



DPT

DEVELOPMENTAL PEDIATRICS TODAY



December 2018

Monthly e-Newsletter of IAP Chapter of Neurodevelopmental Pediatrics

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Editorial

The Year End Editorial

From a printed newsletter to an e journal has been a difficult transition. Pricipally because your truly likes some things the old fashioned way. But the e journal saves a lot of money especially since we had to find sponsors. I would like to believe that we can still bring out a printed annual number during either the PEDICON or our chapter conference.



We would like this to be an interactive forum. ALLl are encouraged to send in case scenarios, review articles and columns. We tried to commission regular columns but it looks like only mine and the Journal Scan is continuing. I request all to write back with ideas on regular columns.

Wishing you all a Merry Christmas, Happy New year and Happy Pongal/Sankranthi.

Dr. Santhosh Rajagopal

Chief Editor



Chairperson's Message

Dear colleagues,

We celebrated International Day of Persons with Disabilities on the 3rd December this year. The theme 2018 for the day was 'Empowering persons with disabilities and ensuring inclusiveness and equality'. This was part of the 2030 Agenda for Sustainable Development. The 2030 Agenda pledges to "leave no one behind".



Persons with disabilities, as both beneficiaries and agents of change, can fast track the process towards inclusive and sustainable development and promote a resilient society for all, including in the context of disaster risk reduction and humanitarian action, and urban development. It is an ambitious plan of action of the international community towards a peaceful and prosperous world, where dignity of an individual person and equality among all is applied as the fundamental principle

As per the Census 2011, out of over 120 crore people, 2.2 per cent in India are disabled. In absolute terms, this implies that over 2.68 crore people live with one form of disability or another. It is significant to note that of these, 66 lakh are children in the age group 5-19 years. These numbers are most likely much higher — it is generally accepted that surveys all over the world grossly undercount the actual number of disabled people. The World Report on Disability jointly produced by the World Health Organisation and the World Bank in 2011 estimated that about 15 per cent of the global population live with disability. Whatever the actual number of the disabled, they constitute a significant resource that can and should contribute to the social, economic and political life of the nation. Children — with or without disabilities have the right to a quality education — no matter what special needs they may have. Education is the prime tool that equips a child to meet the challenges of life. Children with disabilities need this even more to supplement their different talents. Indeed, disability need not be an impediment to achievement.

Let us, as members of IAP Neurodevelopment Chapter, contribute to ensuring 'inclusiveness and equality' for children with special needs.

Jai IAP,

Dr. Jeesson C. Unni

Chairperson

IAP Chapter of Neurodevelopmental Pediatrics



Snippets from the Secretary

Come December the month of old endings and new beginnings...

New agenda are planned and incomplete work continues into the coming year..

The chapter is growing and so are its activities. The workshops on Neuro Developmental disorders as part of the IAP Action plan have been happening all over the country and spreading awareness in neuro developmental disorders to the smaller lesser resourced places. Hospet, Balasore, Meghalaya, Rajkot, Sholapur and a lot more to come. Members are spreading their wings and more and more events are being organised across the country and globe and our esteemed members being invited to share their knowledge to spread information on evidence based practices in this field that we are privileged to be working for in the service of children with special needs.

It is the festive season and the time to fill our hearts with warmth, joy and sharing. The season of giving and receiving gifts and wishes for and from family and friends.

Wishing you all a Merry Christmas seniors and friends and wishing you and your families a very happy festive season.

"Although no one can go back and make a brand new start,

Anyone can start from now and make a brand new ending". Carl Bard

Happy learning friends.

Dr Leena Srivastava

National Secretary

IAP Chapter of Neurodevelopmental Pediatrics

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Effects of a Gaming Platform on Balance Training for Children with Cerebral Palsy

Hsieh-Chun Hsieh, PhD, OTR

Department of Special Education, National Tsing Hua University, Hsinchu City, Taiwan

Purpose: A platform requiring multidimensional trunk movement facilitated postural balance in children with cerebral palsy.

Methods: The intervention group (n = 20) received 12 weeks of playing personal computer (PC) games using the platform, and the control group (n = 20) played the same games using a computer mouse. Outcomes were center-of-pressure sway, the Berg Balance Scale (BBS), Fullerton Advanced Balance Scale (FAB), and Timed Up and Go (TUG) test scores.

