

Final Priority Number	Research Question	Originally submitted question	Submitted by	Research recommendation	Recommendation from	Source	References to reliable up-to-date systematic review	References to reliable up-to-date review which could be extended to include the uncertainty	References to reliable out of date systematic review	Protocol for a systematic review	Ongoing controlled trials	Which types of treatments?	Which outcomes?
Priority 18	Does promoting public positive attitudes towards disability improve participation in recreation and leisure activities for children and young people with neurodisability? (JLA PSP Priority 18)	Teach society how to accept difference. Society is often far more disabling than the conditions themselves! Training staff across the board (especially in conditions such as autism) would be a very beneficial place to start. Learn to understand sensory and processing differences and how best to approach these differences with each individual concerned. Society would then learn tolerance, acceptance and may even adapt each environment accordingly.	1 x parent ~ 1 x research recommendation	Collecting information on knowledge, beliefs and attitudes about disability can help identify gaps in public understanding that can be bridged through education and public information. Governments, voluntary organizations, and professional associations should consider running social marketing campaigns that change attitudes.	http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf?ua=1	JLA Survey	Scior K. Public awareness, attitudes and beliefs regarding intellectual disability: A systematic review. Research in developmental disabilities. 2011, 32 (6): 2164 - 2182-PMID: 21798712	none	none	none	none	Education and training	Social participation; Quality of Life
Priority 3	Are child-centred strategies to improve children's (i.e. peers) attitudes towards disability (e.g. buddy or Circle of Friends etc) effective to improve inclusion and participation within educational, social and community settings? (JLA PSP Priority 3)	Buddying by other children, social groups involving a mix of typical and disabled children: any sort of research to identify which factors in their peer relationships are most important for disabled children in making them feel good about themselves and contribute positively. Even children with ASD and learning difficulties can benefit from interaction with their peers - or so we believe? Wouldn't this be far better than 'therapies', psychological support, social workers in helping with their integration into society? ~ Does peer-focused intervention result in improved participation in leisure for CYP with disabilities? ~ Ways to improve societies understanding and valuing of such children	1 x parent ~ 2 x clinician			JLA Survey	Lindsay S, Edwards A. A systematic review of disability awareness interventions for children and youth. Disability and Rehabilitation. April 2013, 35 (8): 623-646 (doi:10.1019/09638288.2012.702850)-PMID: 22831703	none	none	none	none	Education and training	Social participation; Quality of Life
Priority 14	Are behavioural and sensory interventions (e.g. early intensive behavioural intervention, EarlyBird, encouraged socialisation with peers etc) effective in managing symptoms of Autistic Spectrum Disorder? (JLA PSP Priority 14)	Do any of the alternative therapies out there actually work in supporting Autism? ~ Do interventions such as applied behavioural analysis/ Relationship developmental intervention / BIRD programme / biological interventions actually work in 'treating' autism? ~ The impact on ABA[Applied Behaviour Analysis] on young children with ASD compared with targeted support at school along neuro-typical children.	3 x parent			JLA Survey	Reichow B, Steiner AM, Volkmar F. Social skills groups for people aged 6 to 21 with autism spectrum disorders (ASD). Cochrane Database of Systematic Reviews 2012, Issue 7. Art. No.: CD008511. DOI: 10.1002/14651858.CD008511.pub2.	Makrygianni MK, Reed P. A meta-analytic review of the effectiveness of behavioural early intervention programs for children with Autistic Spectrum Disorders. Research in Autism Spectrum Disorders. October-December 2010, 4(4): 577-593 AND Reichow B, Doehring P, Hagopian L, Palka T, Phillips C. Behavioral approaches to managing severe problem behaviors in children with autism spectrum and related developmental disorders. PROSPERO 2013:CRD42013003105	Diggle TTI, McConachie H. Parent-mediated early intervention for young children with autism spectrum disorder. Cochrane Database of Systematic Reviews 2013, Issue 4. Art. No.: CD003496. DOI: 10.1002/14651858.CD003496.pub2	none	none	Psychological therapy	Management or change in symptoms
Priority 19	Are dietary modifications/restrictions (e.g. gluten, casein, dairy, meat etc) effective in managing symptoms of Autistic Spectrum Disorder? (JLA PSP Priority 19)	Any evidence based interventions to improve the range of diet that children accept in Autism Spectrum disorders? ~ Are sensory assessments or "diets" of value in children with or without autism? ~ Can diet/diet supplements have an effect on children with neurodisability as in some forms of epilepsy where diet can help control fits. Does diet have the same effect on behaviour? ~ Do dietary interventions have any long-term benefits for children on the autism spectrum? ~ Do gluten and casein free diets improve symptoms of autism spectrum disorders? ~ Does altering your child's diet affect the level of severity of their neurodisability? Explain (allow for all the different diets/ opinions with this question) ~ Does diet affect autism? ~ Gluten free diet for autism - any real evidence? ~ Gluten-free, Casein-free etc. diets for ASD - do they really have an impact, or is it a case of identifying Gastro-intestinal problems (seemingly common in ASD) in the children and finding the right treatment for it? ~ Is there any evidence milk and gluten free diets influence autism? ~ Proper studies on dietary interventions for ASD. ~ Research on treatments claiming to improve neurochemical transmissions in all groups affected by sensory processing difficulties/disorders/differences i.e. Physical/sensory integration; dietary/ nutritional/vitamins etc; medication based or any others. ~ Research to prove that dietary interventions for autism work. ~ What diet, esp proteins in grain, dairy and meat are problematic for autistic children.	6 x parent ~ 8 x clinician ~ 1 x research recommendation	What is the efficacy of biomedical interventions, including diets and nutritional supplements? ~ Are there any specific dietary/non-pharmaceutical interventions that are more appropriate for children with specific forms of ASD, or particular types of comorbidity?	SIGN 98	JLA Survey	none	none	Millward C, Ferriter M, Calver SJ, Connell-Jones GG. Gluten- and casein-free diets for autistic spectrum disorder. Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD003498. DOI: 10.1002/14651858.CD003498.pub3.	none	none	Diet	Management or change in symptoms
	Are light therapies effective to manage sleep/improve day time functioning (learning) for children and young people with neurodisability?	Does changing the lighting intensity and colour tone in classroom settings help children with neurodiverse conditions? Eg a) children with ADHD to concentrate for longer? b) children with dyslexia to read see written images more clearly and therefore speed up their reading time or reduce visual stress headaches? ~ Effect of Light boxes (light therapy) on sleep difficulties in children with neurodisability. ~ What is the effect of a sensory diet approach for children with sensory processing difficulties?	1 x parent ~ 2 x clinicians			JLA Survey	none	In adults with dementia? Forbes D, Blake CM, Thiessen EJ, Peacock S, Hawranik P. Light therapy for improving cognition, activities of daily living, sleep, challenging behaviour, and psychiatric disturbances in dementia. Cochrane Database of Systematic Reviews 2014, Issue 2. Art. No.: CD003946. DOI: 10.1002/14651858.CD003946.pub4.	Khan S, Heussler H, McGuire T, Dakin C, Pache D, Cooper D, et al. Melatonin for non-respiratory sleep disorders in children with neurodevelopmental disorders (Protocol). Cochrane Database of Systematic Reviews 2011, Issue 5. Art. No.: CD009140. DOI: 10.1002/14651858.CD009140.	none	none	Complementary therapies	Physical functioning; Social participation; Quality of Life
Priority 25	Do massage-based therapies improve functioning and wellbeing for children and young people with neurodisability? (JLA PSP Priority 25)	How effective are Complementary Therapies such as massage, reflexology, relaxation techniques in helping children and young people affected by neurodisability? ~ Is there good evidence that Bowen Technique is helpful for children and young people? ~ Should the Bowen method of reflexology be a standard treatment for children with cerebral palsy - to improve nerve pathway signals?	2 x parent ~ 1 x clinician			JLA Survey	none	Massage for cerebral palsy~ http://www.pencru.org/evidence/massageforcerebralpalsy	none	none	none	Complementary therapies	Physical functioning; Wellbeing; Quality of Life
	Do nutritional supplements (e.g. omegas 3,6,9) reduce symptoms and improve functioning of children with Autistic Spectrum Disorder?	Do any nutritional supplements actually make a difference to children with autism? ~ 'Eye-Q' capsules/liquid to aid sleep and concentration in children with Asperger's/Hyperactivity etc. When we first used this with our youngest son who has Asperger's (secreted in prune juice which was used very successfully to aid his constipation problems) he slept through the night for the first time ever. Previously he (as per our instructions) would stay in his bedroom sat on his bed (he understood at night time he was not allowed to leave his bed except for the toilet) reading, playing etc until he went to sleep. Afterwards, after bedtime story etc he slept for the first time. ~ What dosage of Omega 3, 6,9 fish oils can be most useful for ASD children specifically, are the Omega oils from plants just as good, or not?	3 x parent ~ 1 x research recommendation	Dietary supplementation in ADHD/HKD	SIGN 112	JLA Survey	Sonuga-Barke EJ, Brandeis D, Cortese S, Daley D, Ferrin M, Holtmann M, et al. Nonpharmacological interventions for ADHD: systematic review and meta-analyses of randomized controlled trials of dietary and psychological treatments. GroupAm J Psychiatry. 1 March 2013, 170(3):275-89. doi: 10.1176/appi.ajp.2012.12070991. AND James S, Montgomery P, Williams K. Omega-3 fatty acids supplementation for autism spectrum disorders (ASD). Cochrane Database of Systematic Reviews 2011, Issue 11. Art. No.: CD007992. DOI: 10.1002/14651858.CD007992.pub2.	none	Nye C, Brice A. Combined vitamin B6-magnesium treatment in autism spectrum disorder. Cochrane Database of Systematic Reviews 2005, Issue 4. Art. No.: CD003497. DOI: 10.1002/14651858.CD003497.pub2.	none	none	Complementary therapies	Management or change in symptoms
