



Accommodation and Compliance Series

Employees with Cerebral Palsy

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A service of the U.S. Department of Labor's Office of Disability Employment Policy

Preface

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Authored by Eddie Whidden, MA. Updated 09/05/08.



JAN'S ACCOMMODATION AND COMPLIANCE SERIES

Introduction

JAN's Accommodation and Compliance Series is designed to help employers determine effective accommodations and comply with Title I of the Americans with Disabilities Act (ADA). Each publication in the series addresses a specific medical condition and provides information about the condition, ADA information, accommodation ideas, and resources for additional information.

The Accommodation and Compliance Series is a starting point in the accommodation process and may not address every situation. Accommodations should be made on a case by case basis, considering each employee's individual limitations and accommodation needs. Employers are encouraged to contact JAN to discuss specific situations in more detail.

For information on assistive technology and other accommodation ideas, visit JAN's Searchable Online Accommodation Resource (SOAR) at <http://www.jan.wvu.edu/soar>.

Information about Cerebral Palsy (CP)

What is CP?

Cerebral palsy is a term used to describe a group of chronic conditions affecting body movement and muscle coordination. It is caused by damage to one or more specific areas of the brain, usually occurring during fetal development; before, during, or shortly after birth; or during infancy. Thus, these disorders are not caused by problems in the muscles or nerves. Instead, faulty development or damage to motor areas in the brain disrupt the brain's ability to adequately control movement and posture (United Cerebral Palsy, 2008).

"Cerebral" refers to the brain and "palsy" to muscle weakness/poor control. CP itself is not progressive; however, secondary conditions, such as muscle spasticity, can develop, which may get better over time, get worse, or remain the same. CP is not communicable; it is not a disease (United Cerebral Palsy, 2008).

How prevalent is CP?

Exact figures are difficult to obtain because of the wide variation in the condition and lack of reporting requirements of doctors. However, the United Cerebral Palsy Association estimates that approximately 8,000 infants are born with CP each year. In the United States, 764,000 adults and children have one or more of the symptoms associated with CP (United Cerebral Palsy, 2008).



What are the symptoms of CP?

CP is characterized by an inability to fully control motor function, particularly muscle control and coordination. Depending on which areas of the brain have been damaged, one or more of the following may occur: muscle tightness or spasticity; involuntary movement; disturbance in gait or mobility, difficulty in swallowing and problems with speech. In addition, the following may occur: abnormal sensation and perception; impairment of sight, hearing or speech; seizures; and/or mental retardation. Other problems that may arise are difficulties in feeding, bladder and bowel control, problems with breathing because of postural difficulties, skin disorders because of pressure sores, and learning disabilities (United Cerebral Palsy, 2008).

What types of CP are there?

Spastic Cerebral Palsy: People with spastic CP have stiff and jerky movements because their muscles are too tight. Mobility and handgrip are difficult to control. This is the most common type of CP and affects half of all people with CP (United Cerebral Palsy, 2008).

Ataxic Cerebral Palsy: Low muscle tone and poor coordination of movements is described as ataxic. Shakiness or tremors make writing, page turning or using a keyboard difficult to perform. Poor balance and unsteady walking requires extra mental concentration or more time to complete the movements (United Cerebral Palsy, 2008).

Athetoid Cerebral Palsy: Athetoid refers to a type of CP involving mixed muscle tone, too high or too low. Random, involuntary movements result in movements of the face, arms and upper body. Walking, sitting upright and maintaining posture control takes extra work and concentration. About one fourth of people with CP have athetoid CP (United Cerebral Palsy, 2008).

Mixed Cerebral Palsy: When muscle tone is too low in some muscles and too high in other muscles, the type of CP is called mixed. About one fourth of all people with CP have this type (United Cerebral Palsy, 2008).

Can CP be treated?

