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Case Study

Role of Physiotherapy in Enhancing Motor and Cognitive Development in Infants with West Syndrome: A Case Study

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Abstract: **Aim**: This case study examines the impact of physiotherapy on enhancing motor and cognitive development in an infant with West syndrome, a neurological disorder commonly linked to developmental delays.

Methodology: The study focuses on a 10-month-old infant with delayed motor skills, low muscle tone, and limited cognitive engagement. A structured physiotherapy plan was introduced, targeting motor skills, sensory integration, and cognitive stimulation, alongside active parental participation.

Results: After 12 weeks of consistent therapy, the infant showed notable progress in head control, trunk stability, activity engagement, and improved responsiveness to visual and auditory cues. The results suggest that a tailored physiotherapy program, reinforced by family involvement, can significantly support motor and cognitive development in infants with West syndrome, positively influencing their overall developmental progress.

Keywords: West syndrome, Motor, Cognitive, Infant, Physiotherapy

1. Introduction

The disorder first reported by William James West (1793–1848) in 1841, based on observations of his son, James Edwin West (1840–1860), is now recognized by various terms, reflecting increasing understanding and shifting medical perspectives. Known initially as "West Syndrome," this condition has also been termed "Infantile Spasms." It is characterized by a triad of symptoms: sudden, severe seizures (infantile spasms), a distinctive EEG pattern known as hypsarrhythmia, and developmental delays or regression. These terms and descriptions continue to evolve as our understanding of the disorder deepens, particularly regarding its underlying neurological and genetic causes [1]. The disorder, later termed "West Syndrome" (WS), has seen various labels over time. Initially, it was referred to as "infantile spasms" (IS) to highlight its characteristic clinical features. More recently, the term spasms" (ES) has been "epileptic adopted, acknowledging that the disorder can also begin outside the typical infancy period [2,3].

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This is an open-access article, which permits the use and distribution of article provided that original author and source are credited Many patients with epilepsy experience worsening symptoms, often leading to the development of various epilepsy syndromes, including Lennox-Gastaut syndrome. Diagnosis typically relies on specific central nervous system dysfunctions, observable through neurological or neuroimaging examinations, and deficits in mental and motor skill development. West syndrome, a specific type of epilepsy in young children, can be classified as symptomatic or cryptogenic. In symptomatic cases, the syndrome often emerges due to factors that can be traced to prenatal (30-45% of cases), perinatal, or postnatal periods. Prenatal factors include hypoxic-ischemic encephalopathy, brain development abnormalities, metabolic disorders, phakomatoses, and infections. Perinatal causes are generally linked to birth-related complications, while postnatal factors include neuroinfections, brain injuries, central nervous system tumors, hypoxia, and ischemic conditions [4]. A West syndrome seizure is marked by a sudden, symmetric flexion or extension of the torso, accompanied by simultaneous elevation and extension of the lower limbs. These seizures typically occur in clusters of spasms that can last around 10 minutes [5].

2. Case Study:

This case study examines a 10-month-old infant diagnosed with West syndrome who exhibits delayed motor development, low muscle tone, and limited engagement in cognitive activities. He was born fullterm via a normal vaginal delivery without any complications. At the time of diagnosis, Subject had exhibited developmental delays, including poor muscle tone (hypotonia), lack of head control, difficulty in reaching developmental milestones (such as sitting and crawling), and limited cognitive engagement with his environment. The subject was also experiencing frequent infantile spasms, which hindered his ability to engage with his surroundings and delayed his motor skills development. His EEG revealed a characteristic pattern of hypsarrhythmia, confirming the diagnosis of West syndrome. Additionally, the subject had shown limited visual tracking, minimal hand-eye coordination, and low responsiveness to sensory stimuli, all of which indicated significant cognitive delays.

3. Intervention Plan:

Physiotherapy	Intervention Technique	Intensity	Frequency
Exercises			
Motor Development			
Strengthening	-Passive and active-assisted	Moderate: Avoid	3-5 times per week
Exercises	movements	overstimulation; build gradually	
	-Core exercises for trunk and limb control		
Balance &	-Stability ball exercises	Low to moderate: Adjust	3 times per week
Coordination		intensity as tolerated	
	-Supported sitting and gentle		
	tilting exercises		
Range of Motion	-Gentle stretching to prevent	Low: Focus on gradual,	Daily, in short sessions
/Flexibility	contractures	controlled movements	
Cognitive Development			
Sensory	-Use of textured toys, soft music	Low to moderate: Vary	2-4 times per week
Integration		stimuli to prevent	
	-Visual tracking	overload	
Play-Based	-Engaging toys to encourage	Moderate: Limit session	Daily, brief interactions
Therapy	reaching	length to prevent fatigue	
	-Grasping		

Table 1. Study characteristics

4. Parental Training for Home-Based Exercises:

Guided Exercises: Physiotherapists teach parents specific exercises tailored to the infant's current motor and cognitive abilities. These might include gentle stretches, supported sitting practices, or basic teaching activities.

