

### Perthes Disease

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Legg–Calvé–Perthes disease is a degenerative disease of the hip joint, where an add/loss of bone mass leads to some degree of collapse of the hip joint, that is, to deformity of the ball of the femur and the surface of the hip socket. The disease is typically found in young children, and it can lead to osteoarthritis in adults. The effects of Perthes can also sometimes continue into adulthood. In the early stages of the syndrome the child may complain of pain in the hip, groin or knee area. The pain becomes more severe during physical activity and subsides when the child rests. Some children may walk with a limp but this does not infer that there is pain. The symptoms are often hard for the child to describe and change from day to day.

Some children may need to be hospitalised for treatment which needs to be continued at home. The treatment may include slings, and broomstick plasters. These treatments are used to suspend both legs above the bed which allows the leg to relax and move freely out to the side. The aim of the treatment is to increase the amount of sideways movement of the hip to position the femoral head into the hip pocket. Prolonged hospitalisation and absences from childcare can affect the child's social, language, physical development. Children who spend more time with adults than peers tend to relate more to adults.

#### **Effects on Developmental Areas**

##### **Social and Emotional Development**

- May lack self-esteem
- May have limited social skills due ongoing hospital/medical appointments
- May often be observed on the outside of social activities, watching, but not joining in
- May cope very badly with being teased
- May have difficulty in making friends
- May be unintentionally aggressive in an attempt to be social
- May be irritable due to lack of sleep

##### **Language and Communication Development**

- May have delayed language/communication skills
- May struggle to converse with peers and show preference to adults

### Physical

- May be physically tired
- May have limited gross motor skills
- May have delays in skills of concentration, memory

### Cognitive

- May have learning difficulties
- May not stay long at activities due to low concentration span
- May have delays in skills of concentration, memory
- May have difficulty understanding concepts of turn taking, sharing, how to enter into play situations

## **Perthes Disease** **Inclusion Strategies**

Each child diagnosed with **Perthes Disease** will be different and individual. It is important to gain information from the parents as to what characteristics of **Perthes Disease** their child displays. It is important to work closely with the parents as well as any additional support specialists e.g. therapists who may be involved with the child. It is also important to gain an understanding from the parent as to what is the most important aspect of their child attending your service. What is it that parents hope to gain from using your service? The following inclusion strategies are just some examples which may be applied to support the inclusion process. This list is only the start and it is dependant on a variety of factors such as environment, length of time child is in care, child's interest, likes, dislikes and skills already achieved. The strategies are divided into developmental areas however some strategies overlap and assist in a variety of developmental areas.

### **Social and Emotional Development**

- Create small group activities to assist in developing a relationship with other children i.e. have activities with only two children at one time.
- Acknowledge child's presence to the other children e.g. "Look Jack has done a beautiful painting".
- Read stories about differences, sharing etc. to the entire group.
- Talk with all the children about feelings, manners and being polite.
- Provide dramatic play to assist in the social development.

### Physical Development

- Provide gross motor activities with achievable outcomes for the child e.g. lower the balance board, shorten the length of the obstacle course.
- Provide finger plays to encourage the use of both hands in a controlled manner as well as developing fine motor skills.
- Provide lock boxes and musical boards to promote finger and wrist movement and rotation.
- Allow the choice for the child to rest during physical activities by providing specific roles in the game e.g. sitting and scoring.

### Language and Communication Development

- Encourage children to talk about what they are doing by asking several times throughout the day.
- Ask children to tell you what you or others are doing.
- Provide positive reinforcement during play times and encourage dramatic play.
- Provide clear directions and break into manageable steps in sequence.
- Use picture or object system for organising the daily events and encourage children to sequence - establish a comfortable routine.
- Provide language games, rhyming activities and a play with words.

### Cognitive

- Avoid generalisation.
- Use concrete representation to enhance concept development.
- Focus and reinforce relevant information, aspects, attributes and characteristics.
- Allow the child time to complete tasks and practice skills at own pace.
- Acknowledge level of achievement e.g. "you have placed that piece in the puzzle, well done" rather than just "Good boy".

#### Reference

Umansky, W. and Hooper, S. (1998) *Young Children with Special Needs* Third Edition New Jersey, USA:Prentice-Hall

Deiner, P.L. (1993) *Resources for Teaching Children with Diverse Abilities - Birth through Eight*. Harcourt Brace:

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