

# Including Students with Health Disorders and Physical Disabilities

**Christian Churches Disability Ministry**

[www.ccdmonline.org](http://www.ccdmonline.org)





# Including Students with Health Disorders and Physical Disabilities

**Christian Churches Disability Ministry (CCDM)** wants to meet the needs of persons with disabilities and their families. One of the ways we seek to accomplish this is by providing booklets such as this for congregations and individuals to use. However, we ask that you contact us for permission to reproduce any portion of this publication.

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## What's the Difference?

**Health disorders** include acquired diseases such as allergies, asthma, and arthritis, and inherited diseases such as cystic fibrosis, hemophilia, and seizure disorders. **Physical disabilities** include conditions such as amputations, cerebral palsy, and muscular dystrophy. What the two categories have in common is that students in either category are restricted in their involvement in physical activities.

The Individuals with Disabilities Education Act (IDEA) explains that the reason people with these conditions need special attention is that their "limited strength, lack of vitality, and reduced alertness will adversely affect their progress in education." This packet has been designed to help your congregation meet the needs of those with health disorders or physical disabilities. In this booklet you will find the following:

- general principals helpful for all diagnoses
- definitions of disabilities
- ideas to help you minister to those in each category
- appropriate language to use when talking about disability
- appropriate wheelchair etiquette
- guidelines for making your church accessible
- a list of resources for you and those you serve.

## General Principals

In most cases, students with health disorders and physical disabilities can be included in the regular classroom. Obviously, every aspect of every disorder cannot be covered in one booklet. But some general principals will be effective in every case. The teacher just needs to do a few things to make the environment welcoming and safe.

### Remember to Respect

Whether working with a child or an adult, always remember that this is a *person*, not a disease, and certainly not a project.

- Every human deserves to be treated with gentleness and respect.
- Take time to get to know the individual's personality.
- Don't single the person out, either for additional attention or lack of attention. Try to treat everyone in your class in an equal manner.

## **Be Well Informed**

Everyone who will be working directly with the student should be well informed about the illness and how it impacts the student's participation in church activities. When working with children or youth, all adults who will be involved (Sunday school teacher, helpers, children's minister, youth minister, senior minister, etc.) should meet with the parents or caregivers to find out what special needs the student has and how to meet them; or, one or two representative can meet with the family and report back to everyone else. When working with an adult, ask him what the church needs to know about his health disorder. In this meeting, discuss the illness or condition, any medications and the possible side effects, emergencies that may arise and actions to take, foods or activities that the person needs to avoid, etc. In the meeting or in the report, stress to everyone the importance of confidentiality. Information regarding the student should be shared on a need-to-know basis.

## **Prepare the Rest of the Class**

Before a student with a health disorder or physical disability comes into a class, calmly tell the rest of class about the disorder or disability, remembering to respect the person's privacy. Use the proper vocabulary (see page 31) and maintain a calm disposition. Students of every age will pick up on your attitude and relay it to the newcomer. Teach the other class members about the health disorder. The more they know and understand about the illness, the more accepting they tend to be.

## **Prepare the Environment**

Survey your classrooms, hallways, restrooms, and worship center with the person's needs in mind. Use the list on pages 34 and 35 to help with this survey. Plan your schedule with the person's needs in mind. Does he need frequent breaks? Will he be able to participate in physical songs/games? (If not, provide a buddy to help him clap his hands in time to the music or simply sit with him so that he is not left alone.)

If the health situation requires snacks, provide a snack for everyone so that the new student does not feel singled out. Plan snacks with full knowledge of the allergies of all of your students. Ask parents about diet restrictions.

## **Create a Safe Place**

Work to create an environment of acceptance and kindness. The child or adult dealing with a health disorder or physical disability is often stared at, left out, and even rejected. This simply should not be the case in God's church. Do not tolerate any intolerance in class members. But if you have to speak to someone about his or her attitude, do it privately and do it with respect. The goal is to create an atmosphere of respect for every person.

### **Have an Emergency Plan**

- From your meeting with the caregivers, write up an emergency plan of action and make it available in the classroom. Don't display it publicly unless it is a general plan that applies to many students.
- Always know where the parents or caregivers will be in the building so they can be located quickly.
- To protect the church against lawsuits and/or a damaged reputation, you must *always* have more than one adult in a room with children. This rule is never more important than in situations where an adult may need to administer first aid or run for help.

### **Remember to Remember**

Due to their health problems, these students may miss services often. Mail them the Sunday school papers, send cards signed by the whole class, encourage class members to call and send e-mails during the week, and keep the absent students informed of special events so they will continue to feel part of the class.

### **Pray About Your Commitment**

The health disorders and physical disabilities described in this book are not going to heal and go away like a broken bone or a case of the flu. When people encounter a life-changing condition due either to accident or disease, they are going to deal with it for the rest of their lives. This fact alone requires a great deal of emotional adjustment. In addition, the person may have to learn entirely new techniques for getting around, dressing themselves, even learning to communicate again. They need the help and support of loving friends, and they need it for the rest of their lives. No one individual can "take on" another, but you need to pray about your involvement in this person's life. Will you be available for help when special needs arise? Will you be able to commit one afternoon a week or a month? Will you be a source of steady transportation to and from church, or to doctors' appointments? Discuss your availability with the individual and his or her family. Be sure you know what you are getting into. The fact that we all lead busy lives does not excuse us from helping. Remember, you can walk away from this situation, the person with the disorder (and his family) cannot.

