

Educational Implications

Most children with spina bifida will perform successfully in a regular classroom. Others will require some support service, usually a teacher assistant. People with spina bifida can learn to cope, achieve independence and lead fulfilling lives.

- Long absences from school over the years for medical treatment.
- Poor mobility and poor hand control.
- Sensory impairment e.g. visual, tactile.
- Little effort to extend muscle use.
- Varying degrees of learning disabilities, particularly in arithmetic, or any subject area requiring good visual-spatial skills.
- Lack of confidence and lack of interaction with other children.
- Distractibility.

Resources

[Spina Bifida Resources - MossRehab ResourceNet](#)

Spina Bifida - Fact Sheet · **Spina Bifida** - Organizations · **Spina Bifida** - Internet **Resources** ... Children with **Spina Bifida** A Resource Page for Parents ...

www.mossresourcenet.org

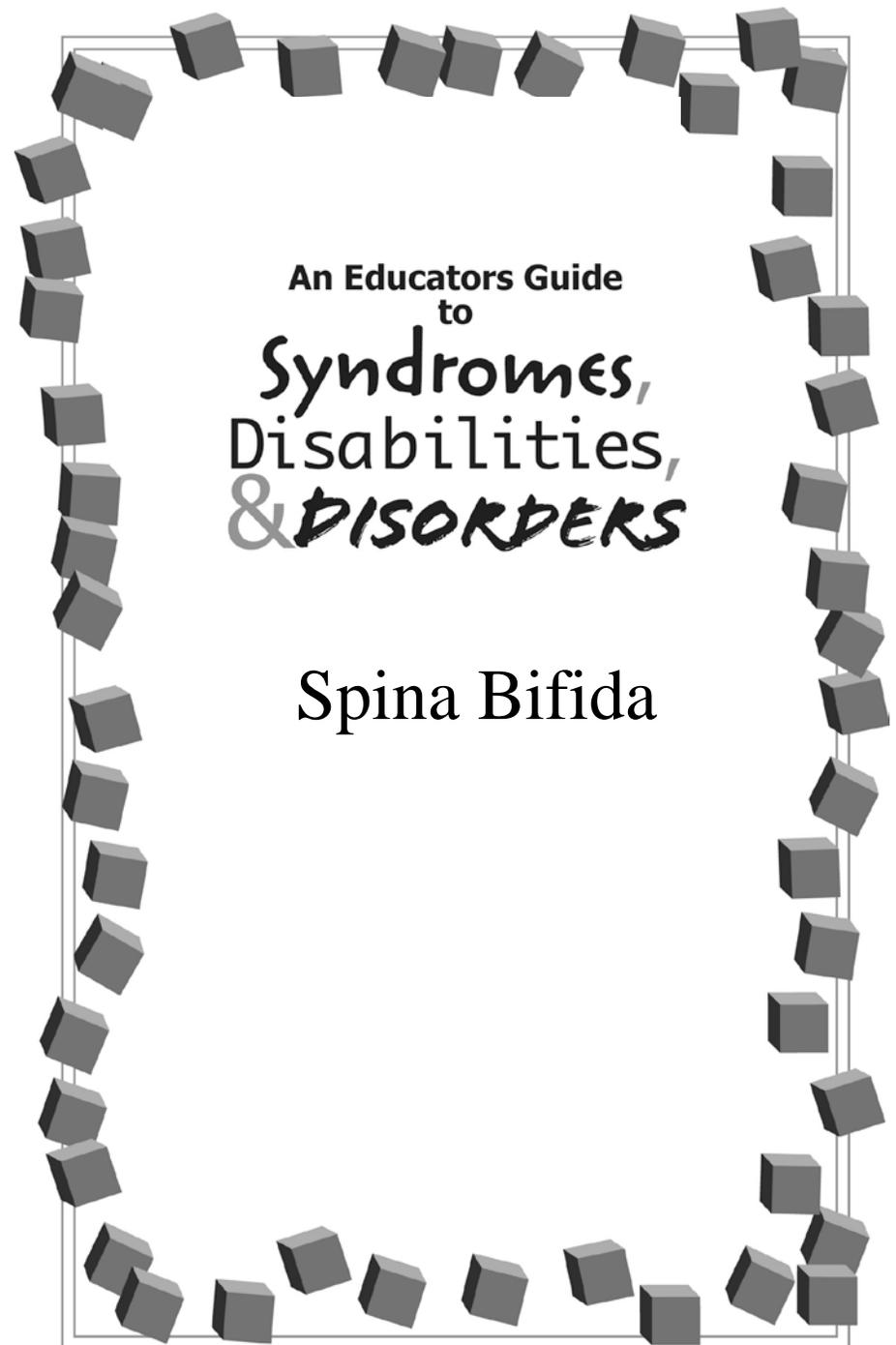
[Spina Bifida Association - Spina Bifida Association](#)

