

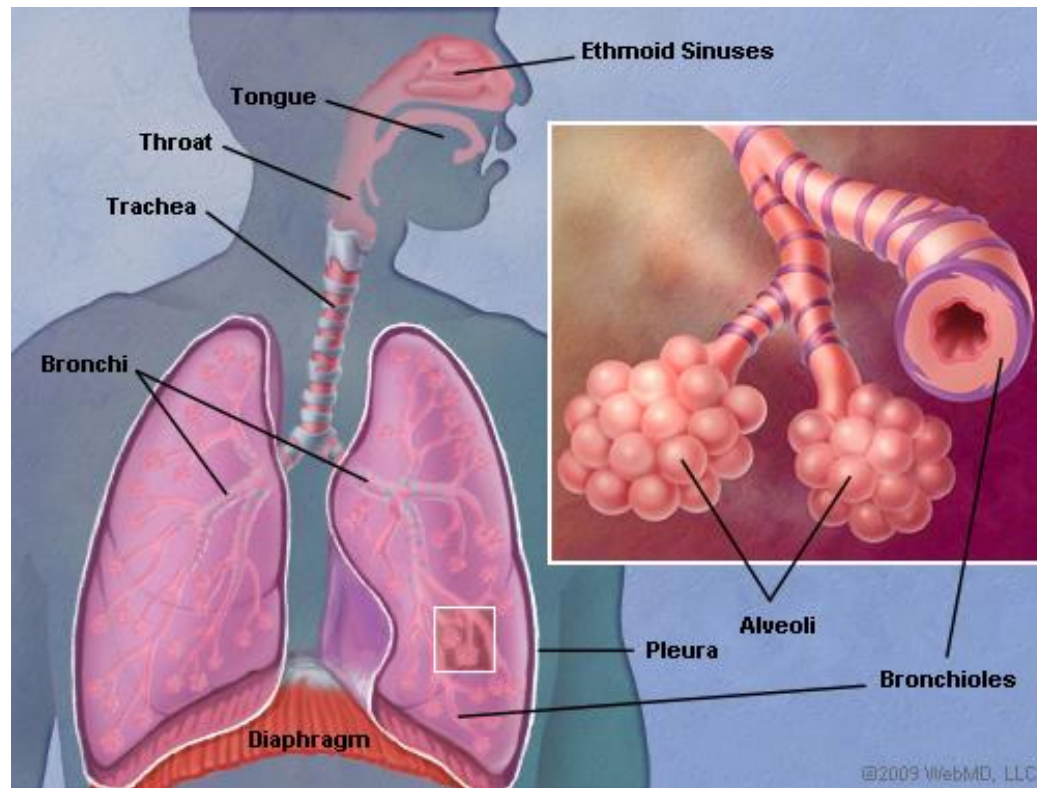
Physiotherapy session

Respiratory/movement

Reasons for respiratory distress

- Laryngomalacia (soft larynx, immature cartilage of upper larynx - causes obstruction and stridor)
- Aspiration of a foreign substance
- Laryngeal oedema: anaphylactic shock, inhalation trauma/injury
- Upper respiratory infection: epiglottitis, croup, retropharyngeal abscess
- Lower respiratory tract infection: asthma, bronchiolitis and bronchitis, pneumonia, acute respiratory distress

Anatomy

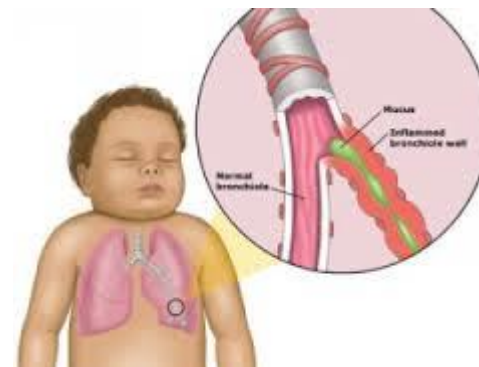
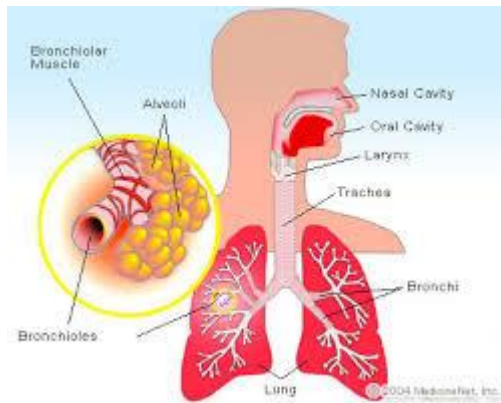


Most important for you as parents and carers...Lower Respiratory Tract Infections!



