NHS
Cheshire and Merseyside

Clinical Commissioning Policy

CMICB_Clin063
Bobath therapy

Category 1 Interventions – Not routinely commissioned

Contents

Last Reviewed: March 2024

This policy statement will be reviewed 5 years from the date of the last review unless new evidence or technology is available sooner.

1. Policy statement

1.1 Bobath (neurodevelopmental) therapy is not routinely commissioned for children with cerebral palsy or adults post–stroke.

2. Exclusions

2.1 None

3. Core Eligibility Criteria

3.1 Reviews published within the last 10 years are in agreement that the superiority of Bobath therapy has not been proven for either children with cerebral palsy or adults with stroke.

4. Rationale behind the policy statement

4.1 See Evidence Based Interventions (EBI) programme https://ebi.aomrc.org.uk/resources/.

5. Summary of evidence review and references

5.1 Bobath is a form of physical rehabilitation used to treat children and adolescents with cerebral palsy and adults after stroke. It is also known as neurodevelopmental therapy (NDT).[1] The technique involves promotion of motor learning for efficient motor control in various environments, thereby improving participation and function which is achieved through specific patient handling skills to guide patients through initiation and completion of intended tasks. It is multidisciplinary and can include physiotherapy, occupational therapy and speech & language therapy.

5.2 The method was first developed by the Bobaths in the 1950s and is based on the assumptions that performance could be facilitated by the therapist, spasticity could be inhibited, and these interventions could optimise recovery from the “brain damage”. However, research into neuromotor control and movement science has refuted the assumptions which underpin these methods.[2]

5.3 Bobath therapy is not routinely commissioned by Cheshire CCG whose policy statement cites that “the evidence base is poor for both children and adults”. Two main references underpin this statement. The first is a rapid review of the evidence on the effectiveness of Bobath in children with cerebral palsy published by the National public health service for Wales.[1] This review (2008) stated there was good quality evidence which didn’t support the effectiveness of Bobath in children with cerebral palsy. The 2nd reference was a systematic review (2009) on the effectiveness of the Bobath concept in stroke rehabilitation.[3] This confirmed that overall, the Bobath concept is not superior to other approaches and based on best evidence synthesis, no evidence is available for the superiority of any approach. Further high-quality trials were needed.

5.4 Therefore, a rapid evidence search was performed to identify review articles published within the last 10 years. This produced 4 reviews concerning both stroke (3 articles) and cerebral palsy (1 article).

5.5 The first article was a systematic review on stroke rehabilitation.[4] This examined 15 clinical trials published up to January 2018 and concluded that the Bobath concept is not superior to other approaches for regaining mobility, motor control of the lower limb and gait, balance and activities of daily living of patients after stroke. There was moderate evidence regarding the superior results of *other* approaches of the upper limb. Further, well-designed studies were required.

5.6 The 2nd article was a systematic review and meta-analysis of Bobath therapy compared to other interventions in improving lower limb activities after stroke.[2] A total of 22 trials was identified from a search conducted in January 2019. The study found that Bobath therapy was inferior to task specific training and not superior to other interventions and the authors, therefore, concluded that prioritising Bobath therapy over other interventions is not supported by current evidence.

5.7 The 3rd article, published several years previously, was a systematic review and meta-analysis of rehabilitation interventions for upper limb function in the first 4 weeks post-stroke.[5] Databases were searched in 2016 and although there was moderate evidence in favour of modified constraint induced movement therapy, the use of Bobath therapy was not supported. Further high-quality studies were required.

5.8 Finally a systematic review which compared the effects of neurodevelopmental treatment for *children* with cerebral palsy with conventional physical therapy was identified.[6] This located 3 randomised clinical trials comprising a total of 66 children. No difference between neurodevelopmental treatment (Bobath) and conventional physical therapy was found for gross motor function. The review concluded that the effects of Bobath treatment for children with cerebral palsy are still uncertain and current evidence doesn't support its routine use in practice.

5.9 In conclusion, reviews published within the last 10 years are in agreement that the superiority of Bobath therapy has not been proven for either children with cerebral palsy or adults with stroke. Therefore, there is no new evidence to change the CCG's current policy which is that Bobath therapy is not routinely commissioned.

REFERENCES

1. Webb M. A rapid review of the evidence for the effectiveness of Bobath therapy for children and adolescents with cerebral palsy. Cardiff: National public health service for Wales, 2008:29.

2. Scrivener K, Dorsch S, McCluskey A, et al. Bobath therapy is inferior to task-specific training and not superior to other interventions in improving lower limb activities after stroke: a systematic review. *J Physiother* 2020;**66**(4):225-35. doi: 10.1016/j.jphys.2020.09.008 [published Online First: 2020/10/19]

3. Kollen BJ, Lennon S, Lyons B, et al. The Effectiveness of the Bobath Concept in Stroke Rehabilitation: What is the evidence? *Stroke* 2009;**40**(4):e89-e97. doi: doi:10.1161/STROKEAHA.108.533828

4. Díaz-Arribas MJ, Martín-Casas P, Cano-de-la-Cuerda R, et al. Effectiveness of the Bobath concept in the treatment of stroke: a systematic review. *Disabil Rehabil* 2020;**42**(12):1636-49. doi: 10.1080/09638288.2019.1590865 [published Online First: 2019/04/25]

5. Wattchow KA, McDonnell MN, Hillier SL. Rehabilitation Interventions for Upper Limb Function in the First Four Weeks Following Stroke: A Systematic Review and Meta-Analysis of the Evidence. *Archives of Physical Medicine and Rehabilitation* 2018;**99**(2):367-82. doi: 10.1016/j.apmr.2017.06.014

6. Zanon MA, Pacheco RL, Latorraca CdOC, et al. Neurodevelopmental Treatment (Bobath) for Children With Cerebral Palsy: A Systematic Review. *Journal of Child Neurology* 2019;**34**(11):679-86. doi: 10.1177/0883073819852237

6. Advice and Guidance

6.1 **Aim and Objectives**

- This policy aims to ensure a common set of criteria for treatments and procedures across the region. This is intended to reduce variation of access to NHS services in different areas and allow fair and equitable treatment for all patients.

