (Erbs Palsy) - What is it?

The brachial plexus is a network of 5 nerves coming from the spinal cord in the neck into the arm. It is through these nerves that the brain sends electrical signals to the muscles and skin of the arm and hand. Each nerve supplies movement and feeling to specific areas in the arm and hand.

Obstetric Brachial Plexus Palsy (Erbs Palsy) may be caused during birth, if the baby's shoulder becomes stuck in the mother's pelvis after the delivery of the baby's head. At this stage it is very important for the baby to be delivered quickly to prevent brain damage from lack of oxygen. In order to free the shoulder, a variety of manoeuvres may be used and may result in damage to the nerves of the arm. Injured nerves are unable to transmit the electrical signals from the brain and so the muscles that are controlled by these nerves will not work properly and the skin supplied by the injured nerves will lose feeling.

Although most nerves heal in time (sometimes needing an operation), children sometimes have ongoing weakness in certain muscles. They may therefore have limited movement of their arm, and tightness of some muscles, depending on their recovery.

How Can School Staff Help a Child with OBPP?

Each child will present individually and will need different coping strategies to manage their difficulties and achieve their maximum potential. It is important that school staff (with parental consent) are made aware of the child's difficulties to allow them to support the child adequately. The occupational therapist (OT) will be able to advise you having assessed the individual needs of the child. Although all strategies do not suit everyone with OBPP, the child may benefit by adopting some of the following strategies:

Classroom Management:



Schools need to be flexible and willing to adapt activities for children with OBPP. Your OT will advise you on any strategies which may help, which may include the following:

- Allowing extra time for completion of work.
- Use of worksheets to reduce the amount of writing required.
- Use of strategies to aid development of writing (sensory motor programmes, hand over hand technique).
- Use of adapted equipment such as an angled writing board and chunky pencil grips to aid positioning and grip strength and Dycem non—slip reel to stop objects moving if the child has difficulty stabilising objects with their affected hand.
- IT provision can be assessed for by the LEA if other strategies do not work.
- Allocating the child with useful jobs in school which they can complete to increase self esteem and confidence.

Hand Function:



Hand function and establishment of hand dominance is often a problematic issue for children with OBPP. Children will benefit from being allowed the choice of which hand they use as dominant for function.

This may not necessarily be the hand of natural dominance. Research has shown that children forced to use their non-dominant hand may have cognitive and perceptual difficulties, and be slower and messier in their work than their peers.

It is important that the child is encouraged to use both hands together as much as possible. It is not always possible for the child to perform manipulative movements with the affected hand, but it can be used to stabilise objects. In turn the increased use of the hand will improve sensory feedback to that arm and increase the child's awareness of the arm, making functional use more likely to develop.

Dressing:



Most children with Erb's palsy will have difficulty lifting their arm to shoulder height or above. Children may need to do this in school for P.E. and dressing. A child should be referred to OT if they have difficulty dressing to determine if an alternative method of dressing can be used or adapted clothing. School can help by allowing the child extra time to get dressed and/or providing adult help to assist.

OT may advise the following:

- Specific types of clothes with/without specific fastenings, clothes that stretch or are 1 size bigger than the child needs.
- Teach the child a different method of putting on clothes to compensate for poor range of movement and/or weak grip.
- Adapted clothing: elastic or 1 handed laces, Velcro instead of buttons.

Lunch & Break Time:



Opening packets and carrying a tray can be difficult for children who do not have full use of both hands. School can allocate someone to help if required. OT can advise on adapted methods or adapted equipment such as a 1 handed tray, use of containers which are easier to open or asking parents to decant food such as crisps into a different container.

For further information please contact your occupational therapist:-

Base

Contact Number