

Editorial

Let's get HIP – And learn from others

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The special edition of the Journal of Pediatric Rehabilitation Medicine on Cerebral Palsy (CP) this year is focusing on ONE of the major overarching goals in Pediatric Rehabilitation Medicine (PRM), which is to prevent complications from the known natural history of CP, especially those that impact function.

We are using a lifespan lens to take an in-depth comprehensive perspective on the management of hip health and reduction of pathology throughout the life for those with CP. Stable comfortable hips are foundational for mobility and important for sitting. For all of us, sitting is one of our most essential positions for function and participation: we eat, we socialize, we learn and most of us do our work from a seated position. It is important to maintain an optimal sitting posture to allow for meaningful participation. Hip pathology can cause significant pain in individuals, and this necessitates an aggressive approach to early prevention of morbidity.

In addition to decreasing costly surgical procedures, we want to encourage the use of clinical guidelines that have been proven successful in many countries. In this issue we have assembled an eclectic group to discuss various approaches to the hip. We also present the management guidelines that have been proven useful. Australian authors present the impact of 10 years post guideline development. The Cerebral Palsy Research Network team

writes about the variations in practice in the US. Many of us have long worked with pediatric physical therapists and orthopedists in planning unique, individualized programs from young-to-old, and we hope these companion pieces will consolidate management information from clinical reality to evidence-based guidance.

In the continuing section “Needlepoints,” we have asked international “injectors” to tackle one common case of a child with spastic CP for spasticity management and to discuss their plan and rationale. Our goal in this piece is to provide our readership a flavor of how practices vary and coincide with practice guidelines.

We should think globally but act locally! In the United States (US), our health care systems face unique complex issues and these challenges need to be assessed and addressed critically.

For our history section, the Cerebral Palsy Foundation (CPF) provides us with a history of advocacy for CP research and updates us on the agenda to add CP research funding to our national budget. As of now we are still in limbo. Partnering with parents' groups remains critical. Hopefully we can all support this as an advocacy mission for individuals with CP.

An example of success in research is the implementation efforts of the CPF Early Detection and Intervention (EDI) Network (see more at <https://www.yourcpf.org/press-releases/cpf-early-detection-pr/>). Many PRM specialists are now diagnosing CP earlier and thus assisting families on the journey of resilience and improved outcomes for infants with CP. The CPF EDI will update us on the

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use of the high-risk category in early detection of CP. Early detection of CP and the use of the guidelines are evolving, expanding and reaching more and more babies within NICU follow-up and other outreach clinics.

The subspecialty of PRM in the US was formed to train specialists in the care of children with disabilities. Our commitment to scholarship and research is essential in order to achieve this goal. To highlight this, we have an article devoted to academics and academic advancements. In the same spirit we present a tribute to Dr. Gabriella Molnar-Swafford from the vantage of one of the first fellows in PRM.

We are proud of the high-quality work being done and are pleased to have original articles in this issue. Next year, Drs. Kim and Green will

be leading the efforts as Dr. Gaebler-Spira will take a backseat to focus on the article review process for JPRM. Please continue to support the journal by participating in the process, submitting articles, reviewing, utilizing our journal to support education and further research, and donating via the FPMR (<http://foundationforpmr.org/support-the-journal-of-pediatric-rehabilitation-medicine/>). This is a meaningful way to improve the outcomes for individuals with CP across the lifespan.

All the best,

Drs. Gaebler-Spira, Green and Kim