- This policy relates to the commissioning of interventions which optimise clinical effectiveness and represent value for money.

- This document is part of a suite of policies which the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy is a separate public document in its own right but should be considered alongside all the other policies in the suite as well as the core principles outlined.

- At the time of publication, the evidence presented per procedure/treatment was the most current available.

- The main objective for having healthcare commissioning policies is to ensure that:
  - Patients receive appropriate health treatments
  - Treatments with no or a very limited evidence base are not used; and
  - Treatments with minimal health gain are restricted.

- Owing to the nature of clinical commissioning policies, it is necessary to refer to the biological sex of patients on occasion. When the terms ‘men’ and ‘women’ are used in this document (unless otherwise specified), this refers to biological sex. It is acknowledged that this may not necessarily be the gender to which individual patients identify.

6.2 **Core Principles**

- Commissioning decisions by ICB Commissioners are made in accordance with the commissioning principles set out as follows:

  - Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment.
  - Commissioners require clear evidence of cost effectiveness before NHS resources are invested in the treatment.
  - Commissioners will consider the extent to which the individual or patient group will gain a benefit from the treatment.
  - Commissioners will balance the needs of an individual patient against the benefit which could be gained by alternative investment possibilities to meet the needs of the community.
  - Commissioners will consider all relevant national standards and consider all proper and authoritative guidance.
  - Where a treatment is approved Commissioners will respect patient choice as to where a treatment is delivered, in accordance with the ‘NHS Choice’ framework.
  - Commissioning decisions will give ‘due regard’ to promote equality and uphold human rights. Decision making will follow robust procedures to ensure that decisions are fair and are made within legislative frameworks.

6.3 **Individual Funding Requests (Clinical Exceptionality Funding)**

- If any patients are excluded from this policy, for whatever reason, the clinician has the option to make an application for clinical exceptionality. However, the clinician must make a robust case to the Panel to confirm their patient is distinct from all the other patients who might be excluded from the designated policy.

- The ICB will consider clinical exceptions to this policy in accordance with the Individual Funding Request (IFR) Governance Framework consisting of: IFR Decision Making Policy; and IFR Management Policy available on the C&M ICB website: https://www.cheshireandmerseyside.nhs.uk/your-health/individual-funding-requests-ifr/

6.4 **Cosmetic Surgery**

- Cosmetic surgery is often carried out to change a person's appearance to achieve what a person perceives to be a more desirable look.

- Cosmetic surgery/treatments are regarded as procedures of low clinical priority and therefore not routinely commissioned by the ICB Commissioner.

- A summary of Cosmetic Surgery is provided by NHS Choices. Weblink: http://www.nhs.uk/conditions/Cosmetic-surgery/Pages/Introduction.aspx and http://www.nhs.uk/Conditions/Cosmetic-surgery/Pages/Procedures.aspx

6.5 **Diagnostic Procedures**

- Diagnostic procedures to be performed with the sole purpose of determining whether or not a restricted procedure is feasible should not be carried out unless the eligibility criteria are met, or approval has been given by the ICB or GP (as set out in the approval process of the patients responsible ICB) or as agreed by the IFR Panel as a clinically exceptional case.

- Where a General Practitioner/Optometrist/Dentist requests only an opinion the patient should not be placed on a waiting list or treated, but the opinion given and the patient returned to the care of the General Practitioner/Optometrist/Dentist, in order for them to make a decision on future treatment.

6.6 **Clinical Trials**

- The ICB will not fund continuation of treatment commenced as part of a clinical trial. This is in line with the Medicines for Human Use (Clinical Trials) Regulations 2004 and the Declaration of Helsinki which stipulates that the responsibility for ensuring a clear exit strategy from a trial, and that those benefiting from treatment will have ongoing access to it, lies with those conducting the trial. This responsibility lies with the trial initiators indefinitely.

7. Monitoring and Review

7.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance or other national directive relating to this intervention, or to alternative treatments for the same condition.

7.2 This policy can only be considered valid when viewed via the ICB website or ICB staff intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one published.

7.3 This policy may be subject to continued monitoring using a mix of the following approaches:
- Prior approval process
- Post activity monitoring through routine data
- Post activity monitoring through case note audits

7.4 This policy will be kept under regular review, to ensure that it reflects developments in the evidence base regarding effectiveness and value.

8. Quality and Equality Analysis

8.1 Quality and Equality Impact Analyses have been undertaken for this policy at the time of its review.

9. Clinical Coding

9.1 **OPCS-4 Procedure Codes**
None

9.2 **ICD-10 diagnosis code(s)**
None

NHS
Cheshire and Merseyside

Document Control

Ref:	CMICB_Clin0063 – Bobath Therapy
Version:	1
Supersedes:	Previous Clinical Commissioning Group (CCG) Policies
Author (inc Job Title):	Consultant in Public Health, NHS Midlands and Lancashire
Ratified by: **(Name of responsible Committee)**	ICB Board
Cross reference to other Policies/Guidance	N/A
Date Ratified:	March 2024
Date Published and where (Intranet or Website):	March 2024 - (Website)
Review date:	March 2029
Target audience:	All Cheshire & Merseyside ICB staff and provider organisations

Version History
Version 1 – March 2024 – Policy ratified by NHS Cheshire & Merseyside ICB