	Does chiropractic improve gross/fine motor function of children with hemiplegia?	Does visiting a chiropractor improve gross and fine motor skills for children with hemiplegia? & if so, how long does the improvement last?	1 x parent			JLA Survey	none	none	none	none	none	Complementary therapies	Physical functioning
	Does nutritional supplementation with vitamin D improve motor function in children and young people with neurodisability?	effect of vitamin D levels on motor development	1 x clinician			JLA Survey	none	none	none	none	none	Complementary therapies	Physical functioning
	Does trampolining improve balance and coordination (motor function) in children and young people with neurodisability?	Does trampolining / rebound therapy result in improved standing balance on land for young people with a neuro disability?	1 x clinician			JLA Survey	none	none	none	none	none	Complementary therapies	Physical functioning
	Is horse riding an effective therapy to improve functioning and promote wellbeing in children and young people with neurodisability?	Does horse riding improve core stability and balance in children with cerebral palsy? (Hemiplegia) ~ I would like to suggest Equine Experiential Learning. We run a charity known as Intouch equestrian, working with children and young people from all walks of life. Our work involves helping to develop Social and Emotional Learning, at which the horses and ponies are great teachers. The young people learn confidence, communication skills and compassion which is transferable to "real" life. This work is non-ridden, but we also successfully use therapeutic riding and yoga on horseback for those with mild physical or non-verbal challenges.	1 x parent ~ 1 x other			JLA Survey	Sung-Hui Tseng, Hung-Chou Chen, Ka-Wai Tam. Systematic review and meta-analysis of the effect of equine assisted activities and therapies on gross motor outcome in children with cerebral palsy. Disability and Rehabilitation. 2013, 35(2): 89-99-PMID: 22630812	Tseng SH, Chen HC, Tam KW. Systematic review and meta-analysis of the effect of equine assisted activities and therapies on gross motor outcome in children with cerebral palsy. Disability and Rehabilitation. 2013, 35(2): 89-99	Sterba JA. Does horseback riding therapy or therapist-directed hippotherapy rehabilitate children with cerebral palsy? Developmental Medicine and Child Neurology. 2007, 49(1): 68-73	none	none	Complementary therapies	Physical functioning; Wellbeing; Quality of Life
	Is ongoing (6 months) rhythm therapy (e.g. by drumming or Interactive Metronome or dancing) effective to improve handwriting and other functioning in children and adults with Developmental Coordination Disorder (particularly the more mild form) or dyspraxia?	Can teaching children rhythm eg by drumming or Interactive Metronome or dancing or similar significantly benefit children and adults with Developmental coordination disorder / dyspraxia (particularly the more milder form of DCD) over a significant time period eg 6 months and not 6 weeks? I am particularly interested in how this can affect their handwriting compared to no handwriting practice. Physiotherapy is important but learning rhythm is an aspect that is often missed.	1 x parent			JLA Survey	none	none	none	none	none	Complementary therapies	Physical functioning
	Would teaching body awareness techniques early (The Alexander Technique, yoga etc.) improve postural/sensory awareness (e.g bladder control) for children and young people with neurodisability?	Would teaching body awareness techniques early, for example, The Alexander Technique, or yoga, enable the growth of neurons to be capable of coping with posture and the lack of spatial awareness in relation to same. My question is, if the neurons aren't there, are there activities and processes which can stimulate growth of specific, and helpful neurons? This is not just about the lack of spatial awareness, it is, for example, an issue, that my son can't feel his bladder needs emptying until it is full.	1 x parent			JLA Survey	none	none	none	none	none	Complementary therapies	Continence; Physical functioning
	Do seizure alarms for children with epilepsy reduce Sudden Unexpected Death in Epilepsy (SUDEPS) / improve seizure management/reduce parent stress?	For profound epilepsy syndromes in children epilepsy alarms are an essential and potentially life saving device for families. Increasingly families are relying on epilepsy alarms for peace of mind and the restoration of long lost sleep. But the medical profession is slow to accept that such devices have a place in caring for our children, altering them to a seizure and administering rescue medication as required. Additionally, parents and other family members benefit too as they all worry about the risk of death whilst sleeping - Sudden Unexplained Death in Epilepsy Patients (SUDEP)	1 x parent ~ 1 x research recommendation	Pros/cons of discussion of SUDEP and its timing with families	SIGN 81	JLA Survey	none	none	none	none	none	Assistive technology	Survival; Seizures Management or change in symptoms; Parent stress
	Is a small dose of stimulant medication helpful in children with Autistic Spectrum Disorder (ASD) and learning disability to reduce hyperactive behaviours?	Is a small dose of stimulant medication helpful in children with ASD and LD to help reduce hyperactive behaviour	1 x clinician			JLA Survey	Ching H, Pringsheim T. Aripiprazole for autism spectrum disorders (ASD). Cochrane Database of Systematic Reviews 2012, Issue 5. Art. No.: CD009043. DOI: 10.1002/14651858.CD009043.pub2.	Williams K, Brignell A, Randall M, Silove N, Hazell P. Selective serotonin reuptake inhibitors (SSRIs) for autism spectrum disorders (ASD). Cochrane Database of Systematic Reviews 2013, Issue 8. Art. No.: CD004677. DOI: 10.1002/14651858.CD004677.pub3.	Jesner OS, Aref-Adib M, Coren E. Risperidone for autism spectrum disorder. Cochrane Database of Systematic Reviews 2007, Issue 1. Art. No.: CD005040. DOI: 10.1002/14651858.CD005040.pub2.	none	none	Drugs	Hyperactivity; Management or change in symptoms

	Is drug therapy (e.g. trihexyphenidyl) effective to control drooling for children and young people with neurodisability?	What dribble med is the best and why? is it fair to give them to disabled children given the potential side effects and how do we really know if they are being impacted by the side effects. ~ What is the efficacy of trihexyphenidyl in management of drooling?	1 x parent ~ 1 x clinician		JLA Survey	Walsh M, Smith M, Pennington L. Interventions for drooling in children with cerebral palsy. Cochrane Database of Systematic Reviews 2012, Issue 11. Art. No.: CD008624. DOI: 10.1002/14651858.CD008624.pub3	Rodwell K, Edwards P, Ware RS, Boyd R. Salivary gland botulinum toxin injections for drooling in children with cerebral palsy and neurodevelopmental disability: a systematic review. Developmental Medicine and Child Neurology. 2012. 54(11): 977-987	none	none	none	Drugs	Drooling; Management or change in symptoms
	Is taking aspirin beneficial (e.g. to reduce recurrence) for a child who has had a stroke with no known cause?	Is taking aspirin beneficial for a child who has had a stroke with no known cause?	1 x parent		JLA Survey	none	none	none	none	none	Drugs	Survival; stroke
	What is the (long term) safety and effectiveness of (psychostimulant) drug management for Attention Deficit Hyperactivity Disorder (ADHD)? Does the psychostimulant maintain effectiveness in the long term?	Does medication for ADHD really alter long term outcome? ~ What are the benefits and risks of long term use of psychostimulants for ADHD?	2 x clinician ~ 5 x research recommendation	Are there any benefits or disadvantages to the extended/long-term use of methylphenidate compared with its discontinuation at least 18 months after starting treatment? ~ To what extent does continuing drug treatment beyond 18 months alter quality of life, core ADHD symptoms, associated symptoms including emotional lability, potential adverse effects of continued drug treatment and neuropsychological function? This would be best conducted as a drug discontinuation randomised controlled trial. ~ Given that ADHD is a chronic condition which may require long-term treatment, there is a need for further data on long-term outcomes of drug treatments. ~ Safety of coprescription of	NICE CG 72 ~ NICE CG 98 ~ SIGN 112	JLA Survey	Farooque SY, Buitelaa J. Comparing the efficacy of stimulants for ADHD in children and adolescents using meta-analysis. European Child & Adolescent Psychiatry. April 2010 [Impact Factor: 3.7]; 19(4):353-64. DOI:10.1007/s00787-009-0054-3. Epub 2009 Sep 10. PMID: 19763664	Hanwella R, Senanayake M, de Silva V. Comparative efficacy and acceptability of methylphenidate and atomoxetine in treatment of attention deficit hyperactivity disorder in children and adolescents: a meta-analysis. BMC Psychiatry. 2011. 11:176 doi:10.1186/1471-244X-11-176	Donnelly M, Naby MM, Carter R, Andrews G, Vos T. Cost-effectiveness of dexamphetamine and methylphenidate for the treatment of childhood attention deficit hyperactivity disorder. Australian and New Zealand Journal of Psychiatry. 2004. 38(8): 592-601	Drugs	Management or change in symptoms	
Priority 23	What is the long term safety and effectiveness of drugs used in seizure management, especially in terms of adverse effects on learning, psychosis, anxiety, anger and rage? (JLA PSP Priority 23)	How learning needs may be affected by epilepsy and the medications used to treat. ~ The effect of anti epileptic drugs on neurologically damaged adolescent young people with particular reference to increasing the susceptibility to psychosis, anxiety, anger and rage. Especially drugs such as topiramate and carbamazepine.	1 x parent ~ 1 x clinician ~ 5 x research recommendation	How do the newer AEDs compare in efficacy to the standard AEDs in the treatment of newly diagnosed epilepsy? ~ What are the initial and add-on AEDs of choice in the treatment of the epilepsy syndromes with onset in childhood, for example, myoclonic-astatic epilepsy and Dravet syndrome? ~ Does treatment response relate to cause in infantile spasms? Does early treatment success in seizure control and resolution of the hypsarrhythmic EEG influence the long-term developmental and cognitive outcomes more than the underlying cause of the spasms? ~ What is the most effective and safest AED to treat: <ul style="list-style-type: none"> established (usually lasting longer than 30 minutes) 	NICE CG 137 ~ SIGN 81	JLA Survey	none	Appleton R, Macleod S, Martland T. Drug management for acute tonic-clonic convulsions including convulsive status epilepticus in children. Cochrane Database of Systematic Reviews 2008, Issue 3. Art. No.: CD001905. DOI: 10.1002/14651858.CD001905.pub2.	none	none	Drugs	Management or change in symptoms; adverse effects or complications
