Results This study has provided preliminary data on the perception of Saudi mothers who have a child with CP. It was found that mothers reflected a good understanding about the medical terminology of the CP. However, most of the mothers did not accept that their child had this diagnosis. There was also a strong belief that the children were experiencing developmental delay. Mothers expressed their trust in God, and relying on God for their child cure and health and for giving them the courage to care for the child.

Conclusions This work has allowed mothers to express their beliefs about the term CP. The data yielded information regarding mothers’ beliefs surrounding the meaning of the CP term. These ranged from traditional and cultural beliefs to medical explanations, and to frank confusion between the two.

Methods All parents participating in the ToP programme were asked to fill in two questionnaires at the end of the intervention: the Measure of Processes of Care (MPOC-20), a measure of parental perception of the extent to which the services they received were family-centered and a questionnaire on the satisfaction of the parents with the ToP programme.

Results From the 124 parents who completed the intervention, 74 returned the questionnaires (60%). Children had a mean (SD) birthweight of 1287 (377) grams and a mean (SD) gestational age of 29.8 (2.6) weeks. Mean age (SD) of mothers at birth was 31.5 (5.2) years. The mean (SD) domain scores (scale 1–7) of the MPOC were high and ranged from 5.5 (1.4) for providing specific information to 6.3 (0.5) for coordinated and comprehensive care. Even though 27% reported not to have known what to expect from the intervention, the parents rated the ToP programme a mean (SD) of 9.0 (1.0) on a scale from 0–10. Parents were positive about the knowledge of the therapist, the suggestions they received, and the number of visits (mean (SD) 9.3 (2.0)).

Conclusions Parents were very positive about the ToP programme. It was perceived as respectful, supportive, and well coordinated.

Background and Aims Children with diverse medical problems are transported daily to school, medical appointments and family events. One-in-ten children worldwide have conditions that may require special consideration to ensure optimal transportation safety. How to safely transport this population is poorly understood. This initiative enhances understanding of correct occupant protection for children with disabilities.

Method Positioning problems and physiologic stability of children with developmental, skeletal, and physiologic abnormalities and behavioral concerns were reviewed and where needed special restraints were identified. Biomechanical principles were investigated and applied where possible. Solutions were sought for each condition involving a unique concern. A literature review was conducted and resources identified, many of which were developed by the authors.

Results Many infants and children with low birth weight or born prematurely, cerebral palsy, hypotonia, or spina bifida, and skeletal problems including children in casts following injury or surgery frequently cannot be safely transported in conventional car seats. Even within developed nations children with disabilities are suboptimally restrained. Solutions for difficult transportation problems have been developed and identified. Some problems remain unresolved and safety remains suboptimal for some conditions.

Conclusions Motor vehicle crashes are a leading cause of mortality and morbidity worldwide and children are often severely injured or killed. Appropriate use of child restraints has been shown to save lives and reduce injury. Solutions exist for many conditions and families benefit from assistance in identification and access to these solutions. Transportation options will be explained and care improved by the information in this presentation.