

# STATIC ENCEPHALOPATHY

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## SYMPTOMS OR BEHAVIORS

- Symptoms range from mild to severe

Often diagnosed with:

- cerebral palsy,
- FAS
- Seizures
- Cognitive Disabilities
- Learning Disabilities
- Pervasive Developmental Disabilities (PDD)
- Speech/language deficits
- Attention deficits
- Hearing/vision deficits

## ABOUT THE DISORDER

### What is static encephalopathy?

Static encephalopathy is defined as “permanent or unchanging brain damage”. The effects on development depend on the part of the brain involved and on the severity of the damage”. Static Encephalopathy can appear as a single diagnosis, however, it is often used in conjunction with a range of disabilities such as cerebral palsy, fetal alcohol syndrome, cognitive impairments, learning disabilities, pervasive developmental disabilities (PDD), speech/language deficits, seizures, attention deficits, and hearing/vision deficits. The leading cause of developmental disabilities characterized by static encephalopathy is consumption of alcohol (by mother) during pregnancy.

### How is it diagnosed?

Static encephalopathy is diagnosed as part of a complete clinical diagnosis, meaning there is no specific test or x-ray that can give medical specialists a definite diagnosis. Examples of the testing can include: electroencephalography (EEG), magnetic resonance imaging (MRI), CT scan, blood/urine tests, vision/hearing tests, muscle/nerve tests and genetic tests.

### What causes static encephalopathy?

Most of the time medical specialists do not know the cause, however, they know anything that damages or injures the brain can cause static encephalopathy. For example, severe head injuries, bleeding into the brain, meningitis, lack of oxygen to the brain, or encephalitis are often cited.

### How is static encephalopathy treated?

Brain damage associated with static encephalopathy is permanent; consequently, there is no cure. The symptoms related to static encephalopathy can range from mild to severe, not always visually apparent, can be misdiagnosed and may go unrecognized. There are, however, symptom-related treatments which are developed to help the child to be as independent and functional as possible.

Treatments may include:

- Various forms of therapies
- Medications
- Specifically designed educational programs
- Specialized equipment
- Surgical procedures
- Counseling
- Vision/hearing treatment or services
- Behavioral plans

Early identification and diagnosis by qualified medical specialists partnered with early intervention and support services within community, home and school are the key to a successful treatment program.



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## EDUCATIONAL IMPLICATIONS

Students may exhibit:

1. Fine and gross motor movement difficulties.
2. Vision and hearing difficulties.
3. Speech, oral motor, and language difficulties.
4. Learning difficulties ranging from mild to severe.
5. Organizational and attention difficulties.
6. Emotional and behavior difficulties.
7. Excessive absenteeism from school due to related medical conditions and surgeries.
8. Sensory integration concerns and environmental sensitivity.

## INSTRUCTIONAL STRATEGIES AND CLASSROOM ACCOMMODATIONS

- Students may require:
  1. Assistance with fine/gross motor movements to access all educational environments.
  2. Assistance in physical education class.
  3. Specific classroom accommodations (desk placement, positioning of educational materials, etc) to accommodate for motor, vision, speech and/or hearing difficulties.
  4. Specific programs to address speech, oral motor and language needs.
  5. Specifically developed education programs to address learning needs.
  6. Assistance with organization and planning.
  7. Specific plans to address emotional and behavior needs.
  8. Assistance with peer relationships and other social skills.
  9. Specific health plan prepared by school nurse.
  10. Assistance with sensory needs.
  11. Short-term homebound services during prolonged periods of disability-related illness or recovery from surgeries.

## RESOURCES

### Easter Seals

230 W. Monroe St., Suite 1800  
Chicago, IL 60606  
800-221-6827  
[www.easterseals.com](http://www.easterseals.com)  
*(resources, legislative up-dates, rehab. info, links to local resources)*

### United Cerebral Palsy (UCP)

1660 L St., NW, Suite 700  
Washington, DC 20036  
800-872-5827  
[www.ucp.org](http://www.ucp.org)  
*(national organization info and resources)*

### UCP of Minnesota

1821 University Ave., W. #219S  
St. Paul, MN 55104  
651-646-7588  
*(state resources, fact sheets, legislative up-dates, research)*

### National Organization of Fetal Alcohol Syndrome

900 17<sup>th</sup> St., NW, Suite 910  
Washington, DC 20006  
800-66NOFAS  
[www.nofas.org](http://www.nofas.org)  
*(advocacy info, books, journal articles, newsletter, research, conferences)*

### FAS Community Resource Center

<http://www.come-over.to/FASCRC/>  
*(journal articles, books, links to other resources, support services, checklists, etc.)*