Guide for Identifying Disabilities

6

CHAPTER

This chapter has a chart, 7 pages long, to help you find out what disability a child possibly has, and where to look up that disability in this book.

In the first column of the chart, we list the more noticeable signs of different disabilities. Some of these signs are found in more than one disability. So in the second column we add other signs that can help you tell apart similar disabilities. The third column names the disability or disabilities that are most likely to have these signs. And the fourth column gives the page numbers where you should look in this book. (Where it says *WTND* and then a number, this refers to the page in *Where There Is No Doctor*.)

If you do not find the sign you are looking for in the first column, look for another sign. Or check the signs in the second column.

This chart will help you find out which disabilities a child might have. It is wise to look up each possibility. The first page of each chapter on a disability describes the signs in more detail.

IMPORTANT: Some disabilities can easily be confused. Others are not included in this book. When you are not sure, try to get help from someone with more experience. At times, specific tests or X-rays may be needed to be sure what the condition is.

Fortunately, it is not always necessary to know exactly what disability a child has. For example, if a child has developed weakness in his legs and you are not sure of the cause, you can still do a lot to help him. Read the chapters on disabilities that cause similar weakness, and the chapters on other conditions that the child may have. For this child, you might find useful information in the chapters on contractures, exercises, braces, walking aids or wheelchairs, and many others.

Sometimes it is important to identify the specific disability. Some disabilities require specific medicines or foods—for example, night blindness, rickets, or hypothyroidism. Others urgently need surgery—for example, spina bifida or cleft lip and palate. Others require specific ways of doing therapy or exercises—for example, cerebral palsy. And others need specific precautions to avoid additional problems—for example, spinal cord injury and leprosy. For this reason, it helps to learn as much about the disability as you can. Whenever possible, seek information and advice from more experienced persons. (However, even experts are not always right. Do not follow anyone's advice without understanding the reasons for doing something, and considering if and why the advice applies to the individual child.)



In addition to this chart, 2 other guides for identifying disabilities are in this book:

GUIDE FOR IDENTIFYING CAUSES OF JOINT PAIN, p. 130.
GUIDE FOR IDENTIFYING AND TREATING DIFFERENT FORMS OF SEIZURES (EPILEPSY), p. 240.

GUIDE FOR IDENTIFYING DISABILITIES

SIGNS PRESENT AT OR SOON AFTER BIRTH

IF THE CHILD HAS THIS	AND ALSO THIS	HE MAY HAVE	SEE PAGE
V	\	\	\
born weak or "floppy"	 often a difficult birth delayed breathing born blue and limp or born before 9 months and very small 	cerebral palsydevelopmental delay	87 277
takes longer to begin to lift head or	round faceslant eyesthick tongue	Down syndrome hypothyroidism	279 282
move arms	small head, or small top part of head	microcephalia (small head) cognitive delay	278
	none of above	developmental delay for other reasons	289
does not suck well or chokes	 pushes milk back out with tongue or will not suck 	cerebral palsy	87
on milk or food	cannot suck well chokes or milk comes out	check for cleft palate	120
	nose	possibly severe cognitive delay	277
one or both feet turned in	no other signs	club foot	114
or back	 hands weak, stiff or clubbed some joints stiff, in bent or straight positions 	arthrogryposis	122
4,5 044	dark lump on back	spina bifida	167
bag or dark lump on back	clubbed feet or feet bend up too far or feet lack movement and feeling	spina bifida (sometimes no 'bag' is seen, but foot signs may be present)	167
head too big; keeps growing	may develop:	hydrocephalus (water on the brain)	169
	eyes like setting sun increasing mental and/or physical disability	At birth, this is usually a sign of spina bifida.	167
	loss of vision	in an older child, possibly tapeworm in brain, or a brain tumor	WTND 143
upper lip and/or roof of mouth incomplete	• difficulty feeding • later, speech difficulties	cleft lip and cleft palate	120
disabilities at birth, limbs, fingers or toes not typical	(may or may not be associated with other conditions)	See disabilities present at birth amputations Down syndrome developmental delay	119 227 279 287
unusual stiffness or position	 from birth some muscles weak some joints stiff typical head control and mind 	arthrogryposis	122
St. V	Muscles tighten more in certain positions. may grip thumb tightly	spastic cerebral palsy Note: muscle tightness (spasticity) usually does not appear until weeks or months after birth.	89



