

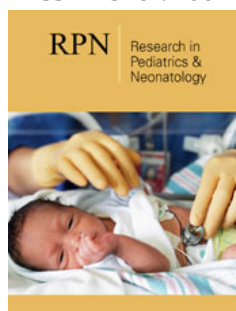
Contemporary Bobath Concept-Looking From Backwards to Forwards

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Opinion

Firstly, I would like to remember some statements from Mrs Bobath about her view of active approach that the therapists withdraw the assistance as the child learn to control their movements [1]. Since 1969, Bobath [2] concluded to be unnecessary and undesirable the use of static postures for reflex inhibition because it does not allow the self-control, and the treatment became more active that time. Daily activities as prepare to walk, dress, feed and other functional activities for daily life are used since decades [1]. One of the basis of the Bobath Concept is motor learning and for that there is need of opportunities to practice [3]. It is useful to remember that abnormal tone is not considered the main neural impairment as many times it is still misunderstanding [4].

Thinking about evidences. No evidences do not mean that such intervention should be excluded but more studies are necessary. We must remember that does not exist two equal children, mainly those with cerebral palsy [5]. Therefore, individualized programs are necessary [6]. These points make more difficult to get homogeneous group for some study design as the most valued studies as randomized controlled trials. For the evidences, studies with child with neuromotor disorder as his/her own control, with multiple baselines, are a good option to be sure that the changes are due the intervention and not from natural development [7]. The intervention should be molded according the needs and individual skills, including psychosocial aspects, to show the effects of the interventions to improve child's functionality [6].

The ICF (International Classification of Functioning, Disability and Health) that is used to oriented the assessment, intervention and research is included in Contemporary Bobath Concept, showing the importance of activity and participation as well as the body structure and functions. So, we can conclude that participation and activities are specific for each child. Therefore, how could we purpose the same activity and participation for all the children of a group?

A systematic review that included Bobath Concept found evidences of improvement in gross motor function for level II of GMFCS (Gross Motor Function Classification System), in all levels of ICF for level IV and in participation and selfcare for level III [8]. Arndt SW et al. [9] found support for Bobath Concepts intervention in children. Slusarski J [10] showed efficiency in gait improvement and Bar-Haim S et al. [11] described gains in climb stairs. Tsorlaks N et al. [12] verified effectiveness of Bobath Concept in gross motor function. Tao W et al. [13] did an interesting research showing the increase levels of Growth Factor and also the total scores of GMFM for the Bobath group. Turker D et al. [14] showed positive results to gross

motor function, self-care, transference and locomotion in children with cerebral palsy. Although these evidences and the practical experience of many therapists show the effectiveness of Bobath Concept, I would like to encourage researchers to study its effects in different populations of children with neurological disabilities. A part from the need of published research for evidences, the idea of measurement results should enter in the way of work in each approach, each session of the therapy with children with neurological motor disorder.

Contemporary Bobath Concept have the goal to increase the level of activity and participation with an individualized intervention and family as a team member. This Concept is for neurodevelopmental conditions across the lifespan since the birth. The handling is an essential tool to be used during the therapy when necessary in order to improve the level of activity and participation with better alignment and postural control. The transition for daily life is important for best results and these must be measured. The Contemporary Bobath Concept is in consonance with practice based in evidence, at the theory bases of Neuroscience and measurement of results [15].

I hope in the future physiotherapists all over the world will produce evidence with study designs that truly move children with motor disorder research forward [16].

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