"Management" is a better word than "treatment." Management consists of helping the child achieve maximum potential in growth and development. This should be started as early as possible with identification of the very young child who may have a developmental brain disorder. A management program can then be started promptly wherein programs, physicians, therapists, educators, nurses, social workers, and other professionals assist the family as well as the child. Certain medications, surgery, and braces may be used to improve nerve and muscle coordination and prevent or minimize dysfunction (United Cerebral Palsy, 2008).

As individuals mature, they may require support services such as personal assistance services, continuing therapy, educational and vocational training, independent living

services, counseling, transportation, recreation/leisure programs, and employment opportunities, all essential to the developing adult. People with CP can go to school, have jobs, get married, raise families, and live in homes of their own. Most of all people with CP need the opportunity for independence and full inclusion in our society (United Cerebral Palsy, 2008).

CP and the Americans with Disabilities Act

Is CP a disability under the ADA?

The ADA does not contain a list of medical conditions that constitute disabilities. Instead, the ADA has a general definition of disability that each person must meet (EEOC, 1992). Therefore, some people with CP will have a disability under the ADA and some will not.

A person has a disability if he/she has a physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment, or is regarded as having such an impairment (EEOC, 1992). For more information about how to determine whether a person has a disability under the ADA, visit <http://www.jan.wvu.edu/corner/vol02iss04.htm>.

Accommodating Employees with CP

(Note: People with CP may develop some of the limitations discussed below, but seldom develop all of them. Also, the degree of limitation will vary among individuals. Be aware that not all people with CP will need accommodations to perform their jobs and many others may only need a few accommodations. The following is only a sample of the possibilities available. Numerous other accommodation solutions may exist.)

Questions to Consider:

1. What limitations is the employee with CP experiencing?
2. How do these limitations affect the employee and the employee's job performance?
3. What specific job tasks are problematic as a result of these limitations?
4. What accommodations are available to reduce or eliminate these problems? Are all possible resources being used to determine possible accommodations?
5. Has the employee with CP been consulted regarding possible accommodations?
6. Once accommodations are in place, would it be useful to meet with the employee with CP to evaluate the effectiveness of the accommodations and to determine whether additional accommodations are needed?
7. Do supervisory personnel and employees need training regarding CP?



Accommodation Ideas:

Activities of Daily Living:

- Providing close proximity to restrooms
- Adapting accessibility features in the restrooms
- Allowing use of personal care attendants
- Allowing use of a service animal
- Allowing extra time for activities of daily living (ADL)

Fine Motor Impairment:

- Modifying workstation design
- Using alternative computer input devices/software
- Using telephone assistance devices
- Using writing aids and grips
- Adjusting filing/storage systems

Gross Motor Impairment:

- Maintaining unobstructed hallways, aisles and other building egress
- Assigning workspace in close proximity to office machines
- Modifying workstation design and height
- Providing lightweight doors or automatic door openers
- Removing building barriers to access including close designated parking, accessible router and entrances

Cognitive Impairment:

- Using computer software programs for self-editing, word prediction, grammar/spell checkers, etc.
- Providing electronic organizers, posting of notes/reminders
- Allowing extra time to complete work assignments

Communication Activities:

- Developing a plan and providing equipment for safe evacuation
- Alerting the fire department of probable location of the individual with mobility impairments in case of emergency
- Providing speech augmentation devices

Situations and Solutions:

An accountant with CP could not walk long distances. His employer provided him with a reserved parking space close to the building and allowed him to work from home three days a week.

An office assistant with CP had difficulty typing due to mild spasticity in her upper extremities. Her employer purchased a keyguard to go over her keyboard to help her hit the right keys and forearm supports to help stabilize her arms.

A teacher with CP had difficulty manipulating papers and writing on the chalkboard. She was provided a teacher's aide to pick up and pass out student papers and an overhead projector to replace the chalkboard.

A janitor with CP and balance problems was having problems walking about the facility and safely climbing ladders to change light bulbs. His employer provided him with a motorized cart and a rolling safety ladder.

