

ABSTRACT

This work aims at analysing the status of language skills, as well as the status of food and liquid intake in children with cerebral palsy in the Karlovy Vary region. The theoretical part of this work consists of three chapters. The first one discusses the term cerebral palsy, its pathogenesis, and its pathophysiology. Further the social problems of a child with cerebral palsy are mentioned. The intrauterine development of orofacial structures is discussed more thoroughly. In the first chapter, there is an explanation of the terms dysarthria and dysphagia. The second chapter includes information about swallowing impairment in children. Anatomical differences of relevant structures involved in swallowing between adults and children are described, as well as the importance of coordination of the cranial nerves in this motor process which might mistake for simple movement. We discuss how the development of motor and cognitive functions influences food intake, what the reasons for swallowing disorders may be and which symptoms appear within the facio-oral area food intake? The last chapter includes characteristics of the speech therapist care in children with cerebral palsy. After that, the role of the speech therapist within a neonatology centre is underlined. It is exactly there that first contacts with high-risk infants should happen. How a multidisciplinary team is supposed to be organised is included as well. In the others parts many aspects of the diagnostical and therapeutical intervention are described, including a detailed account of the speech therapist specialized examination. Finally, there is a summary of therapeutic methods.

The empirical part is built on a scientific investigation which aims mainly at analysing the speech abilities and swallowing of solid food and liquids in children with cerebral palsy. The study is designed to show the necessity of specialized and well-timed care in such clients and the necessity of long-term care. The study design is more qualitative with some quantitative aspects. The main methods used in the empirical part are as follows: observation, a clinical examination by a speech therapist, diagnostic-therapeutic interventions.