Lower Respiratory Tract Infection

- Inflammation of the airways/pulmonary tissue because of a bacterial or viral infection, below the level of the larynx

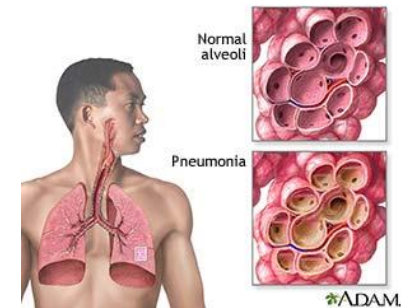
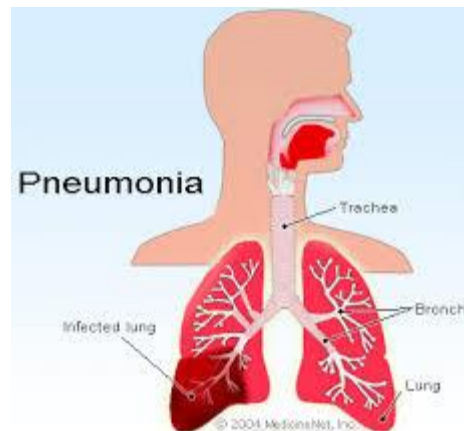


Bronchiolitis

- Acute infection of lower respiratory system, usually because of a virus, of which RSV is the most common culprit
- The infection causes increased production of sputum and oedema causes narrowing and obstruction of small airways.

Pneumonia

- Acute inflammation with intense infiltration of neutrophils in and around the alveoli and terminal bronchioles.
- The affected bronchopulmonary segment or the whole lob can be consolidated because of the inflammation or oedema.



RSV

- Respiratory syncytial virus
- Causes infection of the lungs and airways.
- In adults causes only mild symptoms (similar to that of a cold) : runny nose, sore throat, headache, cough
- In children that already has respiratory or other problems, or are premature, the virus can affect the heart, lungs and immunity system

- Highly contagious
- Spreads by particles that contains the virus
(someone that has the virus coughs and sneezes,
or the virus sits on surfaces like toys, hands, etc.)
- RSV season is April-August, but can be through out
the year
- Treatment is supportive, control the symptoms.
- No antibiotics, only when bacteria is present

Adenovirus

- Group of viruses that affects the membranes of the respiratory system, eyes, intestines and urinary system
- It can cause respiratory infections as well as diarrhoea

Chronic pneumonitis

- Can be caused by gastro-esophageal reflux
- Smoke and chemical inhalation

Symptoms lower respiratory tract infections

- Fever
- Cough, vomiting
- Tachypnoea (fast breathing)
- Rib retraction
- Drinks and eats badly
- Irritated
- Sleeps badly
- Makes strange noises when breathing
- History of recurrent upper respiratory infections

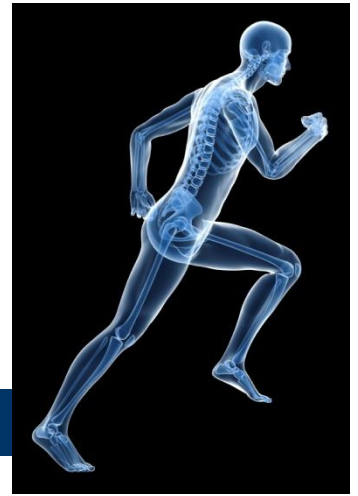
Practical

- Position correctly
- Percussion of lungs
- Stimulate cough reflex
- Suction
- Nebbs
- Tip: always keep sputum loose, nose clean, rinse with saline if necessary





Movement



- No matter if your child is spastic/hypertonic, or flaccid/hypotonic it is still important to move their joints daily
- A joint that is not being mobilized, gets stiff and can cause a lot of pain.
- The same goes for a joint that is flexible and is being moved to far the whole time

Spasticity made it hard for Alex's brain to talk to his arms and legs.

Hey, legs!



-Hey, Brain!
-No answer, guys. Just
hold tight.

His muscles didn't know what to do so they stayed tight all the time.

Spasticity



- Increased resistance against passive movement or stretching of muscles
- It influences mobility, self care and positioning and leads to joint contractures
- Children with spasticity has increased reflexes and clonuses (up and down movement at joint in reaction to a muscle that is being stretched)

Hypotonia



- The child appears floppy
- They usually rest with their elbows and knees loosely in extension (straight)
- They have poor/no head control
- With children with low muscle tone positioning is very important, because the joints does not get the necessary support from the muscles.

Practical

- Daily passive movement of the joints and stretching of the muscles is very important in children that cannot do it themselves
- Does not have to be long.
- Do it in a playful manner (part of playtime)
- See it as a special time with your child

