

DISABILITY + EARLY IDENTIFICATION / SCREENING

CONCEPT OF DISABILITY: (Ref: ICF – CY)

Disability is defined as any restriction or lack of ability to perform any activity in the manner or within the range considered normal for a human being.

According to WHO, Disability has 3 dimensions (In ICF disability serves as an umbrella term for impairments, activity limitations and participation restrictions).

- 1) **Impairment:** Impairments are problems in body function or structure such as a significant deviation or loss.
- 2) **Activity Limitation:** Activity limitations are difficulties an individual may have in executing activities.
- 3) **Participation Restriction:** Participation restrictions are problems an individual may experience in involvement in life situations.

TYPES / CLASSIFICATION OF DISABILITIES: (Ref: Rights of PWD Act, 2016)

According to the Rights of the Persons with Disabilities Act, 2016 the following two definitions play a major role while classifying disability

- **Person with disability** – A person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others.
- **Person with benchmark disability** – A person with not less than 40% of a specified disability where specified disability has not been defined in measurable terms and includes a person with disability where specified disability has been defined in measurable terms, as certified by the certifying authority.

There are nine major types of disabilities

- I. Locomotor Disability
 - PPI of extremities
 - PPI of the spine
 - PPI in person with amputation
 - PPI in person with club foot and other conditions

PREVENTION OF DISABILITIES: *Reference: (Textbook of Community Medicine – AP Kulkarni et al, Community Based Rehabilitation of Persons with Disabilities – S Pruthvish, Preventive and Social Medicine – K Park)*





Pre – Pathogenesis	Pathogenesis
<i>Prevention of occurrence of disease</i>	<i>Prevention of progression of disease</i>
<ol style="list-style-type: none"> 1. Primordial Prevention 2. Primary Prevention <ul style="list-style-type: none"> ✓ Health Promotion ✓ Specific Protection 	<ol style="list-style-type: none"> 1. Secondary Prevention <ul style="list-style-type: none"> ✓ Early diagnosis and prompt treatment 2. Tertiary Prevention <ul style="list-style-type: none"> ✓ Disability Limitation ✓ Rehabilitation

DISABILITY SCREENING / IDENTIFICATION:

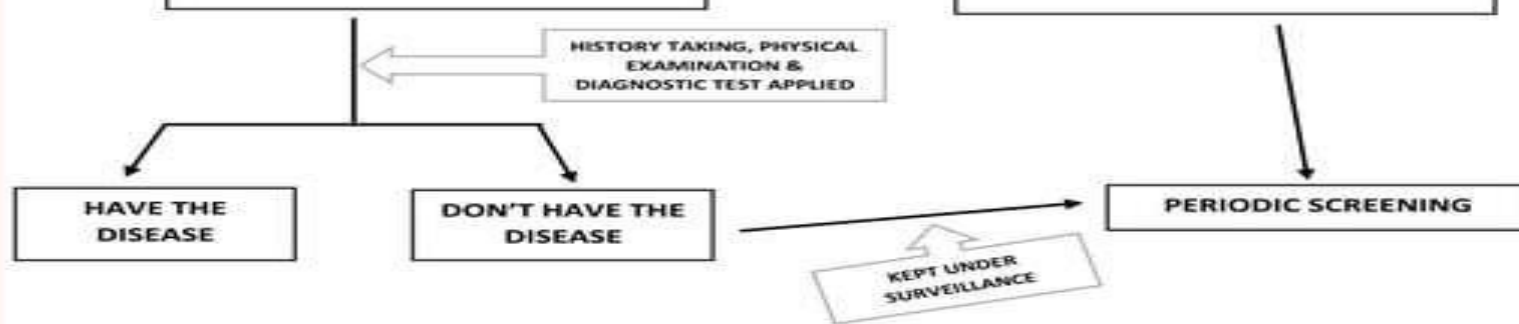
Screening includes methods, techniques, procedures and examinations for early and rapid detection of unrecognized disease or defect in apparently healthy persons

Uses of Screening

- ✓ Early Diagnosis: Done periodically
- ✓ Case Detection: Prescriptive screening
- ✓ Control of Disease: Prospective screening
- ✓ Research Purpose: Provides information about incidence and prevalence
- ✓ Educational Opportunities: Creating public awareness and educating health professionals

Types of Screening

- ✓ Mass Screening: Screening of large number of people, group or subgroup.
- ✓ High Risk / Selective Screening: Screening of specially and selectively adapted high-risk group.



Identification of Disability: (References: *Community Based Rehabilitation of Persons with Disabilities – S Pruthvish, Essentials of Community Based Rehabilitation – Satya Bhushan Nagar*)

A) Questions for use in identifying PWD (WHO)

People who have difficulty in seeing: Is there any person in the family

- ✓ Who cannot see as well as others?
- ✓ Who cannot see well in dark?
- ✓ Who cannot see objects that are far away?
- ✓ Who cannot see objects that are very close?
- ✓ Whose eyes look very different from other people?

- ✓ Who has lost feeling in either the hands or feet or both?
- ✓ Who has injured or burn his or her hands or feet?