Results: There were significant interactions between groups and time. There was a significant between-group difference in center-of-pressure sway excursion, BBS test, and TUG test over time. Participants in the intervention group had better balance performance compared with the control group.

Conclusion: Balance training using a PC gaming platform may improve exercise compliance and enhance recovery of balance in children with cerebral palsy.

(Pediatr Phys Ther 2018;30:303-308)

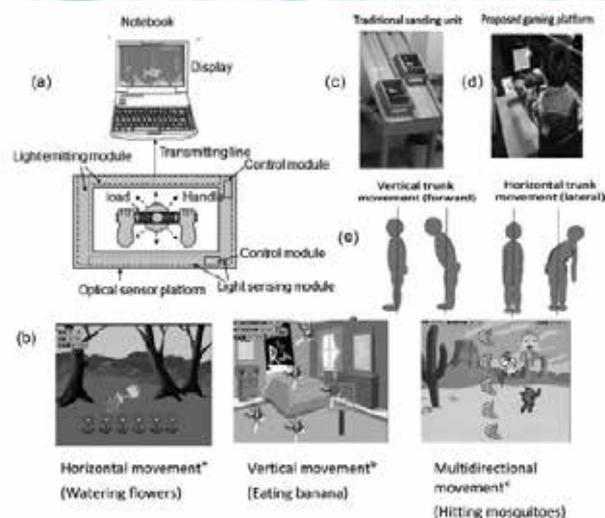


Fig. 2. Description of the proposed gaming platform. Note. ^aUsing the water pot to water flowers horizontally through lateral weight shifts using the trunk. ^bManipulating the monkey to dodge ghosts and eat a banana through forward and backward weight shifts using the trunk. ^cSwatting the mosquitoes with a swatter using full body movements, including lateral, downward, or upward reaching movements.



Journal Scan

Walking and Fitness Improvements in a Child With Diplegic Cerebral Palsy Following Motor-Assisted Elliptical Intervention

**Judith M. Burnfield, PT, PhD
Guilherme M. Cesar, PT, PhD
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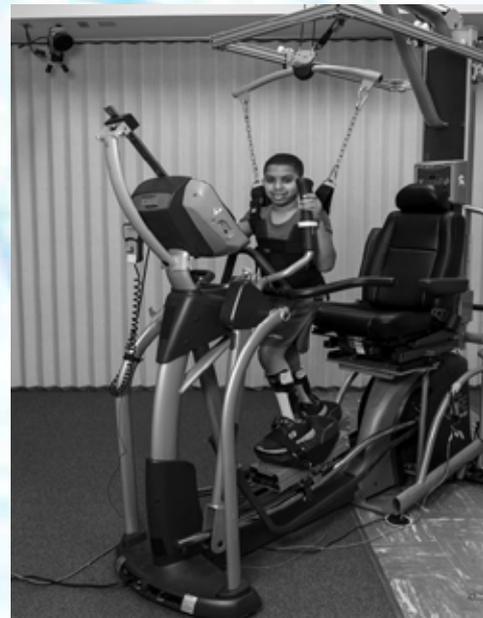
Purpose: To quantify effects of motor-assisted elliptical (Intelligently Controlled Assistive Rehabilitation Elliptical [ICARE]) training on walking and fitness of a child with cerebral palsy (CP).

Key Points: A 12-year-old boy with walking limitations due to spastic diplegic CP (Gross Motor Function Classification System II) participated in 24 sessions of primarily moderate- to vigorous-intensity ICARE exercise. Fitness improvements were evidenced clinically across sessions by the child's capacity to train for longer periods, at faster speeds, and while overriding motor's assistance. Postintervention, the child walked faster with greater stability and endurance and more rapidly completed the modified Time Up and Go test.

Conclusion: The child's fitness and gait improved following engagement in a moderate- to vigorous-intensity gait-like exercise intervention.

Recommendations for Clinical Practice: Integration of moderate- to vigorous-intensity motor-assisted elliptical training can promote simultaneous gains in fitness and function for children with CP.