IF THE CHILD HAS THIS	AND ALSO THIS	HE MAY HAVE	SEE PAGE
one arm weak or in unusual position	does not move the arm much holds it like this.	Erb's palsy (weakness from injury to nerves in shoulder during birth)	127
7.11	leg on same side often affected	hemiplegic (one-sided) cerebral palsy	90
dislocated hip at birth leg held differently, shorter; flap covers part of vulva	On opening legs like this, leg "pops" into place or does not open as far.	dislocated hip from birth (often both hips) may be present with: • spina bifida • Down syndrome • arthrogryposis Also see p. 156.	155 167 279 122
slow to respond to sound or to look at things	(may be due to one or a combination of conditions)	Check for signs of: developmental delay cerebral palsy loss of vision hearing loss	290 87 243 257

SIGNS IN CHILDREN WELL PAST BIRTH

IF THE CHILD HAS THIS	AND ALSO THIS	HE MAY HAVE	SEE PAGE
takes longer than other children to do things (roll, sit,	delayed in most or all areas:	Developmental delay, check for signs of:	287
use hands, show interest, walk, talk)	 round face slant eyes single deep crease in hand 	Down syndrome	279
	 movements and response slow skin dry and cool hair often low on forehead puffy eyelids 	hypothyroidism	282
	has continuous unusual movements or positions, and/or stiffness	cerebral palsy also check for: loss of vision hearing loss malnutrition	87 243 257 320
does not respond to sounds, does not begin to speak by age 3	may respond to some sounds but not others	Check for • hearing loss	257
	Check for ear infection (pus).	severe developmental delay (with or without hearing loss)	283
		severe cerebral palsy	87
does not turn head to look at things, or reach for things until they touch her	Eyes may or may not look typical.	loss of vision and/or severe cognitive delay severe cerebral palsy	243 277 87
Eyelids or eyes make quick, jerky, or strange movements.	Check for one or a combination of these	loss of vision seizures too much medicine cerebral palsy other conditions that affect or cause brain injuries	243 233 15 87 14

IF THE CHILD HAS THIS	AND ALSO THIS	HE MAY HAVE	SEE PAGE
All or part of body makes unusual, uncontrolled movements.	 begins suddenly, child may fall or lose consciousness typical movements and behaviors between seizures 	epileptic seizures (Pattern varies a lot in different children—or even in the same child.)	233
	slow sudden, or rhythmic movements fairly continuous (except in sleep); no loss of consciousness	athetoid cerebral palsy (Note: Seizures and cerebral palsy may occur in the same child.)	89
Body, or parts of it, stiffens when in certain positions: difficulty with control of some or all movements.	different positions in different children Body may stiffen backward and legs cross.	spastic cerebral palsy	89

PARTS OF BODY WEAK OR PARALYZED

IF THE CHILD HAS THIS	AND ALSO THIS	HE MAY HAVE	SEE PAGE
floppy or limp weakness in part or all of body no loss of feeling in affected parts no spasticity (muscles that tighten without control) typical at birth	usually began with a bad cold and fever before age 2 irregular pattern of parts weakened. Often one or both legs—sometimes arm. shoulder, hand. etc.	polio	59 ↓
	begins little by little and steadily gets worse about the same on both sides of body often others in the family also have it	muscular dystrophymuscular atrophy	109 112
		tick paralysis	not in book
	Paralysis starts in legs and moves up; may affect	Guillain-Barré syndrome (usually temporary)	62
	whole body.or pattern of paralysis variable	paralysis from pesticides, chemicals, foods (lathyrism)	15
	lump on back (see p. 57)	tuberculosis of spine	165
floppy or limp weakness usually some loss of feeling	one or both hands or feet develops slowly in older child. Gets worse and worse.	leprosy	215
	born with bag on back (Look for scar.) feet weak, often without feeling	spina bifida	167
	usually from back or neck injury weakness, loss of feeling below level of injury may or may not have muscle spasms loss of bladder and bowel control	paraplegia (lower body) quadriplegia (upper and lower body)	175
	injury to nerves going to one part of body	hand weakness sometimes caused by using crutches wrongly	393



IF THE CHILD HAS THIS	AND ALSO THIS	HE MAY HAVE	SEE PAGE
weakness usually with stiffness or spasticity of muscles no loss of feeling	usually affects body in one of these patterns 1. 2. 3.	1: cerebral palsy (or stroke, usually older persons) 2 and 3: cerebral palsy	87
	one side both legs whole body Muscles tighten and resist movement because of joint pain.	occasional other causes JOINT PAIN (many causes—see below)	130

