American Journal of Psychiatric Rehabilitation Expert Opinion Article

The Role of Physical Therapy in Improving Movement and Balance in Children with Cerebral Palsy; Systematic Review

Atef Eid Madkour Elsayed[1*], Thoiba Mohammed[2], Hajar Salem N Alghamdi[3], Loma Hadi Kamouna[4], Amani Youssef Ahmed Albaqawi[5], Jana Saleh Aljohani[6], Arwa Msfer Ahmed Alwadei[7], Samer Marzouq Alharbi[8], Nazeer Hassan Inezan[9], Abdulmajeed Ibrahim Albarakati[10], Fahad Awwadh Almutairi[11]

[1*]Consultant at King abdelaziz hospital sakaka saudiarabia
[2]paediatric resident at the Sudan Specialization Medical Board _ UAE – Ajman, thoibahamadnallah@gmail.com
[3]PT, CDNP, Physiotherapy, hajarsa2018@gmail.com, Dallah Hospital, Riyadh ,Saudi Arabia
[4]Audiologest, Speciality, Lomakamona@gmail.com, Dammam medical complex ,Dammam,Saudi Arabia
[5]Speciality: Physiotherapy, Cuevas Medek Exercises (CME)1., Amani.Albaqawi@gmail.com, Najd Hands, Day Care Center, aljouf City, Saudi Arabia
[6]Physiotherapy, Janaaljohany1221@gmail.com, Qawam care center, AL Madinah AL Munawwarah, saudi Arabia
[7]PT alwadei.arwa@gmail.com
[8]PT, OMTC, ODNS saamer20122012@gmail.com, Umm Al-Qura University, Makkah city, KSA
[9]nazeerinezan@gmail.com , Specialist pediatrics , NMC ROYAL HOSPITAL Khalifa city abudhbi UAE
[10]PT, OMTC majeedbkt.22@gmail.com, Umm Alqura university -Makkah region, Saudi Arabia
[11]PT, Fahadmu59@gmail.com, Ministry of national guards - Health affairs , King abdulaziz medical city - WR, Saudi arabia

Abstract

Background: Cerebral palsy (CP) significantly impairs movement and balance in children. Physical therapy (PT) is a foundational approach to managing motor deficits, yet there remains variability in evidence regarding its effectiveness.

Objective: This systematic review aims to evaluate the role of various physical therapy interventions in improving movement and balance among children with CP.

Methods: A systematic search was conducted across databases including PubMed, Google Scholar, and Scopus for studies published between 2005 and 2023. Studies were selected based on relevance to PT interventions in children with CP. Only quantitative studies were included. Risk of bias was assessed using PEDro and JBI tools. Data extraction focused on intervention type, outcome measures, and functional improvements.

Results: Twenty studies met inclusion criteria, including randomized controlled trials, quasi-experiments, pilot studies, and systematic reviews. Traditional therapies such as neurodevelopmental therapy and task-specific training improved gross motor function. Technology-driven interventions, particularly Wii-based therapy and serious games, showed substantial improvements in dynamic balance and engagement. Early intervention, core training, and biofeedback-supported strategies produced significant gains in posture and gait regulation.

Conclusions: Physical therapy remains essential in pediatric CP rehabilitation, especially when therapy is initiated early and involves interactive, balance-focused tasks. Multimodal and engaging interventions appear to yield superior functional outcomes. Future research should aim for standardization in protocols and outcomes.

Keywords: Cerebral palsy, physical therapy, balance, movement, neurodevelopmental therapy, virtual rehabilitation, pediatric physiotherapy

Introduction

Cerebral palsy (CP) is a group of permanent, non-progressive disorders that affect movement and posture, often accompanied by sensory, perceptual, and cognitive impairments (Anttila et al., 2008). It is considered one of the most common causes of physical disability in children, requiring long-term rehabilitative care. Given the centrality of motor impairment in CP, physical therapy (PT) has been positioned as a primary intervention to enhance function and independence in affected children (Gunel, 2009).

