

ACHONDROPLASIA STUDENTS: GUIDELINES FOR THE SCHOOL

General guidelines

The main objective of these guidelines is the normalization, so we must strive to make the adaptations useful and usable by all and not only by the boys and girls with achondroplasia (for example, if you lower the perch, download them all). Consequently, adaptations to be made in the furniture (chair, access to the toilet, the sink, the stool ...) should not be flashy nor different colors so as to attract attention, but must be aesthetically integrated. Do not provide all. Allow to unfold by him/her.

Guidelines for personal autonomy

Adaptations of the furniture will be as follows:

- Chair with a platform for the kid to move up or down (the same chair as others).



The adaptation of the seat shouldn't be cumbersome, and it's important to remember that the seat board must be shorter than normal, because the femurs of the children with achondroplasia are shorter. To bring the back is important, preferably by shortening the seat.

Stool to reach the higher and lower hangers (get off all)



Steps to the bathroom (several options)



Steps to the toilet (several options)





The material that the child must access will be on the lower shelves (in this case is the third red bucket if we count from the bottom).

To dress and to undress (while using the bathroom) and for the hygiene, we must propose in the first courses of the early childhood education the presence of a caregiver, or request the assistance of the teacher.

Suggest to the parents to put some straps or ribbons in the child's pants and underwear to facilitate the task (so that he/she can reach better). Furthermore, teacher should be working on this skill with the child to help reach independence.

To improve her/his mobility and to achieve autonomy in the bathroom it is important to work with specific exercises for physiotherapy (if the own school is interested to make them with the other children, should contact the therapist of the child).

Guidelines for the psychocomotricity

Ensure that the child sits in the chair without crossing the legs and with the bum behind, to adequately support the back in the backrest.

Ensure that the child remains upright while sitting, because those children tend to throw the body forward. Simple we will remember putting his/her hand on his/her back, for him/her know that he/she must be straight.

Sit the child in front of the teacher to avoid twisting the body or tilting the head (if we see that he/she turn back to look at their peers, we will place he/she further back, but in front of the teacher).

Exercises that the child should not do:

- No exercises in which the head and/or the back arches
- Avoid the jumps
- If they lie on the floor, no headstands (or any upside down positions)
- If they sit on the floor, to do cross-legged in Indian way, and not with the legs forward
- To get up, avoid doing in the wrong way. The right thing is to get up with the gentleman position (one knee on the ground)

The fine psychomotricity is an aspect to take into account. It must be work especially on it. It comes well to the child, as to the other children, exercises to cut, paste, chop, review, clay, etc. We can also adapt the pencil to improve his/her graphomotricity (cutting it in half/or using a ribbon adapter). As to the punches, those made of wood are better than the plastic.

Guidelines for language

In the classroom there could be exercises to improve the orofacial mobility (praxis), blow and breathing exercises. If the teacher is interested, he/she can contact the child speech therapist and ask the exercises in order to work with all the children in class, because those exercises are always welcome.

Other aspects to consider

The child should drink lots of water for his/her hydration, so he/she will also need to go more times to the toilet.

Guidelines issued by:

The Early Intervention Team from APROSUBA 14- Olivenza In collaboration with Fundación ALPE Acondroplasia. Translated by Ma. Cristina Terceros S. (MaCriTeS)