

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

"قَالُوا سُبْحَانَكَ لَا عِلْمَ لَنَا إِلَّا مَا عَلَّمْتَنَا إِنَّكَ أَنْتَ الْعَلِيمُ

الْحَكِيمُ"

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***Some Parafunctional Oral Habits in a Group
of Egyptian Children and Adolescents with
Cerebral Palsy***

Thesis

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Dedication

To my parents:

For their endless love and support.

To my brother:

For always being there.

To my all friends:

For their kindness and support.

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Introduction

Cerebral palsy is a non progressive disorder of posture and movement caused by a defect or insult to the central nervous system. Basically, it is a static encephalopathy with a delayed developmental presentation. The area of the brain affected or damaged is directly reflected by the resulting disabilities. Although it is a motor disorder, it also can be associated with additional developmental disabilities, depending on the degree of brain damage that has occurred. There is no cure for this lifetime condition, but therapy, education, and technology can maximize each child's potential by improving functional abilities and quality of life (*Nelson and Ellenberg, 1982*).

Cerebral palsy is a physical impairment that affects the development of movement. Impairment can vary considerably and no two people with cerebral palsy are affected in exactly the same way. The problems that children and adults with cerebral palsy face, including discrimination, are often similar. Cerebral palsy is an umbrella term covering a group of non-progressive, but often changing, motor impairment syndromes secondary to lesions or anomalies of the brain arising in the early stages of development (*Mutch et al, 1992*).

The term 'encephalopathy' is used to refer to major and minor lesions of the encephalon that result in a variety of clinical scenarios and its clinical evolution may be of acute, chronic or sub acute character. This clinical condition is also known as 'neuromotor deficiency' or 'neuromotor