JOINT PAIN

IF THE CHILD HAS THIS	AND ALSO THIS	HE MAY HAVE	SEE PAGE
one or more painful joints	 begins with or without fever gradually gets worse, but there are better and worse periods 	juvenile arthritis	135
		other causes of joint pain. See chart on joint pain.	130

WALKS WITH DIFFICULTY OR LIMPS

IF THE CHILD HA	S THIS	AND ALSO THIS	HE MAY HAVE	SEE PAGE
dips to one side with each step		one leg often weaker and shorter	Check for: • polio • cerebral palsy • dislocated hip	♦ 59 87 155
	D) D	usually begins age 4 to 8may complain of knee pain	damaged hip joint	157
walks with knees pressed together		 muscle spasm and tightness upper body little affected 	spastic diplegic or paraplegic cerebral palsy	87
stands and walks with knees together and feet apart	(1)	feet less than 3" apart at age 3	typical from ages 2 to 12	113
no other problems		feet more than 3" apart at age 3	knock-knees	114
walks awkwardly with		muscle spasms and difficulty with control on	hemiplegic cerebral palsy	90
one foot tiptoe		that side. Hand on that side often affected.	(stroke in older persons)	not in book
walks awkwardly with knees bent and legs usually		 jerky steps, difficulty with balance sudden, uncontrolled movements that cause falling 	athetoid cerebral palsy	89
separated		 slow "drunken" way of walking learns to walk late and falls often 	 difficulty with balance— often with cerebral palsy Down syndrome hypothyroidism 	90 279 282
walks with both feet tiptoe		 weakness, especially in legs and feet gradually gets worse and worse 	muscular dystrophy	109
		legs and feet stiffen (spasticity of muscle)	spastic cerebral palsy	89
	\(\lambda\)	no other problems	typical? (some children at first walk on tiptoes)	292

IF THE CHILD HAS THIS	AND ALSO THIS	HE MAY HAVE	SEE PAGE
walks with hand(s) pushing thigh(s) or with knee(s) bent back	weak thigh muscle	 polio muscular dystrophy arthritis (joint pain) other causes of muscle weakness 	59 109 135 112
Foot hangs down weakly (foot drop	Child lifts foot high with each step so that it will not drag.	 polio spina bifida muscular dystrophy muscular atrophy nerve or muscle injury other cause of weakness 	59 167 109 112 35 112
dips from side to side with each step	due to muscle weakness at side of hips, or double dislocated hips, or both	 polio cerebral palsy spina bifida Down syndrome muscular dystrophy child who stays small arthrogryposis dislocated hips (may occur with any of the above) 	59 87 167 279 109 126 122 155
walks with one (or both) hip, knee, or ankle that stays bent	joints cannot be slowly straightened when child relaxes (see p. 79).	 contractures (shortened muscles) joined or fused joints may be secondary to: polio joint infection other causes 	77 80 59 131 231
8 6	Joints can gradually be straightened when child relaxes.	spasticity, often cerebral palsy	89
Knees wide apart	under 18 months old	often typical	113
when feet together (bow legs). Waddles or dips from side to side	Any combination of these: • Joints look big or thick.	Consider: • rickets (lack of vitamin D and sunlight)	125
(if he walks).	 Child is short for age. Bones weak, bent, or break easily. 	brittle bone disease children who stay very short (dwarfism)	125 126
(-())	Arms and legs may seem too short for body, or	hypothyroidism	282
) በር	"out of proportion."	Down syndrome	279
	 Belly and butt stick out a lot. 	dislocated hips	155
flat feet	no pain or other problems	typical in many children	113
	Pain may occur in arch of foot.Deformity may get worse.	may be part of:	87 59 167 279

BACK CURVES AND DEFORMITIES

IF THE CHILD HAS THIS	AND ALSO THIS	HE MAY HAVE	SEE PAGE
\	\	\ \	\
sideways curve of backbone (scoliosis)	When child bends over, look for a lump on one	scoliosis—may occur alone or as complication of:	·
	side.	• polio	59
	(Marie)	cerebral palsy	87
((()))	Same /	muscular dystrophy	109
	$\mathcal{N} \mathcal{T} \mathcal{N}$	spina bifida	167
	<i>(</i> Λ\ <i>1</i>)\	other physical disability	162



