

Spina bifida



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SPINA BIFIDA Spina Bifida Leteisha Lawson ESE 315 Nicole Luke February 5, 2012 Spina Bifida Spina bifida occurs when the bones of the spine do not form properly around part of the baby's spinal cord. A person with Spina bifida is where the spinal column does not close completely and covers the spinal cord, usually resulting in a protrusion of the spinal cord, its covering, or both (Turnbull, Turnbull, Shank & Smith 2004, pg. 346). Spina bifida, which is not a progressive condition, has three common forms.

The first form is Meningocele which is where cerebral spinal fluid leaks out of the spinal canal causing the area over the baby spine to swell. The second class would be Myelomeningocele. This is where the spinal nerves push out of a segment of the spine, against the underside of the skin. The nerves are often damaged or destroyed. The other one is Occulta. This is the mildest and most common form in which one or more vertebrae are malformed. There is no cure for Spina bifida. The treatment of it depends on the type and severity of the disorder.

There are several common characteristics of a student with Spina bifida. Children with Spina bifida are born with their spinal nerves ending in an outside sack at the lower end of the spine. One characteristic would be Meningocele, bowel and bladder management in Spina bifida.

Meningomylocele is the most serious and it can be present with a very large and very dangerous opening with tissue, and nerves protruding through the opening. This causes curvature of the spine, club feet, paralysis, hydrocephalus, and/or mental retardation.

Encephalocele is a sac-like protrusion or projection of the brain and the membranes that cover it through an opening in the skull. The result is an opening in the midline of the upper part of the skull, the area between the forehead and nose, or the back of the skull. Specific physical characteristics Spina bifida is evident from birth. This would include orthopedic problems such as dislocated hips and club feet. The child could walk with the help of braces on their legs. The muscle weakness can be more or less severe depending on where the lesion is located (Lawrence and Beresford, 1976).

Korabek and Cuvo 1986) describe that when the lesion is located in the neck or upper back there is usually less paralysis in the lower extremities and legs. Having paralysis will require lifelong assistance from wheelchair, braces, or crutches to help them get around. A child with Spina bifida has to completely empty their bladder. Parents and teachers will be taught how to empty the child's bladder either manually or by catheterization. This is important because any urine that remains in the child's bladder can cause bladder and kidney infection.

Crossed eyes and gag reflex are also common physical characteristics of Spina bifida. There are also educational characteristics of a child with Spina bifida. The intelligence of a child with Spina bifida appears to be normal unless the presence of hydrocephalus has caused some degree of retardation. The key for successful education of a child with Spina bifida is a strong parent teacher relationship. When parents are involved in their child's education, student's attendance increase, student's motivation and self-esteem improves, discipline problems decreases, and dropout rate declines.

All of these things are very important to a child with Spina bifida (Rowley-Kelly and Reigel, 1993). A child who attends school with Spina bifida has to have some changes in the school equipment or curriculum. In adapting, the school setting for the child with Spina bifida, architectural factors should be considered. Section 504 Plan requires that any school receiving federal funds make their facilities accessible. Physical disabilities like Spina bifida can have an effect on a child's emotional and social development. Families and teachers should encourage children, to promote personal growth.

If your student qualifies to receive physical, occupational, and/or speech/language therapy then an IEP is required by law. There are mainly accommodations provided because the student receives physical, occupational and/or speech therapies. There are many accommodations that are needed for students with Spina bifida. They would need extended time on test or assignments. They would need assistance in cafeteria, adaptive PE, special transportation and assistance packing backpack.

Accommodations are one of the keys to planning affective educational programs for students with disabilities.

Accommodations involve a wide range of techniques and support systems that help students with disabilities work around any limitations that result from their disability (Rowley & Reigel 1993). There are five accommodations for students with Spina bifida, instructional methods and materials, assignment's and classroom assessments, time demands and scheduling, learning environment, and use of physical communication systems. Not every child with Spina bifida will need accommodations for school. Those students with severe Spina bifida may need some.

As the student with Spinal bifida gets older, accommodations that are needed should change. The first decision would be to find out if the student would need 504 (accommodation) Plan or IEP. Some accommodations that may be needed for a student are extended time on assignments, special desk/chair, preferential seating, personal Para, use of lift or elevator, special transportation and assistance with toileting. If learning disabilities are found then more accommodations to assist with those needs will be given in the IEP.

Decisions about accommodations for instruction and assessment for an individual student should be based on certain principles. Accommodations must be necessary for the student to be able to learn and mastery of knowledge or skills (Kameenui & Carnine 1998). Accommodations should demonstrate what the student knows or can do. The student should not be provided with an unfair advantage or interfere with the validity of tests. Accommodations in state test should be the same or almost the same. In remembering that the IEP is the first place to find what accommodations are needed by an individual student.

We should provide additional accommodations as long as they fit into these decision making principles. Accommodations are changes in instruction and assessment that are needed by students with disabilities. This will help them participate and make progress in the general curriculum. The federal and state require that accommodations be provided. Decisions about accommodations are made on an individual basis (Kameenui & Carnine 1998). Reference Kameenui, E. J. & Carnine, D. J (1998) Effective Teaching

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