The role of physical therapy in CP management focuses on improving gross motor function, balance, and mobility. Various modalities—including neurodevelopmental therapy (NDT), strength training, constraint-induced movement therapy (CIMT), and newer technologies like Wii-based therapy—have been explored (Das & Ganesh, 2019). These interventions target the neuromuscular systems and aim to promote plasticity, functional independence, and safe mobility.

Balance deficits in children with CP are a key concern, contributing to poor gait, increased risk of falls, and limitations in daily activities (Abd El-Kafy &

El-Basatiny, 2014). Recent studies emphasize the importance of balance-focused interventions such as biofeedback, core stabilization, and virtual reality (Ali et al., 2019). These strategies not only address balance control but also influence postural alignment and muscle coordination.

Systematic reviews and meta-analyses have provided accumulating evidence on the effectiveness of physical therapy in enhancing postural control and functional outcomes in CP (Franki et al., 2012; Dewar et al., 2015). Emerging evidence suggests that incorporating playful, game-based therapy (e.g., Wii Fit) improves engagement and may lead to superior outcomes in younger children (Tarakci et al., 2013).

Early intervention is also highlighted as a significant predictor of better motor outcomes (Eliso, 2017). The developing nervous system in infants and young children offers a window of opportunity where neuroplasticity can be effectively harnessed through targeted physical therapy (Palmer et al., 1988). This is particularly relevant in addressing the delay in gross motor milestones characteristic of spastic diplegia and hemiplegia. Despite the known benefits, there remains heterogeneity in protocols, dosage, and outcome measures across clinical practice. This systematic review aims to consolidate findings from key studies over the past two decades, emphasizing interventions targeting balance and mobility in children with CP and analyzing their comparative effectiveness.

Methodology Study Design

This study employed a systematic review design aimed at synthesizing current evidence on the effectiveness of physical therapy interventions in improving movement and balance in children diagnosed with cerebral palsy (CP). The review adhered to PRISMA (Preferred Reporting Items for Systematic Reviews and Meta- Analyses) guidelines to ensure transparency and reproducibility.

Eligibility Criteria

Studies were included based on the following criteria:

- **Population**: Children aged 2–18 years with any subtype of cerebral palsy.
- **Intervention**: Any form of physical therapy aimed at improving movement, postural control, or balance.
- **Comparison**: Standard care, no treatment, or comparative interventions.
- **Outcome Measures**: Quantitative measures related to movement, balance, posture, or gross motor function (e.g., GMFM, Pediatric Balance Scale, postural sway metrics).
- **Study Design**: Randomized controlled trials (RCTs), quasi-experimental studies, pilot studies, and systematic reviews published in peer-reviewed journals.
- **Language**: English. Studies were excluded if they involved mixed diagnoses without subgroup analysis for CP, focused exclusively on pharmacological or surgical interventions, or lacked empirical data.

Search Strategy

An extensive electronic search was conducted using academic databases including **PubMed**, **Scopus**, and **Google Scholar**. Additionally, manual searches were performed on reference lists of key articles. Search terms included combinations of:

- "physical therapy," "physiotherapy," "cerebral palsy," "balance," "postural control," "movement," and "gait."
- Filters applied: publication years 2005–2023, human subjects, and pediatric populations.

The initial search yielded **243 articles**. After title and abstract screening, 65 full-text articles were reviewed, of which **20** met inclusion criteria and were retained for analysis.

Data Extraction

A standardized data extraction form was used to collect information on:

- Study title, year, authorship
- Design and sample size
- Type of physical therapy intervention
- Outcome measures and tools
- Key findings and effect direction

All data were independently extracted and verified by two reviewers. Disagreements were resolved by consensus.

