

## FOSTERING AUTONOMY

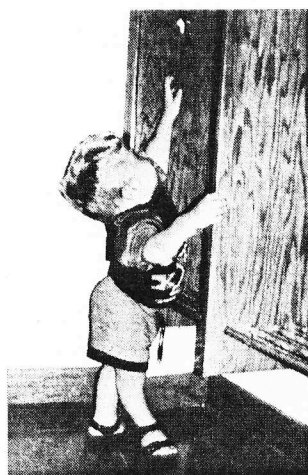
**LIGHTS, HOOKS AND FOUNTAINS.** Light switches may pose a problem for some children with short stature. While a few may be able to reach a wall switch without difficulty,

others will be frustrated even with greatest of efforts:



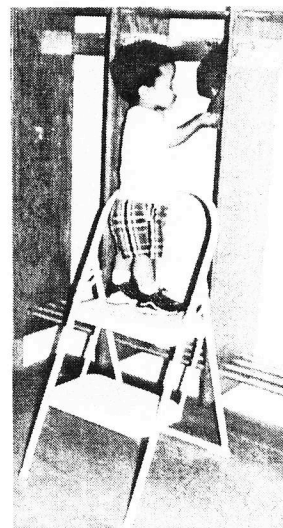
Light switch extenders or a strategically placed stool can solve this problem.

Similar reaching difficulties in using a coat hook, cloak closet or locker . . .

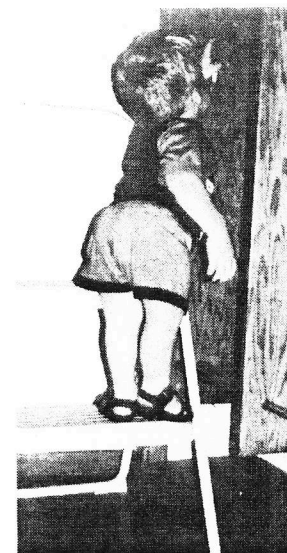


can be circumvented by repositioning of the coat hook to a height appropriate for your child . . .

or by insuring that a stool is available . . .

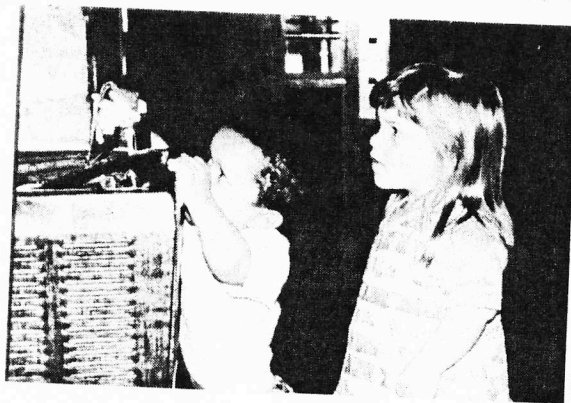


or both.



In schools with lockers, make sure that your child is assigned a low locker and can reach the inside hooks.

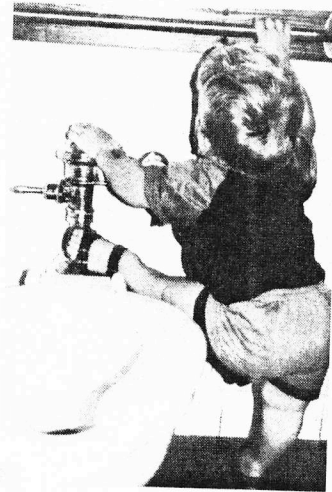
Fountains may or may not be accessible.



A stool appropriately placed can solve this problem too.

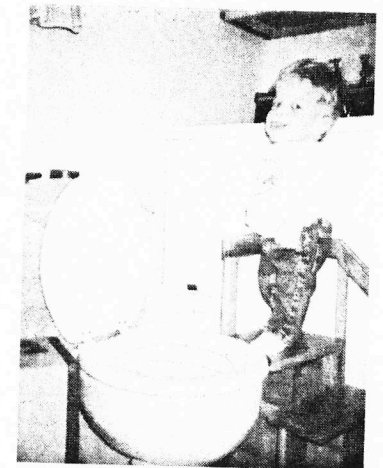


**BATHROOMS AND TOILETING.** Independence for toileting is a particularly crucial issue for school age children with short stature. A variety of modifications should be considered. Some children won't be able to get on or off the toilet by themselves.



If so, it is far preferable to adapt a toilet to the child than to have the child be dependent on an aide for toileting. Sometimes a step stool is all that is needed. Stairs with a platform built in to the toilet may be required.

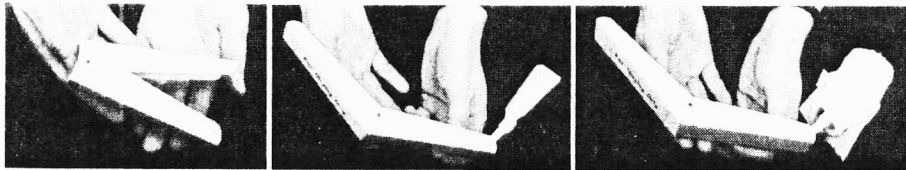
Not only does this allow a child to get on and off the toilet independently, it also provides a platform where a child can take pants down and up next to the toilet rather than pulling them down first and then having to climb up stairs with their pants around their ankles. Some children will need grab bars. Some will need a lowered handle and latch on the inside of the toilet stall.



For boys, urinals should be assessed. It is socially important for grade school boys to be able to stand to urinate. Floor length urinals can be used successfully no matter a child's height, but others may not be usable by someone of very small stature.