Priority 11	What is the safety and effectiveness of drugs compared to talking therapies (e.g. Cognitive Behavioural Therapy) to treat anxiety in children and young people with Autistic Spectrum Disorders? (JLA PSP Priority 11)	Do medications aimed at reducing anxiety (and thereby aggression) work long term in children with severe autism? ~ Does the management of anxiety with medication in children with autism beneficial and what are the side effects? ~ Long term impact/side effects of risperidone vs sertraline vs fluoxetine for associated anxiety - comparative effectiveness and longterm side-effects - is mono or multiple therapy best? ~ Which medication helps best for anxiety in autism? ~ CBT is recognised as an effective treatment for children with ASD especially if it has been specifically modified for them. Why then can I not access this for my ASD children? ~ Use of Cognitive Behavioural therapy for repetitive behaviours in autism. ~ What cognitive behavioural therapies work in children with intellectual disabilities? ~ What is the evidence for CBT to treat anxiety in adolescents with autism?	1 x parent ~ 6 x clinician ~ 1 x other ~ 1 x research recommendation	Further risperidone studies and systematic reviews/meta-analysis ~ More research is needed on the use of fluoxetine and other selective serotonin reuptake inhibitors. ~ Long term effectiveness of medication, including potential synergistic effects with other interventions.	SIGN 98	JLA Survey	Lang R, Regester A, Lauderdale S, Ashbaugh K, Haring A. Treatment of anxiety in autism spectrum disorders using cognitive behaviour therapy: A systematic review. Developmental Neurorehabilitation. 2010. 13(1): 53-63. PMID: 20067346	White AH. Cognitive behavioural therapy in children with autistic spectrum disorders. In Baizan Ltd [Ed] STEER: Succinct and Timely Evaluated Evidence Reviews 2004; 4 (5). Baizan Ltd and Wessex Institute for Health Research & Development, University of Southampton AND Hurwitz R, Blackmore R, Hazell P, Williams K, Woolfenden S. Tricyclic antidepressants for autism spectrum disorders (ASD) in children and adolescents. Cochrane Database of Systematic Reviews 2012, Issue 3. Art. No.: CD008372. DOI: 10.1002/14651858.CD008372.pub2	Broadstock M, Doughty C. The effectiveness of pharmacological therapies for young people and adults with autism spectrum disorder (ASD): a critical appraisal of the literature. Christchurch: New Zealand Health Technology Assessment (NZHTA) 2003: 77	Drugs; Psychological therapy	Anxiety; Management or change in symptoms; adverse effects or complications	
Priority 10	What is the long term safety, effectiveness and sustainability of behavioural strategies and/or drugs (e.g. melatonin) to manage sleep disturbance in children and young people with neurodisability (outcomes include time to onset, duration, and reducing impact on family)? (JLA PSP Priority 10)	What is the impact of longer term usage of melatonin in neurodevelopmental disability? ~ Does melatonin improve sleep patterns? ~ Is Melatonin the drug of choice to regulate sleep patterns in children with severe neurodisability when this problem is disrupting their own and family's life? ~ Medications to help with sleep: both initiation of and maintenance of sleep. ~ Medications for sleep disorders in children with ND in comparison for non-nd children (Especially when there is sensory processing disorder present). ~ Use of Chloral hydrate for sleep difficulties in children with neurodisability. ~ What are the benefits and risks of using melatonin long term for sleep disturbance? ~ What evidence is there for the use of sedation and melatonin to treat sleep disorders in kids and adults with ASD and what is the safety and long term effects of taking such medicines? ~ What impact does the use of melatonin and input for sleep disturbances have on the quality of life in families with a child with ASD?	2 x parent ~ 7 x clinician ~ 1 x research recommendation	Melatonin use.	SIGN 98	JLA Survey	Galland BC, Elder DE, Taylor BJ. Interventions with a sleep outcome for children with cerebral palsy or a post-traumatic brain injury: A systematic review. Sleep Medicine Reviews. 2012. 16(6):561-73. doi: 10.1016/j.smrv.2012.01.007. PMID: 22609124 AND Khan S, Heussler H, McGuire T, Dakin C, Pache D, Cooper D, et al. Melatonin for non-respiratory sleep disorders in visually impaired children. Cochrane Database of Systematic Reviews 2011, Issue 11. Art. No.: CD008473. DOI: 10.1002/14651858.CD008473.pub2	Appleton RE, Jones AP, Gamble C, Williamson PR, Wiggs L, Montgomery P, et al. The use of Melatonin in children with Neurodevelopmental Disorders and Impaired Sleep: a randomised, double-blind, placebo-controlled, parallel study [MENDS]. Health Technol Assess. 2012. 16(40) PMID: 23098680	Phillips L, Appleton RE. Systematic review of melatonin treatment in children with neurodevelopmental disabilities and sleep impairment. Developmental Medicine and Child Neurology. 2004. 46(11): 771-775. PMID: 15540639 AND Braam W, Smits MG, Didden R, Korsilius H, van Geijlswijk IM, Curfs LM. Exogenous melatonin for sleep problems in individuals with intellectual disability: a meta-analysis. Developmental Medicine and Child Neurology. 2009. 51(5): 340-349. PMID: 19379289	Drugs	Sleep; Parent stress	
Priority 17	Do cross-sector interventions (e.g. key workers, named contacts to provide integrated health, social care, education) improve school attendance, reduce admissions, and parents' satisfaction and experience of care for children and young people with neurodisability? (JLA PSP Priority 17)	As parent carers alongside those who support us, we all know that having an integrated and co-ordinated approach to our child's care improves outcomes for the whole family. However whilst there is some empirical evidence to support this there is very little hard evidence to act as a lever for commissioning. (ties in with CYPHOF recommendations re new Indicator/PREM) ~ Dedicated Key-Workers to support families with their individual needs and not just within education and health, social-care too (as in the single plan approach). 'Cradle to grave' thinking needed here. Key-working roles with professional leads who already have a primary role will not work. We need dedicated Key-Workers where this is their primary role. ~ Do children and families receiving home care packages require less hospital based intervention? ~ Do integrated interventions result in improved satisfaction and experience of care? ~ Does having direct access to an expert clinician for advice reduce the need for hospital visits for disabled children and young people or improve their experience of care? ~ Is school attendance improved following referral to and management by a tertiary centre as compared with a local community paediatrician? ~ What is the impact on outcomes of these two types of NHS orthotics service delivery: a) provision by an acute NHS Trust b) provision by a community health trust. The reason I ask this question is this. Our service was provided via an acute trust. If they provided poor Orthotics care they could avoid spending their "fixed amount" Orthotics budget. Then when our son gets a terrible deformity they can charge the local PCT for an orthopaedic operation, for which they are paid a fee (ie providing poor orthotics care is incentivised in an acute trust). ~ Why do we spend so much time looking at interventions which may or may not make a difference and not enough looking at interventions to stop life being a battle to get services, education (perhaps the greatest battle) etc. Perhaps if we labelled education (access to appropriate and meaningful education) as an intervention, we would have a much better understanding of the damage gaining it does to children and their parents. ~ Is family centred goal setting effective in improving the child's health and well-being and the family self-care?	3 x parent ~ 6 x clinician ~ 3 x research recommendation	Are particular models of service provision more effective in improving outcomes for children and young people with ASD? ~ How are transitions, at all stages from pre-school to adulthood, best managed? ~ The role of multidisciplinary or multiagency teams.	SIGN 98	JLA Survey	Parker G, Bernard S, Gridley K, Aspinall F, Light K. Rapid Systematic Review of International Evidence on Integrated Models of Care for People with Long-term Neurological Conditions, (February 2010) Technical Report. Project 08/1610/124 Queen's Printer and Controller of HMSO 2010. http://www.york.ac.uk/inst/spru/research/pdf/LTNReview.pdf	Reichow B, Servil C, Yasamy MT, Barbu C, Saxena S. Non-specialist psychosocial interventions for children and adolescents with intellectual disability or lower-functioning autism spectrum disorders: a systematic review. PLOS Medicine. 2013. 10(12): e1001572. PMID: 24358029	Mayo-Wilson E, Montgomery P, Dennis JA. Personal assistance for children and adolescents (0-18) with both physical and intellectual impairments. Cochrane Database of Systematic Reviews 2008, Issue 3. Art. No.: CD006859. DOI: 10.1002/14651858.CD006859.pub2. AND Montgomery P, Mayo-Wilson E, Dennis JA. Personal assistance for children and adolescents (0-18) with intellectual impairments. Cochrane Database of Systematic Reviews 2008, Issue 3. Art. No.: CD006858. DOI: 10.1002/14651858.CD006858.pub2. AND Mayo-Wilson E, Montgomery P, Dennis JA. Personal assistance for children and adolescents (0-18) with physical impairments. Cochrane Database of Systematic Reviews 2008, Issue 3. Art. No.: CD006277. DOI: 10.1002/14651858.CD006277.pub2.	Service delivery	School attendance; Hospital admissions; Parent satisfaction with care	
Priority 7	Does a structured training programme, medicines and/or surgery speed up the achievement of continence (either/or faecal or urinary) for children and young people with neurodisability? (JLA PSP Priority 7)	Effectiveness of current bowel management protocols in children with neurodisability.	1 x parent		JLA Survey	none	none	none	none	none	Education and training	Continence; Management or change in symptoms