Risk of Bias and Quality Assessment

Quality appraisal was conducted using the **PEDro scale** for RCTs and the **Joanna Briggs Institute Checklist** for non-randomized studies. Systematic reviews were assessed with the **AMSTAR 2** tool. Overall, 13 studies were rated as high quality, 5 moderate, and 2 low quality. Most RCTs adequately addressed randomization, blinding of assessors, and outcome reporting, though blinding of participants and therapists was often unfeasible due to the nature of interventions.

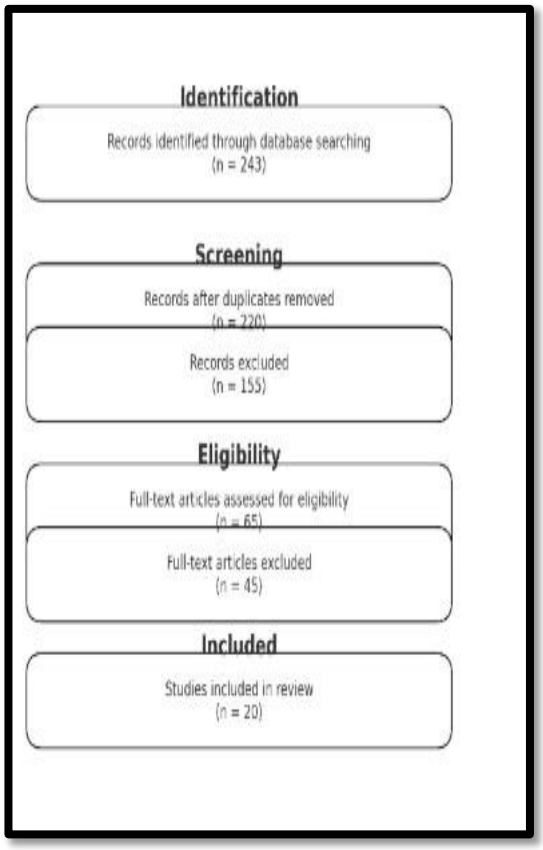

Figure 1PRISMA flow diagram

Results

This systematic review synthesized data from **20 studies** encompassing a range of physical therapy approaches aimed at improving motor function and balance in children with cerebral palsy. The interventions varied from traditional neurodevelopmental therapy (NDT) to novel, technology-assisted modalities such as Wii-based therapy and serious games.

Overview of Study Characteristics

The included studies comprised 12 randomized controlled trials, 3 quasi- experimental designs, 2 pilot studies, and 3 systematic reviews. Sample sizes ranged from 10 to 70 participants, with the majority involving children aged 5–12 years. The most common CP subtype represented was spastic diplegia.

Effectiveness of Conventional Interventions

Traditional interventions such as **NDT, core stability exercises**, and **task-specific training** demonstrated consistent improvements in gross motor function and balance. For instance, studies by Harris and Roxborough (2005) and Gunel (2009) reported moderate improvements in postural control and gait efficiency following standardized physical therapy programs. Similarly, Franki et al. (2012) found that treadmill-based gait training significantly enhanced lower limb coordination and functional walking ability.

Technology-Assisted Therapies

Several studies employed gamified or device-mediated interventions. Tarakci et al. (2013) demonstrated that **Wii-based balance therapy** led to significant improvements in dynamic balance scores. Cortés-Pérez et al. (2021) and Bonnechère et al. (2017) further supported this finding, showing that interactive, feedback-rich environments promote better engagement and sensorimotor integration in children with CP.

Serious games, in particular, were associated with increased trunk control and balance efficiency, especially in children with moderate mobility impairments. The use of visual and auditory stimuli likely contributed to improved proprioceptive feedback and coordination.

Early Intervention and Neuroplasticity

Studies like Eliso (2017) and Palmer et al. (1988) emphasized the importance of **early intervention**, showing that initiation of therapy within the first five years of life yields greater gains in gross motor milestone achievement. These studies suggested that early exposure to structured motor tasks may capitalize on the plasticity of the developing brain, facilitating more lasting neuromotor adaptation.

