Bobath Therapy for Cerebral Palsy

Date: February 2020  Date of Last Review: November 2017

This intervention is considered of low priority and will only be commissioned by the NHS on an exceptional case basis.

It is the responsibility of referring and treating clinicians to ensure compliance with this policy.

Clinicians need to apply to the Exceptional Cases Panel for approval of funding for referral for initial assessment at the Bobath Centre for children with cerebral palsy (funding request form here).

**Definition:**
Bobath Therapy, also known as neurodevelopmental therapy (NDT), is an approach to treating patients with damage to their central nervous system, such as those with cerebral palsy. The focus is on handling skills to improve muscle tone, posture, movement skills and function. It aims to assess the patient’s needs and adapt to individual requirements.

Parent/carer involvement is an essential part of the therapy process.

**Evidence and rationale:**

Therapy is an integral part of the management of cerebral palsy, with the aim of improving muscle tone, posture, movement and function.

There is a lack of good quality evidence to support the use of NDT in children and adolescents with cerebral palsy; some studies have shown limited improvements.

UpToDate guidance\(^1\) expressly does not recommend NDT, and this is supported by a systematic review\(^2\) that states that there is a lack of efficacy, and there are more effective alternatives, for each stated goal of NDT.

A more recent systematic review\(^3\) concludes a lack of evidence for NDT in children with cerebral palsy.

There is, therefore, insufficient evidence to establish the efficacy and cost effectiveness of Bobath Therapy compared to standard treatment.

**Risks:**
There does not appear to be significant safety issues related to Bobath Therapy, but more effective treatments are available.

**Priority:**
Low priority treatment.

**GLOSSARY:**

Cerebral Palsy: A term used to describe a group of conditions characterised by varying degrees of paralysis and originating in infancy or early childhood.

**REFERENCES:**

1. UpToDate: Management and prognosis of cerebral palsy
