



# Speech Questionnaire Results Revealed

reported by Cathy Reisfelt and Ann Peterson

**Speech Impairment is seen more frequently in short statured individuals than in their average-sized peers. Speech therapy appears to have been effective for the majority of short statured individuals in treating speech and/or language problems.**

These were two major conclusions from a recent study of the speech and language characteristics of short statured individuals conducted by LPA member Cathy Reisfelt and her colleague, Anne Peterson, both speech-language pathologists with the Shasta County Office of Education in Redding, California. In all, 120 short statured, or parents of short statured individuals filled out 13-item questionnaires that were distributed at the National LPA Conference in Coeur d'Alene, Idaho in July, 1990, and the San Francisco Bay Area chapter meeting in August, 1990. The results indicate that 27.5% of all those completing the questionnaire had prior or present enrollment in speech therapy. This figure is quite high. Approximately 10% of individuals ages 3-21 in the United States are found to have handicapping conditions which includes all types of disabilities, not just speech impairments.

*According to Ms. Reisfelt, the major risk factors for speech or language problems in short statured individuals appear to be:*

- 1) A history of repeated ear infections and associated hearing loss.
- 2) Facial structure abnormalities such as overbite, underbite, high palate, or cleft palate.

Reisfelt and Peterson agree that the results of the questionnaire would indicate that short stature in itself does not predispose a person to a speech impairment. The associated problems such as ear infections or facial structure abnormalities seem to underlie most of the speech problems that turned up in the survey.

The survey asked respondents to

specify their dwarf diagnosis and/or dwarfing condition in order to create a beginning data base for further research. According to Reisfelt and Peterson, past studies of speech, language, and/or hearing characteristics in short statured individuals have focused on achondroplasia or compared achondroplasia to all other dwarf types collectively. "This is understandable in view of the great number of achondroplasts and relatively small number within each of the other groups," Reisfelt stated. "We thought it might be interesting to report results for as many different short stature types as we could."

There were 14 different types represented in the survey but the majority



Cathy Reisfelt speaking at the Coeur d'Alene National Conference.

were represented by only 1 or 2 respondents. The major groups represented on the questionnaire included:

- Achondroplasia (74)
- Pseudoachondroplasia (8)
- Spondylo Epiphyseal Dysplasia (8)
- Diastrophic (4)
- Cartilage-Hair Hypoplasia (3)
- Hypopituitary (3)
- Undetermined/unknown origin (8)

The other types that had fewer than 3 responding were: Osteogenesis Imper-

fect, Hypoachondroplasia, Hallermann-Streiff, Morquios, Rothmund-Thompson, Vitamin D Resistant Rickets, Taneres, and Crohn's Disease. Of the major types, the number of those receiving speech therapy either in the past or present include:

- Achondroplasia - 21 out of 74 (28%)
- Spondylo Epiphyseal Dysplasia - 4 out of 8
- Pseudoachondroplasia - 0 out of 8
- Diastrophic - 1 out of 4
- Hypopituitary - 1 out of 3
- Cartilage Hair Hypoplasia - 0 out of 3

Reisfelt and Peterson commented that although types other than Achondroplasia were represented by small numbers, it does appear that some types are more at risk for speech problems than others, primarily because of the hearing loss and/or structural abnormalities accompanying these dwarf types.

Of all respondents receiving speech therapy, 69% have been dismissed with satisfactory results, while 13% are currently receiving services.

Speech/language disorders are diagnosed if a child's communication skills fall significantly below what is expected for his or her age, is considered abusive to the speech mechanism, or significantly deviates from the norm. Diagnostic and therapy services are available through the public schools for children ages 3-21. Parents who wish further information should contact their local school district.

Reisfelt and Peterson would like to continue to gather additional data to develop a more accurate picture of speech therapy in little people. This is especially true of the more rare types of short stature. **To help with this, enclosed is a survey on page 11.** If you have not already filled out one, please do so and return it to them: Further results will be reported in a later issue. ♦

*Editor's Note: Cathy Reisfelt has been a member of LPA for over three years. She got her degree at California State University at Chico and has been employed as a speech pathologists for over 15 years.*