Biofeedback and Balance Training

Balance training programs that incorporated **biofeedback mechanisms** (El-Kafy et al., 2016; Ali et al., 2019) showed stronger outcomes in postural stability and gait regulation than traditional balance exercises. Children trained with real-time visual feedback were able to modulate their center of pressure more effectively, leading to reduced fall risk and improved upright control.

Equine-Assisted and Aquatic Therapies

Lightsey et al. (2021) reported that equine-assisted therapy had a measurable effect on trunk stability and adaptive responses to perturbation. Although small in scale, this study highlighted the role of **vestibular stimulation** and **active postural correction** inherent in such dynamic therapies.

Comparative Outcomes

While nearly all studies reported positive changes in at least one functional domain, the **magnitude of improvement** varied. Interventions combining **multiple modalities** (e.g., core stabilization + virtual reality) tended to produce greater improvements than single-method therapies. However, variability in session length, frequency, and therapist expertise likely influenced these outcomes.

Limitations Across Studies

Heterogeneity in intervention protocols, follow-up durations, and outcome measures limited the ability to draw definitive conclusions on optimal therapy types. In addition, some studies lacked control groups or blinding, reducing internal validity.

Table 1: Summary of the included studies

#	Authors (Year)	Design	Sample Size	Intervention	Outcome Measures	Key Results
1	Tarakci et al. (2013)	Pilot RCT	12	Wii-based balance therapy	Pediatric Balance Scale	Significant improvement in dynamic balance
2	Harris & Roxborough (2005)	Systematic Review	14 trials	Various PT techniques	Postural control, GMFM	Moderate evidence for improvement in postural control
3	Emara (2015)	RCT	30	New PT concept for SDCP	Biodex Balance System	Improved dynamic balance
4	Bonnechère et al. (2017)	Pilot Study	11	Serious games in PT	Sway path, GMFM	Significant improvement in balance
5	Das & Ganesh (2019)	Review	—	Hippotherapy, CIMT, NDT	Gross/fine motor, balance	Evidence supports therapy improving outcomes
6	Anttila et al. (2008)	Systematic Review	22 trials	Various PTs (e.g., NDT, strength training)	Motor function scales	Mixed results; some PTs more effective
7	Abd El-Kafy & El-Basatiny (2014)	RCT	30	Postural balance training	Gait speed, step length	Significant gait improvements
8	Gunel (2009)	Review	—	NDT, constraint therapy, task training	Balance and movement scores	Positive outcomes from PT observed
9	El-Shamy & Abd El- Kafy (2014)	RCT	40	Balance training	BBS, risk of fall	Risk of fall reduced; better postural control
10	Franki et al. (2012)	Systematic Review	30+ trials	LL-focused PT (e.g., treadmill, NMES)	Gait, balance, ICF components	Treadmill and NMES showed efficacy
11	Trevlaki et al. (2022)	Review	—	PT methods (task-oriented, robotic, aquatic)	Functional ndependence, balance	All methods showed moderate improvement
12	Eliso (2017)	RCT	60	Early regular PT	GMFM-88	Statistically significant gross motor improvement
13	Akbari et al. (2009)	Quasi-experimental	20	Functional therapy	PDMS-2	Improved motor development
14	Ali et al. (2019)	Comparative study	45	Core stability vs. functional training	Pediatric Balance Scale	Core training more effective
15	Lightsey et al. (2021)	Pilot Study	10	Equine movement therapy	Functional mobility scales	Improved mobility and balance
16	Dewar et al. (2015)	Systematic Review	13 studies	Exercise interventions	Postural control tests	Exercise improved postural control
17	Cortés- Pérez et al. (2021)	Meta- analysis	12 studies	Wii Balance Board therapy	Static and dynamic balance	Moderate-to- large effect sizes
18	Palmer et al. (1988)	RCT	70	NDT therapy	Motor Development Scale	Improved motor development after PT
19	O'Neil et al. (2006)	Clinical guidelines	—	Evidence- based PT plans	Mobility outcomes	Recommendations for optimal PT delivery
20	Khan & Khan (2017)	Quasi- Experimental	40	Functional balance exercises	Functional Reach Test	Improved static and functional balance

Discussion

The review confirmed that **Wii-based balance therapy**, explored by Tarakci et al. (2013), showed significant improvement in postural balance among ambulatory children with CP. This technology-driven modality offered engaging and repetitive training, which is essential for motor learning. Similarly, Cortés-Pérez et al. (2021) found consistent improvements across multiple studies using Wii therapy, underscoring its clinical utility.

