The influence of Continuous Passive Motion after knee surgery in cerebral palsy.

No registrations found.

Ethical review	Positive opinion
Status	Recruiting
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON20012

Source Nationaal Trial Register

Health condition

- cerebral palsy
- knee surgery
- contiuous passive motion

Sponsors and support

Primary sponsor: Guy Molenaers University Hospital Pellenberg Children Orthopaedics Weligerveld 1 B_3212 Pellenberg Belgium Source(s) of monetary or material Support: University Hospital Pellenberg Chidlren Orthopaedics

Intervention

Outcome measures

Primary outcome

The primary outcome is knee flexion range of motion (ROM) as measured with goniometry. Knee ROM will be measured when the children go home after surgery. The measurement will be repeated when they come back for rehabilitation at week 4. From that point on ROM will be measured weekly.

Secondary outcome

Pain will be noted at the same moments as the primary outcome (based on pain medication the child is administered), selectivity will be noted at the same moments as the primary outcome.

Study description

Background summary

Orthopedic surgery is often needed to correct the excessive knee flexion pattern during gait in children with cerebral palsy. The first few weeks after orthopedic surgery, it is important that the knee joint is sufficiently mobilized to avoid movement restrictions and to accelerate the recovery process. These mobilizations can be performed actively by a physiotherapist or passively by a device for passive mobilization. The advantage of passive mobilization is that the patient can practice several times a day, including weekends. However, the effect of the passive mobilization on recovery has not yet been proved. In this cross-over study half of the children get daily passive mobilization (QAL Medical, OrthoAgility, 480E) besides the classical physiotherapy for 3 weeks after a multi-level knee surgery. The other half will receive only the classical physiotherapy. After 3 weeks the children exchange groups. The range of knee flexion is the primary outcome and will be measured at different timepoints.

Study objective

Continuous Passive Motion in the early post-operative periode after knee surgery is beneficiary for the rehabilation process in children with cerebral palsy.

Study design

- 1. Before inclusion;
- 2. After 3 weeks CPM/physiotherapy;

3. After 6 weeks physiotherapy/CPM.

Intervention

Troughout the whole study, all children receive their normal, classical physiotherapy programm. The intervention contains daily sessions of continuous passive motion (one hour) (either in the week 2-4 or in week 5-7 after surgery, depending on the group they are attributed to).

Contacts

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Eligibility criteria

Inclusion criteria

- 1. Cerebral palsy;
- 2. Age < 21 years;
- 3. Knee surgery.

Exclusion criteria

- 1. No informed consent;
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- 2. Rehabilition in other than participating hospital;
- 3. Patient who undergo revision will be excluded during the study.

Study design

Design

Study type:	Interventional
Intervention model:	Crossover
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active

Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	01-01-2012
Enrollment:	100
Туре:	Anticipated

Ethics review

Positive opinion	
Date:	21-03-2013
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

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Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL3749
NTR-old	NTR3935
Other	MEC Univeristy Hospital Pellenberg, Belgium : s55352
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Study results

Summary results N/A