

Cerebral palsy (CP) describes "a group of permanent disorders of the development of movement and posture, causing activity limitation, that are attributed to nonprogressive disturbances that occurred in the developing fetal or infant brain. The motor disorders of cerebral palsy are often accompanied by disturbances of sensation, perception, cognition, communication, and behaviour, by epilepsy, and by secondary musculoskeletal problems [1]." Siebes et al [29] identified an improvement in the methodological quality of the therapeutic intervention studies during the last decade, and Kunz et al [30] found the quality of PT trials to be better than their reputation. Previous reviews have addressed the effectiveness of PT interventions for children with CP focusing on neurodevelopmental therapy (NDT) [7–9], strength training [10,11], conductive education [12–15], various PT interventions [16–19], or orthotic devices [20,21]. More recent systematic review topics included focused interventions, such as constrained-induced movement therapy [22], postural control [23], passive stretching [24], hydrotherapy [25], hippotherapy [26,27], and orthotic devices [28].

Methods Literature searches We searched Medline, the Physiotherapy Evidence Database PEDro [31], CINAHL (a database for allied health and nursing), and the Cochrane Controlled Trials Register from 1990 to February 2007. The reference lists of the identified studies and reviews were screened for additional references.