(Pediatr Phys Ther 2018;30:E1-E7)





Journal Scan

Transcranial Direct-Current Stimulation on Motor Function in Pediatric Cerebral Palsy : A Systematic Review

Angela Hamilton, B Phys (Hons)

Luke Wakely, BAppSc (Physiotherapy), MHSc (Physio), PhD;

Jodie Marquez, BAppSc (Physiotherapy), MMgt (Health), PhD

University of Newcastle, Callaghan, New South Wales, Australia

Purpose: To determine effects of transcranial direct-current stimulation (tDCS) on motor function for children with cerebral palsy.

Methods: Six electronic databases were searched using terms related to tDCS, combined with functional deficits/associated clinical measures. Results were filtered, including randomized controlled trials in English and children with cerebral palsy. Data were extracted using standardized procedures, and the PEDro scale was used to assess quality and meta-analyses conducted.

Results: From 135 articles, 9 studies with moderate quality met inclusion criteria. Six were included in 7 separate meta-analyses supporting a benefit of tDCS for static balance, only at follow-up. Benefits of tDCS on dynamic balance, step length, and mobility were not established.

Conclusions: The findings from meta-analyses suggest that tDCS may provide improvements in static balance at follow-up in children with cerebral palsy and positive effects on gait velocity; however, there was heterogeneity. Further research is needed before this therapy can be endorsed.

(Pediatr Phys Ther 2018;30:291–301)

Reviewer's comments:

Physical therapy forms an integral part of the multidisciplinary therapy needed by special children. Transcranial direct current stimulation is a new form of therapy which is being tried in children with cerebral palsy and has shown some results which still needs more extensive studies before being added as a standardized form of treatment. Innovations like Motor-Assisted Elliptical Intervention and Gaming platforms are good examples of individualized care approaches which can result in improved outcomes in these cases.



Inclusive education

Inclusive education is a model of education in which children with disabilities spend all or most of their time in school with children without special needs. Fully inclusive schools do not separate 'general education' and 'special education' programmes. Such schools are structured so that all students learn and grow together. Disability exacerbates existing vulnerabilities arising from social and economic inequities such as poverty and gender, lack of access to services, social stigma and so on. Universal access to inclusive education has the potential to shift society towards a more just and equitable future.

Inclusive education allows children with disabilities to develop friendships with peers and feel less isolated. Children who are placed in standard classroom environment generally have higher self-esteem than children who are isolated in special needs programmes. Policy-makers and civil society need to recognise that no school has the right to deny high quality education to children and families who want the best for their child simply because the child is differently abled. A common misconception that needs to be dispelled is that the presence of disabled children in classrooms impedes the learning of non-special needs children. In fact, children without disabilities in inclusive schools get an opportunity to receive their own education in a non-discriminatory environment and develop a more accepting and wholesome perspective.

Although much progress has been made in the education sector, India faces immense challenges in addressing educational needs of children with disabilities. In the age group five to 19 years, 28

per cent disabled girls have never attended an educational institution. The figure for boys at 26 per cent is only marginally better. Only 16 per cent of the disabled male population and nine per cent of the disabled female population has matric/secondary education. Not surprisingly, only nine per cent of males and three per cent of females with disability are graduates.

A mission approach is needed to make the provisions for inclusive education in the Right to Education Act 2009 and Rights of Persons with Disabilities Act 2016 universally available in all educational institutions — public as well as private. Educational institutions in the private and NGO sector have made a beginning in introducing inclusive education. However, most of these schools are in urban settings. The need of the hour is to learn from these pioneering efforts to make inclusive education a reality in public sector institutions at scale. As the country strengthens the education sector further, the universalisation of inclusive education in the public and private sectors must become a foundational principle of the nation's education sector.

The Amar Jyoti Charitable Trust, New Delhi — a pioneer in the field of inclusive education in collaboration with the Asian Centre for Inclusive Education, Dhaka — organised the 5th International Conference on Inclusive Education (ICIE) from November 28-30, 2018 in New Delhi. Over 300 participants from developing as well as developed countries attended the conference. Persons with disabilities, students, parents, educationists, academics, policy-maker, etc., utilised the platform for sharing new initiatives.



Inclusive education

They will also exchanged international trends and good practices, discussed policy-making strategies with different stakeholders to strengthen networking of national and international institutions that provide and promote inclusive education.

The draft conclusions and recommendations of this conference is downloadable at <http://www.icie2018.org/wp-content/uploads/2018/12/Draft-Conclusions-and-Recommendations-PDF.pdf>.