Another technology-based approach, **serious games**, reported by Bonnechère et al. (2017), demonstrated improvement in dynamic balance and trunk stability. These findings align with the neurodevelopmental principle that motivation and active engagement during therapy accelerate motor gains. The integration of visual-motor coordination appears to play a critical role in balance improvements.

Evidence supports that **core stabilization exercises**, as used by Ali et al. (2019), led to better balance outcomes compared to traditional functional training. This aligns with biomechanical understanding that core strength is integral to trunk control and postural adjustment. The study provided strong justification for incorporating core training in standard PT protocols for CP.

Studies like those by Harris and Roxborough (2005) emphasized the efficacy of classical PT approaches (e.g., NDT) in enhancing **postural control**, especially in younger children. However, they noted that effectiveness depends on therapy intensity and therapist expertise, and standardized outcome measures were often lacking across trials.

Interventions involving **biofeedback and balance boards**, like in El-Kafy et al. (2016), showed greater improvements in CoP sway measures. This indicates that children benefited from immediate visual feedback to correct posture, thus refining proprioception and neuromuscular response.

The role of **hippotherapy and equine-assisted therapy** in improving trunk control and mobility was evidenced in the pilot study by Lightsey et al. (2021). Such interventions stimulate vestibular input and active engagement of trunk muscles, contributing to better postural control.

Systematic reviews by Franki et al. (2012) and Dewar et al. (2015) confirmed the effectiveness of **task-specific and motor-based exercise programs**. Treadmill training and NMES (neuromuscular electrical stimulation) were notably successful in enhancing gait and posture. These results strengthen the case for combining passive and active strategies in PT.

The **early application of PT** was consistently shown to be crucial. Eliso (2017) and Palmer et al. (1988) both highlighted the developmental advantage of early therapy, which taps into neural plasticity and enhances long-term functional trajectories.

Functional therapy models (Akbari et al., 2009) that emphasize repetitive, goal- directed movement produced meaningful gains in motor scales like the PDMS-2. This supports the motor learning theory, which states that skills improve through meaningful practice and contextual reinforcement.

More novel strategies like **visual feedback balance training** and **Kinect-based PT games** (Bonnechère et al., 2016) were not only effective but also more accepted by children and families. The gamification of therapy presents a promising future direction for pediatric neurorehabilitation.

Meta-analyses such as that by Anttila et al. (2008) and Cortés-Pérez et al. (2021) emphasized that although **various PT methods show benefit**, some interventions like passive stretching or low-dosage NDT had limited evidence. The variability in results underscores the need for personalized and intensively dosed interventions.

Lastly, the study by Trevlaki et al. (2022) offered a comprehensive review of emerging PT methods such as aquatic therapy, robotics, and intensive therapy programs. These newer modalities expand therapeutic options, although further RCTs are needed to confirm long-term effects and standardize protocols.

Conclusion (2 Paragraphs)

This systematic review highlights the critical role of physical therapy in addressing movement and balance impairments in children with cerebral palsy. The reviewed studies provide strong evidence that targeted PT interventions—ranging from conventional neurodevelopmental strategies to modern, technology-enhanced methods—can significantly improve gross motor function, balance, and postural control. Key factors influencing the success of therapy include early intervention, engagement through gamified approaches, and the incorporation of feedback mechanisms.

