Together we make Difference
Cerebral palsy is a non-progressive disorder of the brain caused by damage pre, during or post birth. Although the injury that caused the cerebral palsy symptoms does not progress, the level of disability for someone with cerebral palsy may progress as they grow.

CP is the most common physical disability in childhood. Risk factors are:
1. PREMATURE BIRTH
2. BIRTH ASPHYXIA (OXYGEN DEPRIVATION)
3. HEAD TRAUMA
4. ANY OTHER DAMAGE TO THE DEVELOPING BRAIN OF AN INFANT

Pain is under-recognized in patients who have the disease. The majority of CP cases are antenatal (pre-birth) and are hard to prevent.

It is the most common physical disability in childhood and is a life-long disability.

FORMS OF CP

- **SPASTIC**: 70-80%  
  Muscles are tense and contracted

- **Mixed Types**: 8-18%  
  Combinational damage.

- **DYSKINETIC**: 6%  
  Constant uncontrolled movement of head, eyes and limbs

- **ATAXIC**: 6%  
  Poor sense of balance leading to trips and falls

17 MILLION PEOPLE GLOBALLY affected by Cerebral Palsy ("CP"), which is a neurological disorder that affects a child’s movement, motor skills, and muscle tone.

GLOBAL prevalence of 2.5 births per 1000

MENA with prevalence rates in excess of 3 births per 1000

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17 MILLION PEOPLE GLOBALLY affected by Cerebral Palsy ("CP"), which is a neurological disorder that affects a child’s movement, motor skills, and muscle tone.
Two thirds of children with CP will have movement difficulties affecting either one or both arms.

Almost every daily activity can be impacted:
- Eating
- Writing
- Dressing
- Catching a ball

1 in 3
unable to walk

1 in 4
unable to talk

3 in 4
experience pain

1 in 2
has an Intellectual impairment

1 in 4
has bladder control problems

Treatment for cerebral palsy is multifaceted, often requiring multiple doctors and therapies.

Required specialists for CP management (depending on type):

1. Developmental pediatrician
2. Neurologist
3. Physical therapist
4. Occupational therapist
5. Behavioral therapist
6. Speech and language therapist
7. Ophthalmologist
8. Otolaryngologists
9. Surgeon
Cerebral Palsy Program

THE KOZYAVKIN METHOD

The Kozyavkin method is an Intensive Neuro Rehabilitation program for the treatment of patients with Cerebral Palsy and other neurological conditions where increased tone and spasticity is affecting movement.

METHODOLOGY & APPROACH

The Kozyavkin method is a world class rehabilitation program accredited by the European Medical Association "EMA".

The program is delivered through intensive cycles of therapy "Multi-system active rehabilitation cycles" which delivered through combining physical therapy with mental therapy, starting with Spinal Cord manipulation then multi-system program inculding (Spinal Function and Strengthening, Therapeutic Massage, Trigger Point Therapy, Joint Mobilization, Strength Training, Group Rhythmic Exercises, Rehabilitation Computer Games)

The Kozyavkin method to rehabilitate nerve functions consists of two distinct phases - the intensive rehabilitation process and the consolidation phase.

The rehabilitation process takes place in the rehabilitation center and usually lasts from 15-21 days.

Following this phase, the child returns to their usual routine but completes a home exercise program daily, designed to further develop their newly acquired skills.

Programs Cycles

- Intensive Correction
- Stabilization Period
- Follow Up Sessions

- 2 weeks
- 3-6 months
- 2 weeks

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Cycles use a comprehensive set of therapy modalities to focus on the 3 major aspects of mobility

**Joint Mobilization**
- Focuses on de-blocking joints to improve mobility
- Correction of the muscle-joint imbalance
- Prevention of secondary contractures
- Improvement of muscle tissue trophicity

**Biomechanical Correction of the Spine**
- Elimination of functional blockages (vertebral subluxations) and resumption of spinal movements
- Reduction of spasticity
- Creation of the precondition for new movement models

**Mobilizing Physical Exercises**
- Creation of new movement patterns
- Gradual verticalization of the body
- More refined movement patterns
- Patients learn to sit, stand, walk, and perform other movements
- Elimination of functional blockages (vertebral subluxations) and resumption of spinal movements
- Reduction of spasticity
- Creation of the precondition for new movement models

**Reality Snapshots...**

- **35 YEARS of experience**
- **70,000 patients treated**

<table>
<thead>
<tr>
<th>Changes in Muscle Tone</th>
<th>Function of the Hands</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>93% Decreased</strong></td>
<td><strong>87% Increased</strong></td>
</tr>
<tr>
<td>learnt to sit</td>
<td>Opened a Spastically Clenched Fist</td>
</tr>
<tr>
<td>62%</td>
<td>87%</td>
</tr>
<tr>
<td>learnt head control</td>
<td>Opened a Spastically Clenched Fist</td>
</tr>
<tr>
<td>75%</td>
<td>87%</td>
</tr>
<tr>
<td>learnt to walk</td>
<td>19%</td>
</tr>
<tr>
<td>19%</td>
<td>87%</td>
</tr>
</tbody>
</table>

*Retrospective analysis of 12,256 patients who completed rehabilitation treatment according to the Kozyavkin Method over 12 years*
Why Kozyavkin?

- Approved by EMA
- 70,000 patients treated
- 35 Years of Experience
- Multidisciplinary Approach

Why CMRC?

- Affiliated Partner
- 92% High Patients Satisfactory Results Press-Ganey Score
- Exclusive in UAE
Unleash the Possibilities
**Contact Us**

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