The recommendations include

- National education policies should include implementation plan to ensure effective inclusive education (IE).
- Multi-sectoral and inter-sectoral linkages should be promoted to create greater awareness among implementers and community about rights and responsibilities under various policies.
- Dedicated resources should be earmarked to promote IE especially among rural and marginalized communities, for teacher training and for establishing model IE-schools.
- IE should be effectively assimilated into the general education system.
- Teachers' training programmes, including those for master trainers, should be strengthened to include soft skills, social/emotional learning for IE.
- Ensure adequate provision of support systems and services for mobility and independent functioning for learners with disabilities.
- Provide flexibility in curriculum and evaluation and promote co-scholastic opportunities for participation by all learners.
- Ensure UDL mode becomes a norm.
- Provide evidence based practices to propagate IE.
- Encourage research to address gaps in policy and implementation.
- Strengthen data systems to capture information on dropout, transition and academic achievement rates of all learners
- Establish mechanisms to promote collaboration between educational institutes, communities, families and local government to ensure effective implementation of IE.
- Establish National and International Academies to promote IE.
- Involve corporate sector to provide resources for IE.
- Establish mechanisms to ensure inter-sectoral collaboration in policy making and implementation.



Neuro-developmental Health of Preterm Babies – Part 2

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In the DPT November issue, part 1 of Neurodevelopmental Health of preterm babies, we discussed the risk factors associated with higher risk of neurodevelopmental problems in preterm babies and gave some important data. I am further going to discuss Neurodevelopment in preterm babies under the following headings :

- Physical development in premature babies
- Sensory development in premature babies
- Thinking and learning development in premature babies
- Social and emotional development in premature babies
- Language development in premature babies

Physical and motor development in premature babies

The majority have normal physical and motor development. However, they do tend to be shorter and lighter than full-term peers. Most of them catch up during preschool and school years. If these babies were very sick, it can sometimes affect their growth up until at least 12 years old.

Motor problems are more likely with very preterm and LBW. Risk of CP is much higher in very PT, (upto 45% of cases of CP are due to prematurity)

In NICU, babies should be checked for early signs of physical movement and body control problems. Referrals for early intervention are often based on these examinations. After discharge, physical development is checked by paediatrician, and compared with corrected age development.

Sensory Development

- Majority have normal sensory development.
- But they are more likely than full-term babies to have Sensory sensitivities, like heightened awareness or sensitivity to some sensory stimuli like noise or certain fabrics. Some research backs this up.
- Some don't like having things put in their mouths and can have trouble feeding.



- Some can have a lower pain threshold than full-term babies.

Hearing impairment

- 2-6% of Preterm babies have hearing impairment. The incidence is higher in very preterm.
- Even fewer children have severe hearing problems in both ears that need hearing aids or cochlear implants
- Important to diagnose and deal with hearing impairment, because children need to hear properly to develop language, social and communication skills.

Vision :

- PT more likely than full-term children to have vision impairment.
- Premature babies are more likely than full-term babies to develop mild visual problems like short-sightedness or long-sightedness, squint, contrast sensitivity, or problems with depth perception.
- Only 1-2% of premature babies develop severe visual problems, more common in very PT.

Cognitive development

- Majority of PT have normal Cognitive development
- Higher risk in Very PT, VLBW & ELBW or those with lot of medical complications.
- Severe cognitive problems are there in very small percentage
- IQ test : Average scores for very preterm or VLBW are in the normal range, but they're also typically slightly lower than the average for full-term children of the same age.
- Most preterm children can do well at school.

Thinking and learning difficulties

- Parents may not notice any problems until preterm child goes to school.

This is when children need to put their thinking

skills together in problem-solving activities.

- For example, reading involves visual memory, hearing memory and letter recognition. If the child has a weakness in one of these areas, it might interfere with his ability to learn to read.
- Might need some extra support at school.
- Children born prematurely can have problems with planning and staying on task (called executive functioning), but a loving, stable, stimulating and safe home environment can help the child improve these skills.