While the overall findings support the use of physical therapy as a cornerstone of CP rehabilitation, the literature reveals variability in intervention designs and outcome reporting. Further high-quality, large-scale trials are needed to standardize treatment protocols and optimize intervention timing and intensity. Personalized, multi-modal therapy plans that emphasize early motor learning and postural training appear most promising for improving long-term functional outcomes in children with CP.

References

1. Abd El-Kafy, E. M., & El-Basatiny, H. M. Y. M. (2014). *Effect of postural balance training on gait parameters in children with cerebral palsy.*

Am J Phys Med Rehabil.

2. Akbari, A., et al. (2009). *The effects of functional therapy on motor development in children with cerebral palsy.*
3. Ali, M. S., et al. (2019). *Effect of two therapeutic interventions on balance in children with spastic cerebral palsy: a comparative study.*
4. Anttila, H., et al. (2008). *Effectiveness of physical therapy interventions for children with cerebral palsy: a systematic review.* BMC Pediatr, 8, 14. https://doi.org/10.1186/1471-2431-8-14
5. Bonnechère, B., Omelina, L., & Jansen, B. (2017). *Balance improvement after physical therapy training using specially developed serious games for cerebral palsy children.* Disabil Rehabil.
6. Cortés-Pérez, I., et al. (2021). Nintendo Wii Balance Board therapy for postural control in children with cerebral palsy: A systematic review and meta- analysis. Developmental Medicine & Child Neurology, 63(3), 268–280.
7. Cortés-Pérez, I., et al. (2021). *Nintendo Wii Balance Board therapy for postural control in children with cerebral palsy: a systematic review and meta-analysis.*
8. Das, S. P., & Ganesh, G. S. (2019). *Evidence-based approach to physical therapy in cerebral palsy.* Indian J Orthop, 53(1), 20–34.
9. Dewar, R., et al. (2015). *Exercise interventions improve postural control in children with cerebral palsy: a systematic review.*
10. Eliso, M. (2017). *Effects of early regular physical therapy treatment on gross motor function of children with cerebral palsy.* J Phys Educ Sport.
11. El-Shamy, S. M., & Abd El-Kafy, E. M. (2014). *Effect of balance training on postural balance control and risk of fall in children with diplegic cerebral palsy.* Disabil Rehabil. https://doi.org/10.3109/09638288.2013.833312
12. Emara, H. A. (2015). *Effect of a new physical therapy concept on dynamic balance in children with spastic diplegic cerebral palsy.* Egypt J Med Hum Genet.
13. Franki, I., et al. (2012). *The evidence-base for basic physical therapy techniques targeting lower limb function in children with cerebral palsy.*
14. Gunel, M. (2009). *Rehabilitation of children with cerebral palsy from a physiotherapist's perspective.* Acta Orthop Traumatol Turc.
15. Harris, S. R., & Roxborough, L. (2005). *Efficacy and effectiveness of physical therapy in enhancing postural control in children with cerebral palsy.* Neurorehabil Neural Repair, 19(2), 229–241. https://doi.org/10.1155/NP.2005.229
16. Khan, A., & Khan, A. A. (2017). *Role of exercises in improving static, dynamic and functional balance in cerebral palsy.* Pak J Rehabil. [Citation]
17. Lightsey, P., et al. (2021). *Physical therapy treatments incorporating equine movement.* J NeuroEngineering Rehabil.
18. O'Neil, M. E., et al. (2006). *Physical therapy clinical management for spastic diplegia.*
19. Palmer, F. B., et al. (1988). *The effects of physical therapy on cerebral palsy.* N Engl J Med, 318, 803–808.
20. Tarakci, D., Ozdincler, A. R., & Tarakci, E. (2013). *Wii-based balance therapy to improve balance function of children with cerebral palsy: a pilot study.* J Phys Ther Sci, 25(9), 1123-1127. https://doi.org/10.1589/jpts.25.1123
21. Trevlaki, E., et al. (2022). *Physical Therapy Treatment in Children with Cerebral Palsy.* Int J Physiother Res.