Priority 22	Are interventions to improve consistency of approach between health and education agencies (e.g. keyworkers) effective to improve behavioural problems in children with Autistic Spectrum Disorder (ASD)? (JLA PSP Priority 22)	Autistic pupils should have a multi agency approach to their assessment. Speech Therapy and Occupational Therapy should be key to guiding teachers in how to teach and support autistic pupils and their families. Teachers are so focused on targets and curriculum that they fail to see the needs of the child. e.g. punishing an autistic child by removing his play time when he may desperately need to have time outside in order to be calm and alert, still believing in age appropriate instead of stage appropriate.	1 x parent		JLA Survey	none	none	none	none	none	Service delivery	Management or change in symptoms

	Is there a group of children and young people with neurodisability for whom a low stimulation ward environment would substantially reduce the duration of inpatient episodes?	Providing an appropriate environment in Hospital to help aid speed of recovery, calm, quieter, less busy environment for children with sensory process disorder, epilepsy and other condition that require a less stimulating environment. Basically will the special needs child get better in hospital quicker if a better environment is maintained.	1 x parent			JLA Survey	none	none	none	none	none	Service delivery	Duration of inpatient episodes	
Priority 2	To improve communication for children and young people with neurodisability: (a) what is the best way to select the most appropriate communication aids, and (b) how to encourage staff/carers to use it to enable communication? (JLA PSP Priority 2)	What is the best communication/health passport format? ~ Assessment on the impact of language and cognitive growth with the provision of assistive and augmentative communication devices for those children unable to communicate orally. ~ Does the provision of an AAC system make a difference to people with severe and complex communication impairments? ~ Research into equipment and aids to daily living. This is a huge area, from use of iPad and computerised technology for children with communication difficulties, to development of wheelchairs and surfaces for improving sports for children with disabilities and aids to everyday living and promoting independence.	1 x parent ~ 3 x clinician			JLA Survey	Pennington L, Goldbart J, Marshall J. Speech and language therapy to improve the communication skills of children with cerebral palsy. Cochrane Database of Systematic Reviews 2003, Issue 3. Art. No.: CD003466. DOI: 10.1002/14651858.CD003466.pub2.	none	Hass U, Andersson A, Brodin H, Persson J. Assessment of computer-aided assistive technology: analysis of outcomes and costs. AAC: Augmentative and Alternative Communication. 1997; 13(2): 125-135 ~ http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?AccessionNumber=21998007570W.U04y15M8ds	none	none	Assistive technology; Education and training	Communication; Social participation	
Priority 9	Which school characteristics (e.g. policies, attitudes of staff etc) are most effective to promote inclusion of children and young people with neurodisability in education and after-school clubs? (JLA PSP Priority 9)	Access for children with CP attending mainstream schools to be able to meet their peer group in movement groups in the school holidays. The Physiotherapy is done in the group which is effective and fun. The children realise that they are not the only one their age with a disability. They form friendships. They work hard at improving their motor skills and are able to compete in a more realistic environment. Understanding that every one has different strengths whether it is balance or control of movement. Parents are able to support each other and encourage all the children. ~ Are the teaching styles, social interactions and dynamics of the traditional school environment too stressful for many of these young people. My reason for asking is I know of many children with ASD/ADD (my 13 year old daughter being one) who have had breakdowns in mainstream education and have had to be removed from school and put into therapy. These are intelligent children whose grades are falling due to stress. ~ Does integrated goal-setting between parents, YP, Health Education result in better education attainment? ~ Is anxiety exacerbated in children with Asperger Syndrome when educated in a mainstream class or when educated in a special school alongside children with BESD? ~ Is befriending and then mentoring a young person with Asperger Syndrome more or less likely to break down their barriers to social inclusion than artificial social skills groups in school? ~ Is there a way to determine if a child with Autism will generally progress better in special educational needs provision than mainstream? ~ Our experience is that studies showed ""inclusion"" in mainstream schools was beneficial for children with Down Syndrome (with the right support). Our experience has been it works OK up to about half way through Primary School (depending on the degree of disability and flexibility of the school) but that in practice the right support is not there and the rigidity of the National Curriculum that has come in since these studies has made the task of schools including our kids pretty much impossible. Maybe this view of inclusion needs reevaluating to take into account the changes in schools in the UK since the first studies - also the inadequacies of support that that are ubiquitous.	5 x parent ~ 2 x clinician			JLA Survey	none	Mayo-Wilson E, Montgomery P, Dennis J. Personal assistance for children and adolescents (0-18) with intellectual impairments. Campbell Systematic Reviews 2008;4 DOI: 10.4073/csr.2008.4 ~PMID: 18646172	none	none	none	Service delivery	Social participation; Quality of Life	
	The effectiveness and cost effectiveness of housing adaptations in terms of improving health and social outcomes for disabled children and families.	The effectiveness and cost effectiveness of housing adaptations in terms of improving health and social outcomes for disabled children and families.	1 x parent			JLA Survey	none	none	Beresford, B. (2006) Housing and disabled children: a review of policy levers and opportunities, Social Policy Research Unit, University of York, York ~ www.york.ac.uk/inst/spru/research/pdf/IRFNvo06Housing.pdf AND Heywood F. (2001) Money well spent: The effectiveness and value of housing adaptations, The Policy Press and the Joseph Rowntree Foundation ~ www.jrf.org.uk/system/files/jr100-effectiveness-housing-adaptations.pdf	none	none	none	Assistive technology	Quality of life
	Would education in self management (e.g. of physical problems associated with cerebral palsy) improve the quality of life and socio-economic independence of young adults with neurodisability?	Self-management in cerebral palsy: at the time of transition to adult services, would education in self management of physical problems associated with cerebral palsy improve the quality of life and socio-economic independence of young adults with cerebral palsy? ~ Transition from children's to adult services. My undergrad thesis looked at this in 1975. Although the problem is more widely recognised, I'm not sure much has changed in practice. Poor employment prospects for all young people have intensified the problems.	1 x parent ~ 1 x other			JLA Survey	Lindsay S, Kingsnorth S, McDougall C, Keating H. A systematic review of self-management interventions for children and youth with physical disabilities. Disability and Rehabilitation. 2014; 36(4): 276-288 (doi:10.3109/09638288.2013.785605)~PMID:23614359 AND Lindsay S, Kingsnorth S, McDougall C, Keating H. A systematic review of self-management interventions for children and youth with physical disabilities. Disability and Rehabilitation. 2014;36(4):276-88. doi: 10.3109/09638288.2013.785605 ~PMID:23614359	none	none	none	none	Education and training	Social participation; Quality of Life	
Priority 12	Are any types of physical therapy (e.g. Bobath, Neuro-Developmental Therapy, Conductive Education, hydro, constraint, strength-training etc) more or less effective to promote motor functioning in children and young people with neurodisability (e.g. cerebral palsy, acquired brain injury)? (JLA PSP Priority 12)	Are core stability exercises effective in children with developmental coordination disorder? ~ Can physiotherapy help relieve pain and muscle tightness in the short term for people with hemiplegia? ~ Comparison of constraint therapy and bimanual therapy for children with hemiplegia. ~ Conductive therapy against bobath therapy for children with cerebral palsy. ~ Definitively, what is the effect of Bobath/NDT treatment of cerebral palsy in GMFCS Level V children? (Studies have been done, but the final statement is always, "there's not enough evidence." I want to know, is it worth it to do the movement patterns change? do they gain functional skills? - and at what intensity the treatment needs to be applied.) ~ Do a longitudinal study on the effectiveness of OT assessment to identify motor difficulties, including proprioception, and consequent individual therapy / small group work to mitigate the impact of poor small / gross motor skills on a child's ability to be successfully included in a mainstream education setting - use the EYFS profile to identify children to be put forward for assessment by measuring the differences in education outcomes for children identified but not given access to therapy with those identified and given access to therapy. ~ Do exercises to stretch overly tight muscles in the legs have any long term benefits? ~ Do home programmes of activity ideas and suggestions improve coordination in children with coordination difficulties e.g. DCD? ~ Does conductive education improve gross and fine motor skills for children with hemiplegia? & if so, how long does the improvement last? ~ Does constraint induced movement therapy (CIMT) improve gross and fine motor skills for children with hemiplegia? & if so, how long does the improvement last? ~ Does graded exercise help children seriously affected by ME/CF5? ~ Does intermittent intensive provision of Bobath/NDT therapy in addition to usual community physiotherapy result in greater gains in motor function? ~ Does rebound therapy / trampoline work improve core stability and balance in children with cerebral palsy? (Hemiplegia) ~ Does regular (hand on) physiotherapy by a therapist reduce contractures in a child with cerebral palsy? ~ Does regular hands on therapy help improve a child's abilities compared to less hands on approach eg. The	1 x young person 15 x parent ~ 21 x clinician ~ 2 x research recommendation	What is the clinical and cost effectiveness of activity-based context focused physical therapy compared with child-focused physical therapy in children and young people who are at GMFCS level I, II or III? ~ How much difference does intensive Bobath-type physical therapy improve motor function in babies that have sustained brain injury a) as premature babies with periventricular leukomalacia or intraventricular hemorrhage or b) as full term babies with hypoxic injury?	