Texto publicado no site da ABPC https://www.paraliaciacerebral.org.br/ em 03/04/2018 na seção “O assunto é...” que periodicamente traz um assunto importante na Paralisia Cerebral apresentado por um profissional especialista no tema.

O GMFCS é um sistema de classificação da função motora grossa em 5 níveis que descreve a função motora grossa de crianças e jovens com paralisia cerebral. Convidamos o professor Peter Rosenbaum para responder algumas perguntas sobre esta classificação. Vale ressaltar que o GMFCS foi traduzido para o português por Daniela Baleroni Rodrigues Silva, Luzia Iara Pfeifer e Carolina Araújo Rodrigues Funayama (Programa de PósGraduação em Neurociências e Ciências do Comportamento - Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo).

**ABPC : (1) In children younger than 2 years old, how accurate is the application of GMFCS?**

**Peter Rosenbaum**: Great question, that has been looked at by us and others. Under 2 years, we recommend using a level I/II, a level III, and a level IV/V. There is usually too little detail to make clear distinctions across the five levels. There is a paper by GORTER ET AL (Gorter JW, Ketelaar M, Rosenbaum P, Helders PJM, Palisano R. (2008). Use of the Gross Motor Function Classification System in infants with cerebral palsy: the need for reclassification at age 2 or older. Dev Med Child Neuro, 51:46-52.) That is worth looking at.

**ABPC : (2) Who can use GMFCS?**


**ABPC : (3) Can GMFCS be used for all types of PC?**

**Peter Rosenbaum**: Absolutely yes!

**ABPC : (4) Is there any relationship between FMS and GMFCS?**

**Peter Rosenbaum**: Some, but I am not sure how well this has been looked at. Have a look in the literature for papers by a. Harvey or k. Graham, who developed the FMS.

**ABPC : (5) Can a child with a PC change the GMFCS level?**

**Peter Rosenbaum**: Some do - but again (see palisano r, cameron d, rosenbaum pl, walter sd, russell d. (2006) stability of the gross motor function classification system. developmental medicine and child neurology, 48:424-428,) we need to remember that kids can be difficult to classify (as your question #1 suggests) and people are only human when they classify and can ‘get it wrong’, and of course we might also work with kids who do actually change... but mostly they stay in the same level even when they improve their functioning with time.
ABPC: So, if a child can do some of the activities of functions in more than one level, you recommended that I should use the “lower” (I.E., less functional) level? Is this it?

Peter Rosenbaum: Yes, exactly. They have to ‘fit’ whatever the description is for the level or they are ‘below’ that level.