The maximal **word count** of abstract is 250 words. Abstract content should be consistent scientific and ethical standards, and the writing style should be clear and grammatically sound. The information presented should be self-contained (have in mind that many people may only read the abstract, not actually see the presentation). Please note that abstracts reporting Results or Conclusions without reporting data will be rejected. Authors are encouraged to include **persons with lived experience** in the authorship. Please do not include references, figures or tables in the abstract.

A selection of the best 250 abstracts will be published and archived in ***Developmental Medicine and Child Neurology***, the official journal of the EACD.

Please structure your abstract using the following headings:

- Introduction (background and research question)
- Participants and methods (providing explicit information)
- Results (including actual data and statistical significance if appropriate)
- Conclusion (interpretation and perspectives: 'So what?', 'What now?')

Introduction: Children with severe cerebral palsy (CP) can find it difficult to access equipment that allows them to exercise effectively, potentially impacting their quality of life (QOL).

This study explored whether the Innowalk Pro, a robotic rehabilitation trainer, could influence QOL in children with CP, measured by the CPCHILD questionnaire, alongside joint range of movement and spasticity of the lower limbs, and functional goals, measured by goniometry, modified Tardieu scale and goal attainment scoring (GAS).

Participants and Methods:

Twenty-seven participants aged 5-18 years with a diagnosis of CP GMFCS IV/V were included from a convenience sample. The Innowalk Pro was used four times a week for 30 minutes alongside routine physiotherapy in a school setting over a six-week period. Outcomes were evaluated immediately pre/post intervention and at six-weeks and three-months post intervention. Analysis further explored differences between primary and secondary age participants. Ethics granted by London-Camden and Kings Cross Research Ethics Committee, REC reference: 19/LO/1721.

Results: QOL improved in 36% of participants, the majority being secondary-aged. Knee extension reduced significantly three-months post intervention. GAS goals improved in 88% of participants immediately post-intervention, with 21% declining by two or more units after a three-month break.

Conclusions: A six-week course of the Innowalk Pro can improve QOL and functional goals for children with CP aged 5-18 years. After a break of 6-12 weeks, functional goals tend to return to baseline. Given the known benefits of exercise, further suggestions to research how the Innowalk Pro could impact both younger children and adults on complications secondary to disability is advised.