NICE CG 145		JLA Survey	Novak, I., McIntyre, S., Morgan, C., Campbell, L., Dark, L., Morton, N., Stumbles, E., Wilson, S.-A. and Goldsmith, S. A systematic review of interventions for children with cerebral palsy: state of the evidence. Developmental Medicine & Child Neurology. 2013; 55: 885-910. doi: 10.1111/dmcn.12246~PMID:23962350 AND Huang HH, Fettes L, Hale J, McBride A. Bound for success: a systematic review of constraint-induced movement therapy in children with cerebral palsy supports improved arm and hand use. Physical Therapy 2009; 89(11): 1126-1141~PMID:19729391 AND Grunt S, Becher JG, Vermeulen RJ. Long-term outcome and adverse effects of selective dorsal rhizotomy in children with cerebral palsy: a systematic review. Developmental Medicine and Child Neurology. 2011; 53(6): 490-498~PMID:21518341	none	Blohm D. Effectiveness of aquatic interventions for children with cerebral palsy: systematic review of the current literature. Journal of Aquatic Physical Therapy 2011. 19(1): 19-29 ~ http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?AccessionNumber=12012012414W.U04ovF5M8ds AND Jackman, M., Novak, I. and Lannin, N. Effectiveness of hand splints in children with cerebral palsy: a systematic review with meta-analysis. Developmental Medicine & Child Neurology. 2014, 56: 138-147. doi: 10.1111/dmcn.12205 ~PMID: 23848480 AND Boyd RN, Morris ME, Graham HK. Management of upper limb dysfunction in children with cerebral palsy: a systematic review. European Journal of Neurology. 2001. 5(Supplement 5): 150-166 ~PMID: 11851744 AND Anttila H, Autti-Ramo I, Suoranta J, Makela M, Malmivaara A. Effectiveness of physical therapy interventions for children with cerebral palsy: a systematic review. BMC Pediatrics. 2008; 8:14. doi: 10.1186/1471-2431-8-14. ~PMID: 18435840 AND Sclanni A, Butler JM, Ada L, Teixeira-Salmela LF. Muscle strengthening is not effective in children and adolescents with cerebral palsy: a systematic review. Australian Journal of Physiotherapy. 2009; 55(2): 81-87 ~PMID: 19463078	none	none	Physical therapies	Physical functioning; Social participation
	Are chest physiotherapy techniques and/or assistive technologies (e.g. PEP) effective to reduce mortality/chest infections/Quality of Life for children and young people with respiratory impairments associated with neurodisability?	Does respiratory physiotherapy help clear secretions from children with severe cerebral palsy? ~ Does routine PEP (positive expiratory pressure) improve or maintain respiratory health for children with complex needs who are non-mobile? ~ I would like to know whether cpap at night (like Martin Samuels at UHNS does for motor neurone disease) would improve the respiratory prognosis and quality of life for children with ataxia-telangiectasia, whose life is often threatened by respiratory infections but also their quality of life (because of broken sleep and inadequate oxygenation) ~ I would like to see if airway clearance technique or chest physiotherapy as it is also referred to is beneficial ie. to quality of life, frequency of respiratory illness or other outcome eg. life expectancy in children affected by complex neurodisability. ~ What interventions reduce the frequency and impact of chest infections of children with severe Cerebral Palsy.	4 x clinician ~ 1 x other			JLA Survey	none	Chaves GSS, Fregonezi GAF, Dias FAL, Ribeiro CTD, Guerra RO, Freitas DA, Parreira VF, Mendonca KMPP. Chest physiotherapy for pneumonia in children. Cochrane Database of Systematic Reviews 2013, Issue 9. Art. No.: CD010277. DOI: 10.1002/14651858.CD010277.pub2.	none	none	none	none	Therapy~Assistive technology	Survival; Quality of life
Priority 16	Are child-focused strategies (e.g. one-to-one or group social and skills training) effective to improve confidence, self-esteem and promote participation in recreation and leisure activities for children and young people with neurodisability? (JLA PSP Priority 16)	Does provision of social skills training to child with disability result in improved peer relationships? Interpersonal interaction and relationships in general? ~ How can recreation and leisure participation be increased in children with communication and mobility limitations? ~ What are the effective interventions to increase children's confidence, and what effects do they have on the child's participation and well-being? ~ What are the most effective ways to improve self esteem with children who have a neurodisability? ~ What is the effectiveness of group intervention for 4-6 year olds with co-ordination difficulties/learning difficulty/global delay/cerebral palsy to address cutting and dressing skills?	5 x clinician			JLA Survey	Storebe OI, Skoog M, Damm D, Thomsen PH, Simonsen E, Gluud C. Social skills training for Attention Deficit Hyperactivity Disorder (ADHD) in children aged 5 to 18 years. Cochrane Database of Systematic Reviews 2011, Issue 12. Art. No.: CD008223. DOI: 10.1002/14651858.CD008223.pub2. AND Grunt S, Becher JG, Vermeulen RJ. Long-term outcome and adverse effects of selective dorsal rhizotomy in children with cerebral palsy: a systematic review. Developmental Medicine and Child Neurology 2011; 53(6): 490-498 ~ http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?AccessionNumber=120110034468UserID=0	none	none	none	none	none	Therapy	Social participation; Confidence and self-esteem

	Are computer games an effective mode of therapy for children and young people with neurodisability to improve physical and/or social functioning?	Does the use of interactive video games eg wii help in children with DCD ~ Does the Use of social media and technology in therapy intervention improve therapy outcomes/goals. ~ How can parents evaluate the impact of computer games on children with ASD. Does Call of Duty increase the level of aggression in teenage boys with ASD ~ How can parents with teenage boys with ASD reduce the level of addiction to computer games, phones and other electronic devices without having to experience meltdowns ~ Investigation of the potential for computer gaming to encourage affected limb improvement in patients with hemiplegia. (Hemiplegic children neglect and are disinclined to use their affected hand - and finding tasks that provide reward for hand use is difficult. Computer gaming seems a very good way to do this but studies are needed to develop glove-based methods to encourage finger/wrist/supination movements alongside simple but entertaining games which contain reward system for use.) ~ Is there role for virtual therapy Eg using Wii/Wii Fit, Xbox Kinect for children with motor disorders, or equally to aid social communication (some games set up for cooperative play) ~ What effects do pc, Wii games etc, have on children who have visual processing difficulties?	4 x parent ~ 3 x clinician			JLA Survey	none	Biddiss E, Irwin J. Active Video Games to Promote Physical Activity in Children and Youth: A Systematic Review, Arch Pediatr Adolesc Med. 2010. 64(7): 664-672. doi:10.1001/archpediatrics.2010.104. PMID: 20603468	none	none	none	Physical therapies; Assistive technology	Physical functioning; Social participation	
Priority 21	Are any designs of orthoses (e.g. Lycra, kinesiotaping, plastic etc) more or less effective to promote functioning and prevent deformity for children and young people with neurodisability? (JLA PSP Priority 21)	A comprehensive scientific study on the benefits of lycra garments in use with children with cerebral palsy would be useful. currently little conclusive evidence is available. ~ Are lycra garments effective at improving functioning and participation for children and young people with cerebral palsy? ~ Are there any short term and long term outcomes of using dynamic lycra orthoses in children with hemiplegia? ~ Can foot deformities really be prevented by early and ongoing use of orthotics. Many children give up on using them in early teenage years and end up with breach of the foot but would this happen anyway as too much is asked of orthotics? ~ Can functional hand/wrist splints improve a child's ability to use their hemiplegic hand in their everyday occupations? ~ Can the use of carbon fiber splints aid muscle development of affected limbs when compared to traditional fixed AFOs. ~ Do dynamic ankle foot orthoses (DAFOs) have a beneficial functional impact on children with hypertonicity of plantarflexors? ~ Do lycra upper limb splints/garments provide any functional benefit for children with cerebral palsy? ~ effect of supportive footwear versus bare feet on rate of motor development in children with ligamentous laxity. Also effect on ankle posture. ~ for children with cerebral palsy, how can splinting be used to help relieve tightness without causing weaknesses? ~ How effective are Dynamic Ankle Foot Orthoses with neurological inlays at altering muscle tone and improving movement patterns? ~ how long does a passive stretch need to be done for ~ How to engage families to improve participation with ongoing physical activity/sport? ~ In a child with spastic CP, how long should a muscle be stretched and how often, to prevent loss of muscle length? ~ Is providing only one pair of piedro boots at any one time and then waiting for another 3-4 weeks for delivery justified? Should these children be not supplied with two pairs at a time so that they dont have to go without any	1 x young person ~ 6 x parent ~ 20 x clinician ~ 4 x research recommendation	What is the clinical and cost effectiveness of a prolonged stretch of the calf muscles with a hinged ankle-foot orthosis compared to an ankle-foot orthosis worn for a shorter time in children and young people with unilateral spasticity affecting the leg? ~ What is the clinical and cost effectiveness of wearing a hinged ankle-foot orthosis to prevent an equinus foot posture compared to an ankle-foot orthosis or solid ankle-foot orthosis? ~ What is the clinical and cost effectiveness of wearing an ankle-foot orthosis after surgery compared to not wearing an ankle-foot orthosis in children and young people with lower limb spasticity? ~ What is the clinical and cost effectiveness of dynamic thermoplastic orthoses	NICE CG 145		JLA Survey	Novak, I., McIntyre, S., Morgan, C., Campbell, L., Dark, L., Morton, N., Stumbles, E., Wilson, S. A., and Goldsmith, S. A systematic review of Interventions for children with cerebral palsy: state of the evidence. Developmental Medicine & Child Neurology. 2013. 55: 885-910. doi: 10.1111/dmcn.12246 PMID:23962350 AND Jackman, M., Novak, I. and Lannin, N. Effectiveness of hand splints in children with cerebral palsy: a systematic review with meta-analysis. Developmental Medicine & Child Neurology. 2014. 56: 138-147. doi: 10.1111/dmcn.12205 PMID:23848480	Morris, C. A review of the efficacy of lower limb orthoses used for cerebral palsy. Developmental Medicine & Child Neurology. 2002. 44: 205-211. doi: 10.1111/j.1469-8749.2002.tb00789.x PMID: 12005323 AND Figueiredo EM, Ferreira GB, Maia Moreira RC, Kirkwood RN, Fettes L. Efficacy of ankle-foot orthoses on gait of children with cerebral palsy: systematic review of literature. Pediatr Phys Ther. 2008 Fall;20(3):207-23. doi: 10.1097/PEP.0b013e318181fb34. PMID: 18703958	none	none	Assistive technology	Physical functioning; Prevent deformity	