People who show strange behavior: Is there any person in the family

- ✓ Who has changed so much that now he/she behaves like a different person?
- ✓ Who doesn't talk to anyone anymore?
- ✓ Who talk much more than before?
- ✓ Who become excited or angry for no reason?
- ✓ Who hear voices or see things that other people do not see or hear?
- ✓ Who has stopped dressing properly?
- ✓ Who speak or move around in a stranger manner?

B) Checklist for early identification at home: Parents can observe and identify the children with disabilities by using this checklist

Locomotor Disability

- ✓ Difficulty in walking
- ✓ Absence of any part of the limb
- ✓ Difficulty in grasping objects
- ✓ Difficulty in raising both the arms

Discharge from ear
Screening Children in the age group 6 months to 2 years

- ✓ He/she turn around when called from behind
- ✓ Uses gestures excessively
- ✓ Does not speak or has a defective speech
- ✓ Does not understand the spoken language
- ✓ Discharge from ear

Visual Impairments

- ✓ Does not follow an object moving before his/her eyes by 1 month's age
- ✓ The child doesn't reach for toys held in front of him by 3 months
- ✓ One eye moves differently from other
- ✓ Red eyes, yellow discharge or tears flow continuously
- ✓ Tendency to bring pictures or books very near to eyes

18 – 21 months	Walks narrow base	Joining words together	Begins to explore	
24 months	Runs	Short Sentences		Dry by day

Scales that can be used for development screening:

- ✓ **Denver Developmental Screening Test:** Screen – Cognitive and Behavioral problems, Four domains – Gross motor, Fine motor adaptive, Language, Personal social behavior.
- ✓ **Bayley’s Scale for Infant Development:** appropriate (2 months – 3.5 years), COMPRISES of 3 subscales – mental, motor, behavior rating
- ✓ **Development Assessment Scale for Indian Infants (DASII):** 67 items to assess motor and 168 items to assess mental development
- ✓ **Alberta Infant Motor Scale:** assess motor maturation (birth – 14 months)

C) Early identification – outside:

In the rural and tribal areas as well as in the urban-slums, early identification is done through

- ✓ Door – to – Door Surveys
- ✓ Screening Children at: Anganwadi center – ICDS, Health centers, Subhealth Centers, Rehabilitation centers – Camps under DRC, Composite Rehabilitation Center, Schools

- Recurrent redness
- Often irritating
- Frequent blinking
- Squint
- Stumbling over objects / Bump into people
- Tilting of head or closure of one eye
- Headache
- Difficulty in counting fingers (1-meter distance)
- Difficulty in recognizing distant objects
- Difficulty in doing fine work requiring perfect vision
- Holding books (too close / too far) from eyes
- Frequently ask other children when taking notes from blackboard

Note: If any 4 responses are YES, child should be properly examined by a qualified ophthalmologist.

- Trying to listen from a closer distance
- Ask for instructions repeatedly
- Problems in paying attention in class
- Favor one ear for listening
- Difficulty in hearing when anyone speaks from behind
- Speaks loudly or too softly
- Exhibit voice problem / mispronunciation
- Tune TV/Radio too loud
- Irrelevant answers
- Keeps away from his age mates
- Unable to respond when called from other room
- Understands only after few repetitions
- Inappropriate sound in speech
- Stammering
- Incomprehensible speech
- Baby speech

Note: If any 4 responses are YES, child should be properly examined by a qualified ENT specialist, an audiologist and also by a speech therapist
If child is below 4-5 years, consult psychologist to address any associated psychological problems which may not be overtly evident.

- Difficulty in moving or using body parts
- Difficulty in holding pen
- Using a stick to walk
- Jerks in walking
- Lack bodily coordination
- Joint pains
- Any part of body amputated

Note: If answers to any of the above statement is positive, the child should be examined by a qualified orthopedic surgeon and referred to a physiotherapist and / or prosthetic / orthotic technician as needed.

- Difficulty in doing activities independently by age of 6 – eating, dressing, toilet activities
- Difficulty in holding pencil
- Unable to play with ball
- Frequent tantrums
- Inattentiveness
- Requires too many repetitions to remember simple things
- Problems in naming fruits, vegetables, days of the week
- Problems in expressing the needs
- Unable to concentrate on tasks for shorter span
- Inappropriate oral response
- Difficulty in performing daily routine
- Difficulty in learning new things
- Difficulty in conceptualization
- Poor academic achievement
- More efforts in learning or practicing
- Undue dependency on visual cues or material learning

Note: If any 4 responses are YES, child should be properly examined by a qualified psychologist or teacher specially trained for mentally challenged children

- Does not write down the spoken words correctly
- Inappropriate additions to right word
- Confused between left and right
- Difficulty in remembering verbal instructions
- Difficulty in memorizing the things
- Reverses letters or symbols
- Reverses numbers
- Extremely restless
- Poor in mathematical calculations
- Excessive errors during reading / writing
- Write letters or words either too close or too far (spacing problems)

Note: If any 3 – 5 responses are POSITIVE, child should be properly examined by a qualified psychologist / pediatrician / or a special educator

