

# Crippled Children's Division Work Organized in Five Programs

## Team Approach is Fundamental for All Clinic Work

(Editor's note: This is the third in a series of articles on the research and public service projects being carried on by the state's colleges and university. The articles are written by Mrs. Wilma Morrison, longtime reporter of Oregon education, for the state's system of higher education.)

By MRS. WILMA MORRISON

"It is an axiom in medicine if one congenital malformation exists to be more suspicious of another."

This statement in a report of the crippled children's division at the University of Oregon medical school is partial explanation of the division's now focusing almost its full attention on the congenitally handicapped—the birth damaged who now survive in much greater numbers than they did before the era of antibiotics.

The division's work, the cases it accepts and the pioneering research and medical training it fosters, is set up under five programs, or clinics. These are: the orthopedic (the group which once constituted the whole focus of the division); the cerebral palsy cases; the dental-plastic speech (mostly cleft-lip-and-palate); the congenital hearts; and the premature babies.

**Fundamental Approach**  
In all of these clinic programs the team approach is fundamental. The old concept of a single doctor dealing with an isolated deformity has given way to one that marshals many medical specialists, speech and physical therapists, and frequently social and welfare agencies, on each case.

One of the division's team programs in particular, treatment of the cleft-lip-and-palate children, has set a national pattern. The troubles of these children come in multiples, and are compounded by the physical changes that come over 15 to 20 years as the child grows. The plastic surgery that closes the lip and palate, and usually is done before the child is two, is only the beginning. There are continuing severe speech, hearing and dental problems. What is done to correct the plastic damage may prevent the later correction of jaw and teeth; lack of speech-hearing treatment in infancy may block therapy when the child reaches school age.

As answer to what has in the past been a hit-and-miss attack, the division has instituted a team treatment that brings the child and his parents together with pediatrician, plastic surgeon, several dental specialists, speech therapists, psychologist, as soon



**SPEECH TESTS**—Scott Anderson, cerebral palsy patient at the crippled children's division, goes through speech tests with Mrs. Doris Bradley, therapist, right, while his



**TEAM DIAGNOSIS**—Team diagnosis and treatment has become standard at the Crippled Children's Division at the medical school since overwhelming majority of CCD patients now are victims of compounded

congenital damage. This is typical cerebral palsy clinic session with psychiatrist, occupational, physical and speech therapists as well as medical specialists involved.

as the baby is born. Diagnosis and a plan of surgery, speech training and dental correction is laid out that frequently extends through adolescence.

In past five years, the division has supervised and treated 294 such cases. "One in about 660 births is a cleft-lip-and-palate child," Dr. Richard Sleeter, division director, said. "We regard speech as just as much a medical field as psychology," the director said. And the speech therapists at the crippled children's division, headed by Dr. Herold Lillywhite, are central to the rehabilitation of cleft-lip-and-palate children. One of the five speech and hearing centers maintained by the state's special education department

is at the crippled children's division building on Marquam hill. Others are at Monmouth, Eugene, Ashland and La Grande.

For Oregon's crippled children whose handicaps fall into one of the division's five treatment categories (listed above), there are two kinds of services offered by the division. **Diagnostic Program**

The first is the diagnostic one, a case-finding type of program. Any child under 21 thought to be suffering from one of these conditions may be referred for a diagnostic work-up (the term used for the whole comprehensive process of data collecting and multiple examinations by specialists). This diagnosis, which

usually calls for two days at the clinic, is available without regard to the family's ability to pay.

"You can't buy this kind of diagnosis and treatment recommendation," the director said. "It just isn't on the open market."

When it comes to the second division service—treatment, including surgery if surgery is called for—payment is according to ability. The division pays all or part, according to need, but parents pay full costs if they are able. Wherever possible the child is referred to private specialists in his community. Close cooperation is maintained with the various pediatric and public agencies



**PALSY VICTIM**—Little Bill Gallup is a victim of cerebral palsy, the type called right hemiplegic, meaning the right side of his body is affected because the left side of the brain is damaged. Here he plays with Miss Virginia Hatch, occupational therapist, on regular visit to crippled children's center at the medical school. But the "play" is with "bilateral" playthings and has a corrective purpose.

through whom help is available to these children and their families. There were about 2,800 children diagnosed or diagnosed and treated last year at the crippled children's building at the medical school or by private consultants to the division.

"We look at these children as a straight-away investment," Dr. Sleeter said.

Watching the division's center at the medical school, it is plain that the immediate salvage of the handicapped children themselves is only a part of the investment's profits. This pool of congenitally crippled youngsters makes possible research advances and teaching that are keys to medical discoveries and to better doctors.

Two of many large research grants which have come to the medical school involve the crippled children's division and the pool of handicapped children being treated there. They are the heart laboratory which is responsible for 102 open heart operations in the past year, and the mammoth national wide Collaborative Project on Cerebral Palsy and Other Neurological Disorders of Childhood.

This is the \$10,000,000 five-year study of 40,000 mothers and their babies that is being carried on in 16 medical centers. It is aimed at discovery of prenatal and birth causes of congenital defects. Participation of the medical school in this huge clinical research project has brought about \$750,000 in its first three years. It has added the services of some 30 additional professional and technical staff and is paying for the complete remodeling of the pediatric and obstetrical depart-

ments at the outpatient clinic on Marquam hill.

Two basic philosophies make Oregon's crippled children's division different from the great majority of state CCD operations—its concentration on children with severe congenital handicaps, and its "fall-over-backwards" insistence on inclusion of private physicians on the diagnostic and treatment teams. On both these scores the division comes in for some criticism.

There are those who feel the division should act more as a screening agency, taking all children, regardless of whether their troubles are minor or severe. This has been the emphasis of the U.S. children's bureau which pays one-fourth of the division's budget. However, the children's bureau is now materially aiding in treatment of severe conditions.

A second criticism comes from some of the social and welfare agencies who feel the division staff should treat all the crippled who fall within its five treatment areas, including those whose parents are able to pay for it. There is a limit to the volume of cases the division can handle and the staff believes the severe congenital cases are the major problem as well as the group that is most promising of medical teaching and research profits to future generations.

These are the children whose complicated problems can't be handled except through the team resources of the division and medical school.

"We don't feel we can afford to see 40 children with minor troubles in order to pick up five severe cases when

these five are likely to have been seen by private physicians who can refer them to the division."

"The involvement of private physicians in these cases," the director said, "is most important. These are rare cases. The average doctor in his own office may see one to three congenital hearts a year, where the division sees 10 a week. He may see one muscular dystrophy every four or five years, and deliver a cleft-lip-and-palate child once in three years..."

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