	Would personalised systems (e.g. handheld or online electronic resources) to educate family/staff/carers about correct fitting of orthoses reduce adverse complications and improve adherence for children and young people with neurodisability?	Could Hydrocolloid patches be effectively used in the treatment of blisters, sores, and "hot spots" for children who have problems wearing their lower limb orthoses? Personal experience has shown that minor injuries caused by the orthoses can cause compliance issues with the wearing of the orthoses. Hydrocolloid patches could be advocated or even prescribed by orthotists and physiotherapists for the simplest of minor wounds with appropriate training.	1 x clinician			JLA Survey	none	none	none	none	none	Assistive technology; Education and training	Adherence to treatment	
Priority 20	Are oro-motor treatment strategies (e.g. oral motor exercises, sensory stimulation, sensorimotor activities etc.) effective to improve eating and drinking or speech for children and young people with neurodisability? Are there identifiable subgroups that benefit more from the strategies? (JLA PSP Priority 20)	Do exercises targeted at strengthening the tongue, jaw and face muscles and joints improve the clarity of speech? ~ Do oral motor exercises improve functional eating in children with CP?	1 x parent ~ 1 x clinician			JLA Survey	Pennington L, Goldbart J, Marshall J. Speech and language therapy to improve the communication skills of children with cerebral palsy. Cochrane Database of Systematic Reviews 2003, Issue 3. Art. No.: CD003466. DOI: 10.1002/14651858.CD003466.pub2. "AND" ARVEDSON, J., CLARK, H., LAZARUS, C., SCHOOLING, T. and FRVMARK, T. (2010). The effects of oral-motor exercises on swallowing in children: an evidence-based systematic review. Developmental Medicine & Child Neurology, 52: 1000-1013. doi: 10.1111/j.1469-8749.2010.03707.x	none	none	none	Physical therapies	Communication; Eating		
Priority 13	Are sensory processing/integration therapeutic programmes effective in improving behaviour and/or increasing play/participation for children and young people with neurodisability? (JLA PSP Priority 13)	Does sensory integration occupational therapy add value to outcomes for children with processing difficulties that it should warrant inclusion at the same level as traditional therapies (Physio, SL&T etc) in treatment plans? ~ Does Sensory integration therapy/techniques make neurological changes to the brain? ~ Is there any evidence for the use of occupational therapy for sensory sensitivities in autism spectrum disorder? ~ Sensory Integration Therapy impact on play and participation in preschool children with sensory processing difficulties. ~ Should we be doing sensory integration? Does it make a difference? ~ What effect does properly applied, 'Sensory Integration Therapy', have on motor and sensory development ~ What impact does sensory integration treatment have on children with ASD? ~ What is the evidence for the use of 'Sensory Diets' for children with sensory sensitivities? ~ What is the most effective way to address sensory processing difficulties in children with an autism spectrum disorder? ~ Does speech therapy sustainably improve communication skills in children with intellectual disability	1 x parent ~ 9 x clinician			JLA Survey	Sinha Y, Silove N, Hayen A, Williams K. Auditory integration training and other sound therapies for autism spectrum disorders (ASD). Cochrane Database of Systematic Reviews 2011, Issue 12. Art. No.: CD003681. DOI: 10.1002/14651858.CD003681.pub3. AND Lang R, O'Reilly M, Healy O, Rispoli M, Lydon H, Streusand W, et al. Sensory integration therapy for autism spectrum disorders: a systematic review. Research in Autism Spectrum Disorders. 2012. 6(3): 1004-1018 http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?AccessionNumber=1201202682&UserID=0	none	none	none	Physical therapies; Psychological therapy	Social participation; Behaviour		
Priority 4	Does appropriate provision of wheelchairs to enable independent mobility for very young children improve their self-efficacy? (JLA PSP Priority 4)	Does early powered mobility lead to increased self-efficacy? ~ Does the provision of active user wheelchairs together with wheelchair skills training give children and young people affected by neurodisability increased opportunities to socialise with their peer-group in the community and school environments? ~ Does wheelchair skills training for children and young people affected by neurodisability increase opportunities for further education and employment in adulthood, resulting in greater economic achievement? ~ Is wheelchair skills training beneficial, does it improve independence, fitness, self-esteem ~ What are the benefits of early powered mobility for children under 1 year old with mobility limitations? ~ What are the benefits of early powered mobility? Short term and long term e.g. increased participation in family life (eg parks, zoo, family outings) increased participation/interaction with peers (eg play, pre-school)	1 x parent ~ 2 x clinician ~ 2 x other			JLA Survey	none	Bray N, Tudor Edwards R, Noyes J, Harris N. Exploring costs and effectiveness in assistive mobility technology for disabled children: a systematic review of economic literature. PROSPERO 2012:CRD4201201988	none	Casey J, McKeown L, McDonald R, Martin S. Wheelchairs for children under 12 with physical impairments (Protocol). Cochrane Database of Systematic Reviews 2012, Issue 10. Art. No.: CD010154. DOI: 10.1002/14651858.CD010154.	none	none	Assistive technology; Education and training	Self-efficacy
	Are any designs of hearing aids (e.g. Edulink and others) more or less effective in children and young people with auditory neuropathy and/or auditory processing disorder?	How effective is the use of hearing aids or Edulink type devices in children and young people with auditory neuropathy and/or auditory processing disorder.	1 x parent			JLA Survey	Roush P, Frymark T, Venediktov R, Wang B. Audiologic Management of Auditory Neuropathy Spectrum Disorder in Children: A Systematic Review of the Literature. American Journal of Audiology. December 2011. 20: 159-170. doi:10.1044/1059-0889(2011)10-0032 PMID:21940978	none	none	none	Assistive technology	Social participation; Confidence, self-esteem		
Priority 5	Are counselling/psychological strategies (e.g. talking therapies) effective to promote the mental health of children and young people with neurodisability? (JLA PSP Priority 5)	Counselling for children & families linked to above key worker role. I have in 20+ years work in paediatrics come across less than 20 children who had been offered counselling & only then CAMHS involved at absolute crisis point (following a long wait) ~ Do interventions from specialist learning disability health teams (psychiatry, psychology, community nurses, SALT and OTs) make a real difference in improving the health and well being of children with intellectual disabilities and their families? ~ Does the intervention of Camhs to treat Social Anxiety in Asperger Syndrome have a positive effect on the anxiety? Would the anxiety, and therefore the therapy, be more successful delivered in the home rather than a clinical setting? ~ How will IAPT be adapted by CAMHS for children with a learning disability. How can talking therapy s be adapted for this group. What other therapies support this group and can this be included in the IAPT rollout programme ~ Outcomes - are interventions designed to address mental health or behavioural issues alone, as effective when given to children with neurodisability? ~ Psychological support, its role in supporting young people with disability but also parents in positive parenting of children with impairments, and how to maximise their participation and potential in every sphere. I feel we look at specific therapy approaches, management of physical manifestations of neurological impairments, but less emphasis on how to motivate, empower, and support children and their families in living with disability. Have seen work on motivational interviewing for children with diabetes, why not with other conditions? Why do some children with disability flourish and others less so. What are the hidden factors?	1 x parent ~ 4 x clinician ~ 1 x other			JLA Survey	none	Glasscoe CA, Quttner AL. Psychological interventions for people with cystic fibrosis and their families. Cochrane Database of Systematic Reviews 2008, Issue 3. Art. No.: CD003148. DOI: 10.1002/14651858.CD003148.pub2 AND Ho BP, Carter M, Stephenson J. Anger management using a cognitive-behavioural approach for children with special education needs: a literature review and meta-analysis. International Journal of Disability Development and Education 2010; 57(3): 245-265 http://www.tandfonline.com/doi/abs/10.1080/1034912X.2010.501169#.lU4uqVSM8ds http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0030458/	none	none	Psychological therapy	Mental health; Wellbeing		
	Is cycling an effective strategy for reducing hip dislocation in children and young people with cerebral palsy?	Does cycling activity affect the hip development in CP?	1 x clinician			JLA Survey	none	none	none	none	none	Complementary therapies	Prevent deformity	