Other problems which can affect their learning are, as follows :

- Fine motor skills – for example, putting puzzle shapes together or holding a pencil
- Motor planning – for example, understanding, planning and doing something like walking around fallen blocks
- Visuomotor coordination – for example, writing and drawing
- Sensorimotor skills – for example, feeling the weight of a full glass and picking it up without spilling the contents.

Social and emotional problems

- More likely to have difficulty coping with and managing their feelings.
- They can find it hard to stay calm, eat well and sleep well.
- Some might experience lower self-esteem or find friendships difficult.
- Premature children are more likely than full-term children to have conditions like attention deficit hyperactivity disorder, autism spectrum disorder, anxiety and depression.

Australian-first longitudinal study by the Royal Women's hospital :-

Compared with those children born full-term, those born between 32 and 36 weeks' gest. :-



- Three times more likely to have delays in their language development
- Three times more likely to have delays in the development of motor skills
- Twice as likely to have delays in cognitive development such as ability to perform tasks and follow directions

Language development

- The majority of premature babies develop normal language.
- But their language development is often, but not always, delayed.
- Smaller and more premature babies are at greater risk than late preterm babies.
- Compared with full-term children, on average very premature school children have more trouble saying things and understanding what is said to them.
- Late preterm children can also have language delays

Remedial plans for early detection and early intervention :

Cochrane review in 2009 review

- Examined the effectiveness of early developmental interventions after discharge from hospital for preterm infants on motor or cognitive development .
- Early intervention had a significant impact on cognitive development of infants and preschool age
- There is little evidence of an impact on motor development.

Conclusion

The key to improving neurodevelopmental outcome in preterm babies is to fine tune management in NICU. Further early detection and early intervention improves the outcome. The goal of community based interventions is enhancing preterm brain growth by positive nurturing environment and parent child

interaction , later on it can be facilitated by home based therapy acting through play and household activities .Some babies may need special aid for sensory impairment and specialized care services.

Research shows Early Intervention improves cognitive function and can lead to improvement in family function.

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The Right(s) Choice

Intellectually Confused

Dr Santhosh Rajagopal

THE RIGHTS OF PERSONS WITH DISABILITIES ACT, 2016 has been discussed in this column last time too. At that point it was mentioned that some of the issues raised will be further discussed. In this article the inclusion of Specific Learning Disability is discussed. For long the absence of recognition of Sp LD as a disability was a major drawback for parents and the children, It almost made the obvious daily struggle they endured almost invisible. The inclusion of Sp LD in the schedule of disabilities therefore is a welcome relief. It opens up a new window for reclaiming their rights and wresting concessions monetary and otherwise from authorities.

However in the process the act has conflated Intellectual Disability or Mental Retardation and brought Specific Learning Disability under the Intellectual Disability umbrella. Apart from the semantics, it has direct implications on their higher education and employability. It is an obvious case of bad drafting and it is surprising that it escaped scrutiny at all levels.

To top the confusion, Autistic Disorders are also clubbed with Intellectual Disability which is not just careless but horribly wrong since many Autistics have normal and high IQs.

It is this author's experience that many a time the Medical Boards which mostly do not have Paediatricians certify SpLD children as Mentally Retarded. The Act as it stands today makes it legal.

There is no way this can be undone except by an amendment to the act. It would be in the fitness of things that the Standing Committee of Ministry of Social Justice be addressed in this matter urgently. Indian Academy Of Paediatrics and especially our chapter should take the initiative in this regard.

The business of legislation is a long one and our parliamentarians are second to none in drafting them. The Standing committees are places where this happens without rancour of politics. I recollect with pride that it was my home state of Kerala which constituted Subject committees in the State Assembly for the first time in India even before they came into existence in Parliament (apart from the constitutionally mandated committees).

But they require the correct input. In most developed democracies patient right groups play a pivotal role in informing these committees. We as Paediatricians should act as children's advocates.



Activity Log - Nov-Dec 2018

Shambhavi Sheth Dr.

- International child neurology congress, Mumbai- paper poster presentation of study on Autism and its diagnosis.

Chhaaya Prasad Dr.