Spina Bifida Association, **Spina Bifida**, SB, SBA. ... National Resource Center ... When do I let my child with **Spina Bifida** catheterize? ...

www.sbaa.org

[Spina Bifida Information Page: National Institute of Neurological ...](#)

Dec 11, 2007 ... **Spina bifida** fact sheet compiled by the National Institute of ... Publicaciones en Espa ol Additional **resources** from MEDLINEplus ...
www.ninds.nih.gov



Symptoms or Behaviors

Spina bifida or myelomeningocele is the second most common birth defect. The baby is born with an opening in the back, through which the spinal cord protrudes. Surgery is usually done to close the opening shortly after birth, but this doesn't cure the nervous system problems. Problems that students with Spina bifida may have include: **Hydrocephalus**, **Orthopedic (Bone) Problems**, **Urinary Problems**, and **Bowel Problems**. In more severe cases related problems may include: ³

- Difficulty swallowing, which can lead to choking.
- Hoarseness.
- Breath-holding and problems breathing during sleep.
- Below-average intelligence.
- [Seizure disorders](#), which occurs in 15% of children with severe spina bifida.
- [Strabismus](#) (sometimes called crossed-eyes, walleye, or squint), a vision problem in which the eyes do not both look in the same direction at the same time.

Instructional Strategies and Classroom Accommodations

- Meet with the parents and the student early in the school year to help determine individual student needs.
- Determine specific learning requirements based on recent assessment.
- Develop an Individual Education Plan (IEP).
- Recognize that the student requires extensive medical service which may be time-consuming and frustrating. The teacher is part of a team helping the student in learning to cope with minimal assistance.
- If the student is comfortable with it, and depending on the age of the group, talk to the class about spina bifida. Encourage other students to find out how they can assist and when they should assist.
- Ask the school nurse, an occupational therapist, physiotherapist, a doctor or someone from the Spina Bifida Association for information and assistance.
- Accommodate absences from school for medical purposes by providing information and assistance for school liaison teachers and parents.
- Expect appropriate behavior. Students are accountable for their behavior whether disabled or not.

- Expect the same effort from all students in the class. If there are things the student with spina bifida cannot do, give an equivalent task.
- Be as fair with the student with spina bifida as with other students, e.g., intervening in teasing. The teacher's attitudes and actions set an example in fostering feelings of self-respect and dignity to grow.
- Assist the student to develop organizational skills by keeping books and school materials within easy reach, and by making lists and schedules of assignments, tests, special events, etc.
- Encourage the use of computers, typewriters and other aids to increase speed and to overcome any difficulties of hand control. Refer to the school occupational therapist for assistance.
- Orient the student to the school, especially for ramps, bathrooms with modifications and access to elevator. The school occupational therapist or physiotherapist can assist with adaptations to the environment.
- Work closely with the parents to reinforce both what is happening at school and at home.
- Make sure that others in the school (a teacher, administrator, counselor, substitute...) are familiar with the student's routine and requirements.
- As lack of bowel and bladder control is one of the greatest blocks to social acceptance for the student, ensure privacy and encourage independence. It is essential to ask the parents or health professionals about the student's routine.
- For activities outside the school, ensure that appropriate arrangements are made so the student can participate as much as possible.
- Encourage active participation in the classroom. Some subjects may need modification such as physical education and technology.