Priority 15	Are postural management programmes (using standing frames and sleep systems etc) effective and cost effective to prevent deformity (hip and/or spine) and improve function in children and young people with neurodisability? What is the incidence of adverse effects e.g. pain, sleep problems etc? (JLA PSP Priority 15)	Are there definite health benefits to standing children in frames when unable to do so for themselves, and if so, to what age/size? ~ Can appropriate seating/sleeping systems delay/prevent hip dislocation ~ Can night time positioning (sleep system) minimise the progression of scoliosis or improve a scoliosis in children and young people with a movement disorder and/ or learning difficulties. ~ Comparison of Specialised Static seating systems versus wheelchairs for postural seating solutions for young people with physical disabilities in mainstream secondary schools. Children transition to secondary school and have to move around a large campus and multiple classrooms addressing postural needs for these young people is a challenge. ~ Do knee blocks/sacra pads work to control pelvic tilt? ~ Does 24 hour postural management prevent deformity and deterioration in function? ~ Does dynamic seating work to reduce extensor spasms and are there any contradictions in its use? ~ Does postural management really reduce hip migration in none ambulant disabled children? ~ Does standing daily in a standing frame prevents from secondary musculoskeletal deformities to occur ~ Does standing in a standing frame improve bone mineral density, bladder and bowel efficiency, prevent contracture, improve hip integrity, improve psychosocial wellbeing? these claims are all made but there is very little research to support them. ~ Effectiveness of postural management in yielding better outcomes for the PMLD client group ~ How long should non walking children stand in standing frames to effect an improvement in bone mineral density and / or to reduce risk of hip joint subluxation. ~ How long should children who use standing frames, stand for ~ Parent workshops to explain how 24 hour postural care helps their child. To emphasise their child spends more time at home than anywhere else ~ Postural care - protecting the body shape of children who have mobility problems by using night time sleep systems and body shape measurements alongside traditional postural care inputs. see www.posturalcare.com and http://www.mencap.org.uk/posturalcare ~ Seating: is there evidence for or against the use of knee blocks compared to using a good pelvic positioning beltin	1 x parent ~ 29 x clinician	What is the optimal postural management programme using a standing frame in children aged 1-3 years? ~ What is the clinical and cost effectiveness of 24-hour postural management programmes in non-ambulatory children and young people with bilateral spasticity affecting all four limbs?	NICE CG 145	JLA Survey	none	none	Morris C, Condie D, editors. Recent Developments in Healthcare for Cerebral Palsy: Implications and Opportunities for Orthotics Report of a meeting held at Wolfson College, Oxford, 8-11 September 2008- http://www.ispoint.org/sites/default/files/archives/fs_po_cp_report_oxford_2008.pdf	Lloyd C, Logan S, McHugh C, Humphreys G, Parker S, Beswick D, et al. Sleep positioning for children with cerebral palsy (Protocol). Cochrane Database of Systematic Reviews 2011, Issue 7. Art. No.: CD009257. DOI: 10.1002/14651858.CD009257.	none	Assistive technology	Physical functioning; Prevent deformity; Pain; Sleep; Management or change in symptoms; adverse effects or complications
	Is provision of special glasses (e.g. with tinted, ambient prism lenses) and 'vision therapy' effective to improve functioning in children and young people with neurodisability?	Do coloured overlays/ glasses improve the visual perception of children and have a functional impact e.g. better able to catch a ball, neater writing etc.	1 x parent			JLA Survey	none	none	none	none	none	Assistive technology; Physical therapies	Physical functioning; Social participation
Priority 6	What is the long term comparative safety and effectiveness of medical and/or surgical spasticity management techniques (Botulinum neurotoxin A (BoNT-A), Selective Dorsal Rhizotomy (SDR), Intrathecal Baclofen (ITB), orally administered medicines) in children and young people with neurodisability? (JLA PSP Priority 6)	What are the advantages and/or disadvantages of fixed spinal bracing and dynamic spinal bracing on children with postural curves. Considerations around maintenance of curve in and out of bracing and and muscle strength should be included. ~ What is the role for botox assisted physiotherapy in neurodisability ~ Also, in the era of pharmacotherapy and advents in orthopaedic and other surgical procedures, is there any real evidence that incessant physiotherapy/onerous exercises improve functional outcome in children with cerebral palsy? If yes, then is it significant enough to be worth at the expense of how exercises and appointments take over family's life?	1 x parent ~ 2 x clinician ~ 12 x research recommendation	What is the clinical and cost effectiveness of botulinum toxin type A when used routinely or according to clinical need in children and young people who are at GMFCS level I, II or III? ~ What is the clinical and cost effectiveness of treatment with botulinum toxin type A combined with a 6-week targeted strengthening programme compared to a 6-week targeted strength training programme only in school-aged children and young people with lower limb spasticity who are at GMFCS level I, II or III? ~ What is the clinical and cost effectiveness of botulinum toxin type A for reducing muscle pain? ~ What is the clinical and cost effectiveness of botulinum toxin type A compared to botulinum toxin type B for	NICE CG 145	JLA Survey	Novak J, McIntyre S, Morgan C, Campbell L, Dark L, Morton N, et al. A systematic review of interventions for children with cerebral palsy: state of the evidence. <i>Developmental Medicine & Child Neurology</i> . 2013; 55: 885-910. doi: 10.1111/dmcn.12246 AND Huang HH, Fetters L, Hale J, McBride A. Bound for success: a systematic review of constraint-induced movement therapy in children with cerebral palsy supports improved arm and hand use. <i>Physical Therapy</i> . 2009; 89(11): 1126-1141-PMID:23962350 AND Grunt S, Becher JG, Vermeulen RJ. Long-term outcome and adverse effects of selective dorsal rhizotomy in children with cerebral palsy: a systematic review. <i>Developmental Medicine and Child Neurology</i> . 2011; 53(6): 490-498 - http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?AccessionNumber=12011003446&UserID=0	none	Morris C, Condie D, editors. Recent Developments in Healthcare for Cerebral Palsy: Implications and Opportunities for Orthotics Report of a meeting held at Wolfson College, Oxford, 8-11 September 2008- http://www.ispoint.org/sites/default/files/archives/fs_po_cp_report_oxford_2008.pdf AND Butler C, Campbell S. Evidence of the effects of intrathecal baclofen for spastic and dystonic cerebral palsy. <i>Developmental Medicine and Child Neurology</i> . 2000; 42(9): 634-645-PMID: 11034458 AND Mulligan H, Borkin H, Chaplin K, Croft N, Scherp A. The efficacy of botulinum toxin A in the treatment of spasticity in ambulant children with cerebral palsy: a structured review. <i>New Zealand Journal of Physiotherapy</i> . 2001; 29(3): 18-28- http://www.crd.york.ac.uk/crdweb/ShowRecord.asp?LinkFrom=QAI&ID=12002005375&U04=8V5M8ds AND Sampson F, Hayward A, Evans G, Morton R, Collett B. Functional benefits and cost/benefit analysis of continuous intrathecal baclofen infusion for the management of severe spasticity. <i>Journal of Neurosurgery</i> . 2002; 96(6): 1052-1057-PMID: 12066906 AND Morris C. A review of the efficacy of lower-limb orthoses	none	Drugs; Physical therapies; Surgery; Assistive technology	Physical functioning; Prevent deformity; Management or change in symptoms; adverse effects or complications	
Priority 8	What strategies are effective to improve engagement in physical activity (to improve fitness, reduce obesity etc.) for children and young people with neurodisability? (JLA PSP Priority 8)	Fatigue management post acquired brain injury - what advice is most useful to the child, their family and education? ~ Promotion of Physical fitness and activity for children and young adults with cerebral palsy and neurodisability. - promotion of activity is a key public health issues that physiotherapists have a key role in addressing. The lack of these opportunities result in adverse affects to health. ~ The value of adapted trikes in providing cardio vascular exercise in children with neurodisability ~ What is most effective way to improve the fitness of ambulant children with cerebral palsy?	4 x clinician			JLA Survey	Reinehr T, Dobe M, Winkel K, Schaefer A, Hoffmann D. Obesity in Disabled Children and Adolescents. <i>Dtsch Arztebl Int</i> . 2010; 107(15): 268-275. doi: 10.3238/arztebl.2010.0268-PMID:20406413 AND Sterba J A. Does horseback riding therapy or therapist-directed hippotherapy rehabilitate children with cerebral palsy? <i>Developmental Medicine and Child Neurology</i> . 2007; 49(1): 68-73-PMID:17209981 AND Noorduyn S, Mbuagbaw L, Ross S, Gorter JW. Disability and rehabilitation in pediatric cerebral palsy: a meta-analysis of the impact of exercise training programs upon hr-ql, body function, activity, and participation. <i>PROSPERO</i> 2012:CRD42012002771	none	Verschuren O, Ketelaar M, Takken T, Helder PJ, Gorter JW. Exercise programs for children with cerebral palsy: a systematic review of the literature. <i>American Journal of Physical Medicine and Rehabilitation</i> . 2008; 87(5): 404-417-PMID:17993987 AND Mullu A, Krosschell K, Gaebler Spira D. Treadmill training with partial body-weight support in children with cerebral palsy: a systematic review. <i>Developmental Medicine and Child Neurology</i> . 2009; 51(4): 268-275-PMID:19207302	none	Education and training	Physical Activity; Fitness; Body Mass Index	
Priority 24	Does using instrumented gait analysis improve decision-making about treatments compared to clinical assessment alone for children and young people with cerebral palsy? (JLA PSP Priority 24)	Do surgical interventions identified by gait analysis give better functional outcomes than those identified by clinical examination in cerebral palsy (We know from previous research that gait analysis alters the surgical plan but do not know if it is for the better).	1 x clinician ~ 1 x research recommendation	What is the clinical and cost effectiveness of gait analysis as an assessment tool in studies to evaluate interventions such as continuous pump-administered intrathecal baclofen?	NICE CG 145	JLA Survey	none	Narayanan UG. Management of Children With Ambulatory Cerebral Palsy: An Evidence-based Review. <i>Journal of Pediatric Orthopaedics</i> . September 2012; 32 (Supplement 2): S172-S181 doi: 10.1097/BPO.0b013e31825eb2a6-PMID: 22890458	none	none	none	Assistive technology	Clinical decision-making
	Does multilevel surgery improve Quality of Life of children with cerebral palsy?	Does multi-level surgery improve the long-term quality of life in children with CP?	1 x clinician ~ 1 x research recommendation	What is the clinical and cost effectiveness of single-event multilevel surgery in terms of producing benefits that continue after skeletal maturity has been achieved?	NICE CG 145	JLA Survey	McGinley JL, Dobson F, Ganeshalingam R, Shore B J, Rutz E, Graham HK. Single-event multilevel surgery for children with cerebral palsy: a systematic review. <i>Developmental Medicine & Child Neurology</i> . 2010; 54: 117-128. doi: 10.1111/j.1469-8749.2011.04143.x-PMID:22111994	none	Wright JG, Kocher MS, Sanders JO. Evidence-based Pediatric Orthopaedics: An Introduction, Part 1. <i>Journal of Pediatric Orthopaedics</i> . September 2012; 32 (Supplement 2): S83-S90. doi:10.1097/BPO.0b013e3182519a0e-PMID: 22890464 Wright JG, Kocher MS, Sanders JO. Evidence-based Pediatric Orthopaedics: An Introduction, Part 2. <i>Journal of Pediatric Orthopaedics</i> . September 2012; 32 (Supplement 2): S91-S94. doi:10.1097/BPO.0b013e31825199fa-PMID: 22890465	none	Surgery	Quality of life	