- A talk on Pediatrics Roots of Adolescent Concerns- Mental Illness at Adolescon, Delhi
- Training of Parents of CWSN under the Project CRC, Chandigarh .
- Disability Camp in Govt Schools under the CRC scheme .
- Free Health Check Up and Disability Camp to detect Neuro Developmental disabilities and medical examination of children from Rehabilitation colonies attending govt schools...conducted at Chandigarh.
- Invited at HARCON - Haryana State Pedicon on 2nd December 2018 - delivered a talk on ' WHAT IS TV / MOBILE / DIGITAL DEVICE DOING TO MY CHILD'

Leena Srivastava Dr.

- Spoke on 'barriers to implementation of AAC' in a recent National seminar on Alternative and Augmentative Communication methods.
- Under IAP Child & Adolescent Health Care Week, IAP Pune organized Teenage day for boys and girls of std VIII and IX of English Medium School of Bharati Vidyapeeth, Dhankawadi, Pune on Tuesday, 27th Nov 2018. Children were given paper to send in their queries which were then discussed by the faculty.. questions ranged from academic, interpersonal, pubertal and social media use issues..

Suchit Tamboli Dr.

- Faculty in west zone pedicon and mahapedicon at mahabaleshwar. Talked on scholastic backwardness.
- KEY NOTE address in CME at DY Patil Pune by IMA Pimpri Chinchawad and Bhosari.
- Conducted workshop on, "Neurodevelopmental Follow up and Developmentally Supportive Care " at National Neonatology conference (NNF) ,Varanasi.

Somasundaram Dr.

- The child development centre(D'Soul CDC partnered with The HINDU in creating awareness on International day of disabled people at Besant Nagar beach between 6am to 9am...Lots of interactive activities on Speech and oromotor stimulation, Fine motor activities and activities of Daily living were organised.

Abraham Paul Dr.

- Child Care Center conducted free Hearing screening and LD screening on 6th December.

Santhosh Rajagopal Dr.

Addressed IAP Trichy on Recent Advances in Developmental Pediatrics



World Disability Day



World Disability Day at Aster Medcity Kochi - Band by Visually Impaired

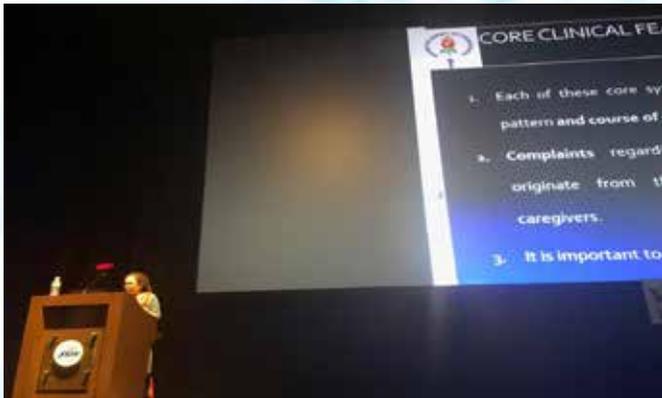
Dr Maria Grace Treasa on Speech Disorders on world disability day Aster Medcity Kochi



Dr Somasundaram and his team at D Soul Chennai celebrated World Disability Day at Eliot beach - morning 6am to 9 am - 300 pledges - 500 visitors - happy kids learning ADL and sand play



IAP Vijaynagar



IAP Vijaynagar successfully conducted the NDD workshop at JSW township on the 9th December 2018.

Total 36 Pediatricians from Bellary, Hospet, Gangavati, Koppal and HB Halli attended the event including 4 PG students. Dr Ashok Datar, Dr Arundhati Patil, Dr Raghavendra Swamy were the main faculty who conducted the event very well. They also recruited Mrs Ashwini and audiologist and Ms Deepa Lalit a remedial educator to engage the interested and interactive audience.

PCNI Pediatric Conference, New Delhi



At the PCNI Pediatric conference of North India 2018 held at New Delhi Dr Shambhavi Seth was invited to chair session on developmental issues



Dr. Chhaya Prasad delivered a talk on 'What Is TV / Mobile / Digital Device doing to My Child' at HARCON - Haryana State Pedicon on 2nd December 2018



Series of Free Health Check Up and Disability Camps conducted at Chandigarh in December 2018 by ASHA Center for Autism and Intellectual Developmental Disorders marking International Week for Persons with Disabilities. During the Camps, screening as well as formal assessments done for children and provided with Individualized Plans to improve the deficit skills such as motor, social, communication, academic skills, tips on behavior interventions and parenting skills.