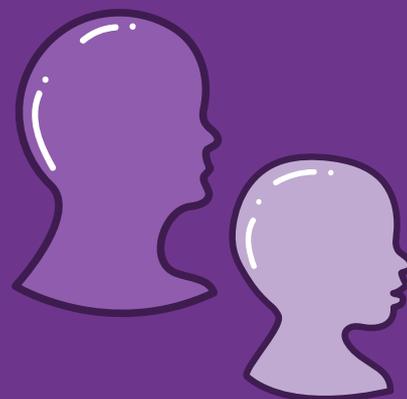# Understanding Cerebral Palsy and what the Functional Classification Systems mean for your child & your whānau.

Functional Classification Systems explained:

GMFCS

The Gross Motor Function Classification System (GMFCS) is the method for classifying the movement ability of children with cerebral palsy.[1] This is based off their self-initiated movement including sitting, walking & stair climbing, but also includes skills such as running, jumping, speed & balance.[2]

MACS

The Manual Ability Classification System (MACS) describes how children with cerebral palsy use their hands to handle objects, and if they need assistance or adaptations to do so. Some examples include using their hands to eat, dress, play, draw or write.[3]

CFCS

The Communication Function Classification System (CFCS) is used to classify the everyday communication performance of children with cerebral palsy. This focuses on activity and participation levels using the communication model of a sender (transmits a message) and a receiver (understands the message) and how the CP child alternates between each.[4]

EDACS

The Eating & Drinking Ability Classification System (EDACS) is used to classify the eating and drinking ability in everyday life of children with cerebral palsy. This includes functional activities such as sucking, biting, chewing, swallowing, and keeping food & fluid in the mouth.[5]

VFCS

The Visual Function Classification System (VFCS) describes the degree that a child with cerebral palsy can use visual abilities and perform vision-related daily activities. This includes how children use vision to purposefully see, direct gaze, recognise and interact with the environment.[6]

What are Functional Classification Systems?

Cerebral palsy can affect a person in many different ways. The term cerebral palsy does not help you understand what your child's health and support needs are for now and in the future.

The 'functional classification systems' that health professionals often use can give you a better idea of your child's abilities in a range of everyday activities, such as moving around, seeing, eating, and communicating. This can also give you an idea of which activities or abilities may require more support than others.

If you would like to understand or have more information on what cerebral palsy is, please talk to your health professional or refer to the New Zealand KidsHealth webpage (https://www.kidshealth.org.nz/cerebral-palsy).

Why are multiple Functional Classification Systems needed?

Cerebral palsy can affect a person's posture, balance, and ability to move, communicate, eat, sleep and learn. The different functional classifications systems relate to various areas of functioning, or the different 'systems' of the body and how they function.

What do these levels mean for my child?

As a parent or caregiver of a child with cerebral palsy, you can use these classification systems to help you and your health professional plan for your child's health and education needs.[7]

Each of the systems use the same scale: Level I to Level V. A child classified at level I will need less support and equipment. A child at level IV or V may need more support and involvement from health and school services to help them with their daily activities. Knowing the classification level of your child will also help you and your health professional plan for any regular appointments or investigations that need to take place to prevent complications. This may mean that if your child is classified at level III- V, they will need regular hip x-rays to make sure the hip joint remains in a good position.

Who can I go to if I need more information or assistance?

You can talk to your Paediatrician and/or your child's therapy team to get more information. These professionals can discuss what your child's particular classifications are, their subsequent needs and proper management for their symptoms. It is important to remember that there is support and services available for all types of cerebral palsy. These measures are an initial guide only.

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