Positioning Techniques: Parents learn how to safely and comfortably position their child during daily activities to encourage proper posture and alignment, reducing muscle tightness and promoting range of motion.

Handling Techniques: Instruction on how to support the child's head, trunk, and limbs during handling and movement, fostering improved body control and safety.

5. Observations:

Home Environment Modifications:

Supportive Seating: Use of specialized seats or cushions that promote upright posture and help the infant develop core stability. For example, placing a bolster or pillow behind the child can provide additional support for trunk control.

Safe Play Areas: Setting up a designated play area with soft, supportive flooring (e.g., foam mats) reduces injury risk and encourages the child to practice movements like rolling, crawling, or sitting with minimal assistance. Sensory Enrichment: Adding sensory-rich objects (e.g., textured toys, mirrors, soft music) helps engage the infant's attention and stimulate cognitive and sensory processing. This setup encourages the child to reach, grasp, and explore, which enhances both motor skills and sensory awareness.

After 12 weeks of consistent physiotherapy:

Motor Improvements: The infant showed notable gains in head control, trunk stability, and the ability to sit with support. Reaching and grasping skills improved, with the infant actively engaging with toys.

Cognitive Gains: Increased responsiveness to visual and auditory stimuli was observed, along with greater

interaction during play-based therapy. The infant displayed emerging problem-solving skills and focus during activities.

Parental Feedback: Parents felt more confident in supporting their child's development, incorporating therapy exercises into daily routines, and observed improvements in the infant's engagement and activity.

6. Discussion:

This case study examines the effectiveness of a structured physiotherapy program in promoting motor and cognitive development in an infant with West syndrome. West syndrome, a severe form of epilepsy that usually begins in infancy, is characterized by infantile spasms, developmental delays, and abnormal EEG patterns, which often hinder the typical development of motor and cognitive skills [6]. Early intervention through physiotherapy is essential in managing these challenges, offering strategies that can promote motor control, sensory integration, and cognitive stimulation in infants with developmental delays.

Motor impairments in infants with West syndrome are often attributed to low muscle tone, frequent spasms, and disrupted neural development, leading to delays in reaching motor milestones. The physiotherapy program for the infant in this case study included targeted strengthening exercises, range-ofmotion activities, and postural control training, all of which contributed to observable motor improvements [7].

Strengthening exercises focused on enhancing core stability and control over limb movements, which are essential in laying the groundwork for motor milestones such as sitting and crawling. Similarly, stretching exercises and range-of-motion interventions minimized the risk of contractures, a common concern in infants with limited mobility, and helped the infant achieve functional joint mobility [8]. Improved postural control and stability through supported sitting and stability ball exercises promoted balance, a critical component for further motor skill development. Research supports the importance of early motor interventions in children with neurological impairments, as they lay the foundation for improved mobility and independence.

In addition to motor delays, West syndrome is associated with significant cognitive impairment due to neurological dysfunction and frequent spasms that interfere with the child's ability to process and respond to sensory information. To address this, the physiotherapy regimen included sensory integration and play-based activities that engaged the infant's sensory system and promoted cognitive engagement. Sensory integration therapy, which uses tactile, auditory, and visual stimuli, was instrumental in helping the infant respond to environmental cues and develop an awareness of their surroundings. Textured toys, music, and visual tracking exercises were used to stimulate the infant's sensory awareness, a foundational skill for attention and engagement

Play-based therapy not only engaged the infant in cognitive activities but also served to enhance fine motor skills through activities that required reaching, grasping, and manipulating objects. These activities encouraged the infant to focus and problem-solve, building basic cognitive skills necessary for further development. Studies have shown that sensory-based interventions can have a profound impact on cognitive and behavioral outcomes in children with developmental delays, as they stimulate neural pathways that support attention, memory, and problem-solving. By integrating sensory-rich activities into physiotherapy sessions, the program helped the infant become more responsive and actively engaged with their environment, which is crucial for cognitive growth.

A key aspect of the physiotherapy approach in this case study was parental education and involvement, which allowed parents to continue therapeutic activities at home and create a supportive environment for the child. Research indicates that parental involvement in early interventions can significantly enhance the effectiveness of therapy for children with developmental challenges. In this case, the physiotherapist trained parents on handling techniques, positioning, and exercises, enabling them to reinforce therapy goals in daily routines. This approach not only ensured continuity of care but also empowered the parents to actively support their child's development, creating a nurturing environment that further facilitated progress.

Over 12 weeks, the infant demonstrated significant improvements in motor abilities, such as head control, trunk stability, and basic motor skills that are fundamental for future movement and exploration. Additionally, enhanced engagement and responsiveness to sensory stimuli indicated progress in cognitive processing, attention, and environmental awareness. These results underscore the potential benefits of early physiotherapy interventions for infants with West syndrome, particularly when individualized and comprehensive approaches are employed.

7. Conclusion: This case study illustrates that a wellstructured and consistent physiotherapy program can greatly improve both motor and cognitive development in infants with West syndrome. By personalizing physiotherapy to the child's specific needs and involving parents in the process, this approach offers comprehensive support for the infant's developmental progress.

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