Products:

There are numerous products that can be used to accommodate people with limitations. JAN's Searchable Online Accommodation Resource at <<http://www.jan.wvu.edu/soar>> is designed to let users explore various accommodation options. Many product vendor lists are accessible through this system; however, JAN provides these lists and many more that are not available on the Web site upon request. Contact JAN directly if you have specific accommodation situations, are looking for products, need vendor information, or are seeking a referral.



Resources

Job Accommodation Network

West Virginia University
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The Job Accommodation Network (JAN) is a free consulting service that provides information about job accommodations, the Americans with Disabilities Act (ADA), and the employability of people with disabilities.

Office of Disability Employment Policy

200 Constitution Avenue, NW, Room S-1303
Washington, DC 20210
Toll Free: (866)633-7635
TTY: (877)889-5627
Fax: (202)693-7888
<http://www.dol.gov/odep/>

The Office of Disability Employment Policy (ODEP) is an agency within the U.S. Department of Labor. ODEP provides national leadership to increase employment opportunities for adults and youth with disabilities while striving to eliminate barriers to employment.

American Academy for Cerebral Palsy & Developmental Medicine

6300 North River Road, Suite 727
Rosemont, IL 60018-4226
Direct: (847)698-1635
Fax: (847)823-0536
woppenhe@ucla.edu
<http://www.aacpdm.org>

Devoted to the study of cerebral palsy and other childhood onset disabilities, to promoting professional education for the treatment and management of these conditions, and to improving the quality of life for people with these disabilities.

American Academy of Neurology

1080 Montreal Avenue
St. Paul, MN 55116
Toll Free: (800)879-1960
Direct: (651)695-2717



Fax: (651)695-2791
memberservices@aan.com
<http://www.aan.com/>

The American Academy of Neurology (AAN) provides valuable resources for medical specialists worldwide who are committed to improving the care of patients with neurological diseases.

Cerebral Palsy Research Foundation of Kansas, Inc.

PO Box 8217
5111 East 21st Street N.
Wichita, KS 67208
Direct: (316)688-1888
Fax: (316)688-5687
info@cprf.org
<http://www.cprf.org/default.asp>

Cerebral Palsy Research Foundation of Kansas primary goal is to provide opportunities allowing physically disabled persons to reach their full potential through employment, recreation, education, and independent living.

Rehabilitation Engineering Society of North America

1700 North Moore Street, Suite 1540
Arlington, VA 22209-1903
Direct: (703)524-6686
TTY: (703)524-6639
Fax: (703)524-6630
<http://www.resna.org>

RESNA's purpose is to promote and support the development, dissemination, integration, and utilization of knowledge in rehabilitation engineering, and to assure that these efforts result in the highest quality of care and service delivery for all citizens.

TASH

1025 Vermont Ave., Floor 7
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<http://www.tash.org>

An international association of people with disabilities, their family members, other advocates, and professionals who work in the disability field. Promotes the full participation of people with disabilities in integrated community settings that support the



same quality of life available to people without disabilities. Provides information and referral resources; renders targeted advocacy.

Trace Research & Development Center

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The Trace Research & Development Center's mission is to prevent the barriers and capitalize on the opportunities presented by current and emerging information and telecommunication technologies, in order to create a world that is as accessible and usable as possible for as many people as possible.

United Cerebral Palsy

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United Cerebral Palsy's mission is to advance the independence, productivity, and full citizenship of people with cerebral palsy and other disabilities through its commitment to the principles of independence, inclusion, and self-determination.



References

Equal Employment Opportunity Commission. (1992). *A technical assistance manual on the employment provisions (title I) of the Americans with Disabilities Act.*

Retrieved September 5, 2008, from <http://www.jan.wvu.edu/links/ADAtam1.html>

United Cerebral Palsy. (2008). *Cerebral palsy: facts and figures.* Retrieved September 5, 2008, from http://www.ucp.org/ucp_generaldoc.cfm/1/9/37/37-37/447



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