Children with markedly limited reach may not be able to wipe after toileting without the use of a 'bottom wiper'.



A few may need dressing hooks or other devices to assist with clothing. Rarely, regardless of efforts to adapt a bathroom, a child will need an aide to assist with toileting.

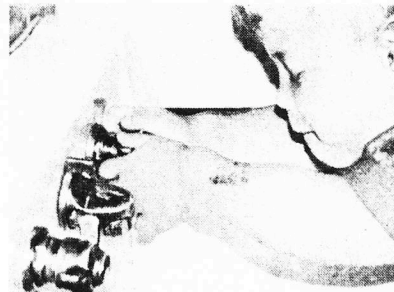
Some families prefer to have their child use a staff bathroom or a nurse's room bathroom where a child can have privacy and where adaptations might be easier.

Sinks, soap dispensers and towels may all be inaccessible.

Stools may help solve this problem.



Regular sink handles may prove very difficult and extended lever handles may be necessary.



## SITTING COMFORTABLY

Beginning in first or second grade the chair that the child will use may need to be modified for comfort and to prevent secondary consequences. The lower legs of many children are too short to reach the floor and their upper legs are too short to allow back support. Such unsupported, dangling sitting can increase risks for chronic low back pain, leg numbness and other symptoms. Building up of the back of the chair and providing foot support can prevent such problems. Measurements can be made to determine how much build up is needed so that the break at the knees reaches beyond the edge of the chair . . .



and how high a footstool will be required so that the feet rest flat on the support.



The back of the chair can be modified using hard foam adhered to the back of the seat or using a bit of carpentry:

The feet can be supported using a free standing or attached foot stool.



## FINE MOTOR NEEDS

Small fingers and joint hypermobility (or, in some, joint stiffness) can make writing and drawing difficult. If your child has problems with writing, modifications of writing assignments, note taking and test taking may be appropriate. Others may need to learn keyboarding early so that a computer can be used in such activities. An inexpensive lap top computer can be very helpful for both note taking in school and doing homework assignments. In higher grades a tape recorder can be used to tape lectures. Some may need to have oral rather than written examinations.

## PHYSICAL EDUCATION AND PLAYGROUNDS

Most children with short stature can participate in regular physical education classes so long as some activities are modified to account for short arm and legs. For example, such a child should not be expected to run long distances.

Depending on diagnosis, your child may have risk for spinal cord injury if significant head or neck trauma occurs. If so, certain tumbling activities (such as dive rolls), trampoline use and hanging upside down by the knees or feet from playground equipment should be prohibited. As your child gets older, collision sports — football, ice hockey, rugby — are very risky and should be discouraged, as should heading in soccer.

Specific recommendations and precautions should be discussed with your physician or a physician member of the Medical Advisory Board of Little People of America.

## PSYCHOLOGICAL NEEDS

As important as are physical adaptations, just as important is addressing the psychological needs of a small child. School personnel should be aware of the temptation for both other children and some adults to treat individuals according to their *size* rather than based on their *age*. It can be harmful to the child's ultimate development if he or she is consistently assigned the roles of 'baby' or 'mascot'. Unquestionably small statured individuals should not be carried about by other children.

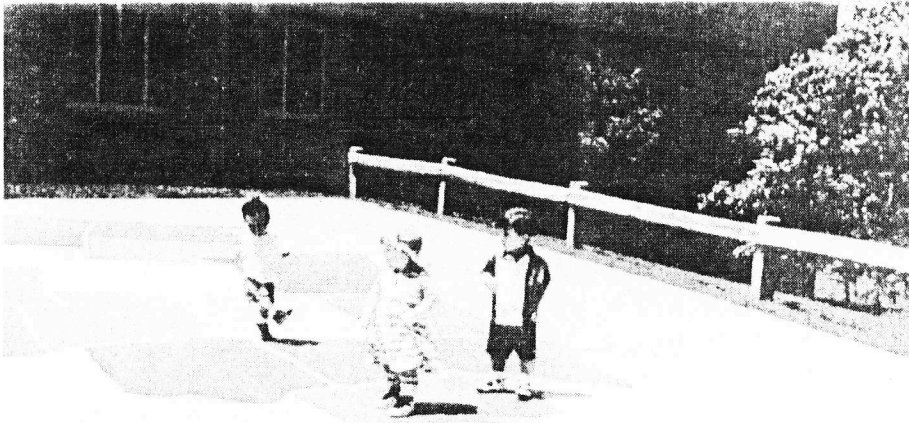
## LEGAL OBLIGATIONS OF SCHOOLS

Federal laws (including the Individuals with Disabilities Education Act, Public Law 102-119) require that children with disabilities receive free and appropriate education with services and adaptations designed to meet each child's specific needs. You may request assessments and planning for your child through an Individual Education Program (IEP).

States must meet the provisions of federal laws in order to receive federal funds to assist in providing special education. Many states have additional education laws. For more information about your state's laws, contact your State Department of Education, Office of Special Education.

You may also access information about federal requirements through the National Information Center for Children and Youth with Disabilities, 800-695-0285 or at its Website: <http://www.nichcy.org>





For each child a balance needs to be struck between providing essential help and fostering autonomy. Your child needs to be challenged but not overwhelmed. With just a little help, your child, like any other, will be able to explore the wonderful world around them.

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Diagnostic specific school fact sheets concerning achondroplasia, pseudoachondroplasia, spondyloepiphyseal dysplasia congenita and diastrophic dysplasia are available for 50¢ each, including postage, from the Midwest Regional Bone Dysplasia Clinic at the address on the inside cover.