IF THE CHILD HAS THIS	AND ALSO THIS	HE MAY HAVE	SEE PAGE
sway back (lordosis)	belly often sticks out may be due to contractures here, or weak stomach muscles	lordosis—may occur in: polio spina bifida cerebral palsy muscular dystrophy Down syndrome hypothyrodism child who stays small many other disabilities	59 167 87 109 279 282 126 161
rounded back (kyphosis)		kyphosis—often occurs with: arthritis spinal cord injury severe polio brittle bone disease	136 175 59 125
hard, sharp bend of or bump in backbone	 starts slowly and without pain often family history of tuberculosis may lead to paralysis of lower body 	tuberculosis of the spine	165
dark soft lump over backbone	 present at birth sometimes only a soft or slightly swollen area over spine weakness and loss of feeling in feet or lower body 	spina bifida ("sack on the back")	167

OTHER DEFORMITIES

IF THE CHILD HAS THIS	AND ALSO THIS	HE MAY HAVE	SEE PAGE
missing body parts	born that way	born with missing or incomplete parts	121
	accidental or surgical loss of limbs (amputation)	amputations	227
	gradual loss of fingers, toes, hands, or feet, often in persons who lack feeling	osteomyelitis (bone infections) sometimes seen with: leprosy (hands or feet) spina bifida (feet only)	159 215 167
hand problems (For hand problems from birth, see p. 305.)	floppy paralysis (no spasticity) without care may lead to contractures so that fingers cannot be opened	may occur with: • polio • muscular dystrophy • muscular atrophy • spinal cord injury (at neck level) • leprosy • damage to nerves or cords of arms All may lead to contractures.	59 109 112 175 215 127
	uncontrolled muscle tightness (spasticity) strange movements or hand in tight fist uncontrolled muscle tightness (spasticity)	spastic cerebral palsy may lead to contractures	89
	burn scars and deformities	may lead to contractures	231
clubbing or bending of feet (For club feet from birth, see p. 114.)	may begin as floppy weakness and become stiff from contractures, if not prevented	may occur with many physical disabilities, including: polio cerebral palsy spina bifida muscular dystrophy arthritis spinal cord injury	59 87 167 109 135 175



DISABILITIES THAT OFTEN OCCUR WITH OR ARE SECONDARY TO OTHER DISABILITIES

IF THE CHILD HAS THIS	AND ALSO THIS	HE MAY HAVE	SEE PAGE
Developmental delay: child takes longer to learn to use her body or develop basic skills	caused by slow or incomplete brain function or by severe physical disability, or both	often seen in: cognitive delay cerebral palsy children with severe or multiple disabilities	277 87 283
	caused by overprotection: treating children like babies when they could do more for themselves	some delay can occur with almost any disability or lack of stimulation	287
Contractures joints that no longer straighten because muscles have shortened Joints will not straighten	 usually due to muscle weakness or spasticity Often, muscles that pull a joint one way are much weaker than those that pull it the other way (muscle imbalance). 	often secondary to: polio cerebral palsy spina bifida arthritis muscular dystrophy Erb's palsy amputations leprosy	59 87 167 135 109 127 227 215
	sometimes due to scarring from burns or injuries	burns	231
Behavior problems	may come from: • brain injury • difficulty understanding things • overprotection • difficult home situation	behavior problems are common with: cognitive delay seizures (epilepsy) cerebral palsy and for emotional reasons,	277 233 87
	(Some children with epilepsy from brain injury may pull out hair, bite themselves, etc.)	with: • spinal cord injury • muscular dystrophy • hearing loss • learning disability	175 109 257 365
Slow to learn certain things, otherwise typical development	 often over-active or nervous sometimes behavior problems 	learning disability	365
Speech and communication difficulty	often, but not always, due to hearing loss or cognitive delay (or both) Some children can hear well and are but still cannot speak.	may occur with: • hearing loss • developmental delay • cerebral palsy • Down syndrome • hypothyroidism • children who stay small • brittle bone disease • cleft lip and palate (Hearing loss may occur together with these and other disabilities.)	257 287 87 279 282 126 125 120
other disabilities that sometimes occur	Main disability	Common secondary	
secondary to other disabilities (Some of these we have	cerebral palsy	vision losshearing lossseizures	243 257 233
already included in this chart.)	 many disabilities with paralysis 	spinal curve	161
	 persons who have lost feeling: leprosy, spinal cord injury, spina bifida 	pressure sores osteomyelitis (bone infection) loss of urine and bowel control	195 159 203