	Does screening and following recommended best practice (e.g. orthotics, postural management, and surgery) reduce hip dislocation/scoliosis in children with cerebral palsy?	In children with spasticity does orthopaedic surgery: 1. improve functional ability 2. prevent deterioration in ability 3. prevent deformity ~ Is hip reconstruction or leaving alone, then proximal femoral resection if symptomatic better for older children with hip dislocation and without degenerative change in cerebral palsy. ~ Is relocating dysplastic hips in non ambulant children effective? ~ The Australian consensus clearly defined the orthopaedic role in hip management but did not consider if postural management played a role in maintaining hip integrity. Chaille have looked at postural management but combining the two aspects and when or if postural management should be included in the census. ~ what is the 10 year survival after hip reconstruction for GMFCS 4 and 5 ~ In children with spastic cerebral palsy (particularly diplegia), is it really worth nagging the kids not to 'w-sit' which takes over family life and distracts parents from more important aspects of development for example being able to balance and play (which they can only do in w-sitting). Is there real evidence that w-sitting even worsen the condition?	3 x parent ~ 3 x clinician ~ 2 x research recommendation	What is the clinical and cost effectiveness of a spinal orthosis compared to no orthosis when not in a supportive chair in children and young people with low tone and peripheral spasticity? ~ What is the clinical and cost effectiveness of soft tissue surgery in terms of preventing hip dislocation?	NICE CG 145	JLA Survey	none	Narayanan UG. Management of Children With Ambulatory Cerebral Palsy: An Evidence-based Review. <i>Journal of Pediatric Orthopaedics</i> . September 2012; 32 (Supplement 2): S172-S181 doi: 10.1097/BPO.0b013e31825eb2a6- http://www.biomedcentral.com/1471-2431/8/14	none	Morris C, Condie D, editors. Recent Developments in Healthcare for Cerebral Palsy: Implications and Opportunities for Orthotics Report of a meeting held at Wolfson College, Oxford, 8-11 September 2008- http://www.ispoint.org/sites/default/files/archives/fs_po_cp_report_oxford_2008.pdf	none	Assistive technology	Prevent deformity
	Does the diet (formula versus blended food) administered through gastrostomy influence nutrition and Quality of Life, and improve digestive functioning (reduce reflux, constipation etc) in children and young people with neurodisability who have had gastrostomy and use enteral feeding?	Blenderised diet versus enteral feed for gastrostomy fed children. ~ Can gut dysmotility, reflux, growth, and immunity be helped by using a blenderised "normal" diet down a gastrostomy tube, rather than using specialised milk feeds? ~ Can using a blenderised diet improve the well being of children with a neurodisability who are tube fed? As opposed to using only formula. Issues which may be affected include reflux, propensity to vomiting, constipation, quality of sleep, ability to be included in activities, mental health etc ~ Does blending a variety of foods and giving via gastrostomy reduce the incidence of chronic diarrhoea? ~ Long term negative consequences on gut motility from the prolonged use of enteral feeds. ~ Many children with neurodisability are fed sterile formula via gastrostomy tubes. What are the long term effects of this? Is there an increase in chronic diarrhoea? Is there an increase in pathological fractures?	1 x parent ~ 5 x clinician			JLA Survey	none	none	none	none	none	Diet	Management or change in symptoms; adverse effects or complications
	Does use of enteral peg feeding by young children with neurodisability with or without speech and language therapy impact on their ability to develop useful vocal communication skills?	Does the over reliance of early intervention peg feeding, as an easier option for carers, impact on the child's ability to develop useful vocal communication skills	1 x parent			JLA Survey	none	none	none	none	none	Surgery	Communication

	Is joint fusion more effective than joint preserving approaches in managing ankle foot deformities in children and young people with neurodisability?	Is joint-preserving foot surgery any better than fusion stabilisation	1 x clinician			JLA Survey	none	none	none	none	none	none	Surgery	Prevent deformity; Management or change in symptoms; adverse effects or complications
	What advice regarding personal dental care (e.g. brushing, flossing, swilling etc) should be given to families of children and young people with neurodisability to maintain oral health?	what is the most effective way to brush someone with a neurodisability's teeth?	1 x clinician			JLA Survey	none	none	none	none	none	none	Education and training	Oral health; Management or change in symptoms
Priority 1	Does the timing and intensity of therapies (e.g. physical, occupational and speech and language therapy, 'early intervention', providing information etc.) alter the effectiveness of therapies for infants and young children with neurodisability, including those without specific diagnosis? What is the appropriate age of onset / strategies / dosage / direction of therapy interventions? (JLA PSP Priority 1)	Are outcomes affected by the level of physiotherapy input provided, e.g. intensive input (once a week), or blocks of treatment (once a week for 6 weeks) followed by no input for 6 weeks, or termly review with home programme provided ~ Do short intensive periods of any typical intervention (eg speech therapy, physical exercises etc) work any better than regular long term ones? ~ Do skills deteriorate when professional input is withdrawn? How closely are programmes followed without professional monitoring visits? ~ Does more intensive physiotherapy carried out by a trained paediatric physiotherapist result in greater improvements in gross motor function and/or gait parameters in children with cerebral palsy? e.g. single session monthly versus twice weekly; weekly sessions for 6 weeks versus three times per week etc. ~ Effectiveness of age appropriate social skills groups or sessions for small groups with Asperger Syndrome and autism designed by speech and language specialist over time and frequency ie: the optimum frequency for these kinds of interventions (eg weekly for an hour, twice weekly, monthly etc). My suspicion is that most children who manage to get this intervention specified in their statement get it infrequently (twice a term) and this is not enough for most given the way most children with autism learn (ie over learn in different settings because they find it hard to generalise). So - the optimum number of interventions of this kind to show progress over time and the effects of making this available early in a child's school life ~ Effectiveness of continuing a physiotherapy programme at home as well as at school. ~ How much of what style of physiotherapy makes a positive functional difference to children with Cerebral Palsy at each level of the Gross Motor Function Classification System? ~ How often should a child with neurodisability get therapeutic intervention from a qualified therapist to gain improvements? ~ Is intensive physiotherapy with children with multisensory impairment GMFS IV and V, in school settings beneficial and does it matter if exercises are delivered by qualified physiotherapist or physiotherapy assistants/classroom assistants? ~ Is once a week physiotherapy intervention (hands on) better than an intensive episode of care (for example 5 days a week for 2 weeks) for children with GMFCS level 4 and 5 CP? ~	7 x parent ~ 19 x clinician ~ 4 x research recommendation	What is the optimal duration for the passive stretch component of physical therapy? ~ What is the clinical and cost effectiveness and optimal age for modified constraint-induced movement therapy? ~ What is the optimal timing of interventions? Are there benefits from early intervention?	NICE CG 145 ~ SIGN 98	JLA Survey	Martin L, Baker R, Harvey A. A Systematic Review of Common Physiotherapy Interventions in School-Aged Children with Cerebral Palsy. Physical & Occupational Therapy in Pediatrics. 2010. 30(4): 294-312 doi:10.3109/01942638.2010.500581~PMID: 20735200 ~ Pennington L, Goldbart J, Marshall J. Speech and language therapy to improve the communication skills of children with cerebral palsy. Cochrane Database of Systematic Reviews 2003, Issue 3. Art. No.: CD003466. DOI: 10.1002/14651858.CD003466.pub2 ~ Warren ZE, McPheeters ML, Sathe NA, et al. A systematic review of early intensive intervention for autism spectrum disorders. Pediatrics. 2011. 127 (5) e1303 -e1311 (doi: 10.1542/peds.2011-0426)~PMID:PMID: 19143460 AND Ziviani J, Feeney R, Rodger S, Watter P. Systematic review of early intervention programmes for children from birth to nine years who have a physical disability. Australian Occupational Therapy Journal 2010; 57(4): 210-223~PMID:20854595 ~	Reichow B, Servili C, Barbul C, Taghi Yasamy M, Saxena S, Kogan C. Parent skills training for parents of children with developmental disorders: a systematic review. ~PROSPERO 2014:CRD42014006993	Boyd RN, Morris ME, Graham HK. Management of upper limb dysfunction in children with cerebral palsy: a systematic review. European Journal of Neurology. 2001. 8(Supplement 5): 150-166 ~http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?AccessionNumber=120020001208&UserID=0 AND Anttila H, Autti-Ramo I, Suoranta J, Makela M, Malmivaara A. Effectiveness of physical therapy interventions for children with cerebral palsy: a systematic review. BMC Pediatrics. 2008. 8:14 doi: 10.1186/1471-2431-8-14 ~PMID: 18435840 ~ McConachie, H. and Diggle, T. Parent implemented early intervention for young children with autism spectrum disorder: a systematic review. Journal of Evaluation in Clinical Practice. 2007 Feb. 13(1):120-9. doi: 10.1111/j.1365-2753.2006.00674.x~PMID: 17286734	Tatla S, Sauve K. The effects of motivating interventions on rehabilitation outcomes in children and adolescents with acquired brain injuries: a systematic review. PROSPERO 2013:CRD42013005337 ~www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42013005337	none	Physical therapies; Psychological therapy	Physical functioning; Social participation; Quality of Life	