* Palisano RJ, Chiarello LA, King GA, et al. **Participation-based therapy for children with physical disabilities**. Disabil Rehabil. **2012**; 34(12):1041–1052.
  + Best-practice rehabilitation interventions are **top-down**, i.e. they are child/family-centred, **participation-focused**, and with explicit reference to the child’s **environment and context**
* Novak, I., te Velde, A., Hines, A., Stanton, E., Mc Namara, M., Paton, M. C. B., … Morgan, C. (**2021**). **Rehabilitation Evidence-Based Decision-Making: The READ Model**. *Frontiers in Rehabilitation Sciences*, *2*. https://doi.org/10.3389/fresc.2021.726410
  + The aim of assessment is **not to identify deficits at the body structures level**, but to ascertain which of the goal limiting factors are treatable.
* Paleg, G., & Livingstone, R. (**2015**). **Outcomes of gait trainer use in home and school settings for children with motor impairments: A systematic review**. *Clinical Rehabilitation*, *29*(11), 1077–1091. https://doi.org/10.1177/0269215514565947
  + evidence for gait trainers is primarily descriptive and insufficient to draw conclusions

**BS&F vs Participation**

* Salem Y, Godwin EM. (**2009) Effects of task-oriented training on mobility function in children with cerebral palsy**. NeuroRehabilitation; 24:307–13.
  + 10 children (5 in each group) conventional physical therapy focused on improving walking and balance through facilitation and normalization of movement patterns vs strength training focused on strengthening the lower extremities and practicing functional tasks similar to those the child performs during daily activities. >> Significant improvements on GMFM domains D&E related to standing, walking, running and jumping
* Ketelaar M, Vermeer A, Hart Ht, Petegem-van Beek Ev, Helders PJM.(**2001)** **Effects of a functional therapy program on motor abilities of children with cerebral palsy**. Phys Ther.; 81:1534–45. [PubMed: 11688590]
  + Effects of a **functional therapy program on motor abilities** of children with cerebral palsy. 55 children – compared physiotherapy focused on normalizing movement to physiotherapy focused on practicing functional tasks >> no difference in GMFM but Functional task group improved (not statistical) more on functional tasks and caregiver assistance scales using the PEDI
* Law, M. C., Darrah, J., Pollock, N., Wilson, B., Russell, D. J., Walter, S. D., … Galuppi, B. (**2011**). **Focus on function: A cluster, randomized controlled trial comparing child- versus context-focused intervention for young children with cerebral palsy**. *Developmental Medicine and Child Neurology*, *53*(7), 621–629.
  + 71 vs 51 - on remediation of impairments and building children's skills and abilities through practice of functional activities vs changing task or environment. Children encouraged to use compensatory strategies to achieve functional tasks. Therapists were instructed not to include remediation of the children's impairments >> no significant difference between treatment groups at follow up with the authors concluding that a focus on remediating impairments was questionable.
* Bugajski S, Christian A. (**2013** )**Exploring yoga’s effects on impairments and functional limitations for a 9-year-old female with cerebral palsy a case report**. J Yoga Phys Ther; 3: 1000140.
  + The patient demonstrated improvement in balance, flexibility, strength, and functional mobility following the six week yoga program.
* Walsh SF, Scharf MG. (**2014**) **Effects of a recreational ice skating program on the functional mobility of a child with cerebral palsy**. Physiother Theory Pract; 30: 189–95.
  + improved standing posture; independent transfer to and from the floor to stand; maintenance of independent standing for 3 min; independent walking for 10 feet; increased ability to isolate extremity musculature; after 4 month participating in an ice-skating programme for children with disabilities
* Reedman, S., Boyd, R. N., & Sakzewski, L. (**2017**). **The efficacy of interventions to increase physical activity participation of children with cerebral palsy: A systematic review and meta-analysis**. *Developmental Medicine and Child Neurology*, 1011–1018.
  + Iimpairment focused approaches did not increase habitual leisure time physical activity and participation – note that this is true for the general population of non-disabled children to as the research indicates a behaviour change approach targeting the parent-child dyad is needed and has more to do with habits, intrinsic motivation and lifestyle than skill and ability.
* Kilgour, G., Adair, B., Stott, N. S., Steele, M., Hogan, A., & Imms, C. **(2021). Do physical activity interventions influence subsequent attendance and involvement in physical activities for children with cerebral palsy: a systematic review.** *Disability and Rehabilitation*, *0*(0), 1–17
  + Addressed all levels of physical intervention including physicotherapy – a focus on physical skills did not increased participation in the long term
* Anaby, D., Avery, L., Gorter, J. W., Levin, M. F., Teplicky, R., Turner, L., … Hanes, J. (**2020**). **Improving body functions through participation in community activities among young people with physical disabilities.** *Developmental Medicine and Child Neurology*, *62*(5), 640–646.
  + Pathways and Resources for Engagement and Participation (PREP). Modifications of the environment and/or the activity **no focus** **on remediation of impaired body functions**. Rx was 8 weeks >> Significant improvements in the performance of chosen activities (observed)Improvements in motor-related outcomes were substantial but not statistically significant. (Trunk Impairment Scale, Functional Reach Test, muscle strength dynamometry, ROM with goniometer)
* Reedman, S. E., Jayan, L., Boyd, R. N., Ziviani, J., Elliott, C., & Sakzewski, L. (**2021**). **Descriptive contents analysis of ParticiPAte CP: a participation-focused intervention to promote physical activity participation in children with cerebral palsy**. *Disability and Rehabilitation*, *0*(0), 1–11
  + 18 Rx 19 control (usual care or waitlist) – Rx was 8 weeks and addressed all barriers to participation including BS&F, skills training, environmental and social barriers and behaviour change techniques using self-determination theory which primarly address intrinsic motivation – no BS&F outcomes were included only participation and PA outcomes. Children who had really low PA prior showed the best improvements but results were not statistically significant