The next section of this booklet identifies various **health disorders** and contains tips for how to minister to people with these disorders.

# Allergies

An allergy is the body's immune system reacting against an outside force it sees as an "invader." Allergies are categorized according to the substance that causes the reaction or the part of the body it affects. These categories include:

- Skin
- Food
- Drug
- Respiratory
- Insect bite allergies

When the body encounters an allergen, it releases a large amount of histamines that can create a variety of symptoms including a runny nose, itchy eyes, hives, swelling, vomiting, diarrhea, breathing difficulties, increased heart rate, and possible loss of consciousness.

The best treatment for an allergy is avoidance of the substance that triggers it. Those affected may also need to take antihistamines to help counteract symptoms. In severe cases, the person may also take corticosteroid drugs.

The most dangerous type of an allergic reaction is anaphylactic shock. This type of shock can be triggered by many allergens, however the most common are insect stings, certain foods (like shellfish and peanuts), and certain drug injections. Anaphylactic shock is usually treated by an injection of epinephrine that opens up the airways and blood vessels. People who are severely allergic to bee stings may need to carry an emergency kit that has an injection of epinephrine.

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## Tips

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- Find out what the student is allergic to and what the usual reaction is.
  - If the child has a severe allergy, check your classroom to make sure that the allergen is not present.
  - If the child has a food allergy, keep a written list of what foods the child needs to avoid and what are acceptable snacks.
  - Make sure an emergency kit with an epinephrine injection (epi pen) is nearby if you are going outdoors with a child who has a bee sting allergy.
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## AIDS

AIDS stands for “acquired immunodeficiency syndrome” and is caused by a virus called “human immunodeficiency virus” or HIV. HIV is spread through sexual intercourse, sharing of needles, through contaminated blood products, or by an infected mother to her newborn, either during delivery or through breastfeeding. It is important to note that HIV is *not* spread through:

- Touching, hugging, or shaking hands
- Coughing, sneezing, or breathing
- Sharing food, drinks, utensils, crayons, toilets, or other classroom objects

A person diagnosed with HIV can remain fairly healthy for years, but as the infection progresses, the patient may feel tired and feverish. As his immune system weakens, AIDS usually develops and a mild illness could become a potentially fatal condition. There is currently no cure for AIDS, but drug treatments are extending the lives of those who have HIV and AIDS. It is possible that you may have a child in your Sunday school class that has AIDS, but you may not know it. Parents have a right to confidentiality and may choose not to disclose that their child has HIV or AIDS. They fear their child will be treated differently or not welcome. However, some parents may tell you of their child’s illness. If so, respect their right to privacy and do not disclose that information to others.

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### Tips

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- Ask the parents how advanced the child’s illness is.
- Teach the other children in the class about HIV and AIDS only if you have parental consent. Reassure them they will not catch AIDS by playing, touching, or sharing things with a child who has AIDS. It is also very important to stress that children should never touch *anyone* who is bleeding or his blood. This is a good precaution to teach all children to follow even if you don’t have a child with AIDS in the class.
- Keep gloves and Band-Aids in the classroom to deal with any cuts or injuries that may occur. If an injury occurs and you do not have gloves, have the child hold a paper towel over the wound until you can get gloves. Never touch any child’s blood without gloves.
- Always dispose of gloves, Band-Aids, paper towels, or anything else that has come in contact with blood in doubled trash bags.
- Blood spills should be cleaned using any household disinfectant. A mixture of bleach and water at a dilution of 1:10 to 1:100 is acceptable.
- Post the location of the child’s parents so you can quickly find them in case of an emergency.

- Your state health department will have resources that you can use to help your other students understand about HIV and AIDS. You can also contact the Center for Disease Control National HIV/AIDS/STD Hotline:

1-800-342-2437 (English) 1-800-344-7432 (Spanish)

- When handling bodily fluids such as urine, stool, oral or nasal secretions, sweat, tears, and vomit (with no visible blood present), no other special precautions other than hand washing is necessary.
  - Because of a child's limited ability to fight infection and disease, common illnesses can be life threatening to a child with HIV or AIDS. Notify the parents of any outbreak of illness in your class so that treatment can be started as needed.
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# Cancer

“Cancer” is a term representing many diseases with a variety of causes. The time between exposure to a cancer-causing agent or the existence of other risk factors and the development of cancer can be decades; therefore, causes are hard, and in some cases impossible to identify.

Cancer in general is common. Since 1990, about 16 million new cancer cases have been diagnosed, according to the American Cancer Society. It is the second leading cause of death in the United States.

Cancer rates vary by age, race, gender, risk factors, and type. The risk for cancer increases with age, and cancer is caused by both external factors (tobacco, chemicals, radiation, and infectious organisms) and internal factors (inherited mutations, hormones, immune conditions). Nutrition, physical inactivity, obesity, and other lifestyle factors also play a role in cancer risk and outcomes. These factors may act together or in sequence to initiate or promote cancer. Ten or more years often pass between exposures or mutations and detectable cancer.

The most common childhood cancer is leukemia (see page 19), followed by cancer of the central nervous system and lymphomas and specific white blood cell cancers.

Leukemia is more common among 1 - to 4-year-olds, whereas lymphoma is more common among 15- to 19-year-olds.

Another form of cancer commonly found in children is osteosarcoma, a form of cancer found in the bones. It usually occurs in the shin, thighbone, or shoulder, but can spread to other bones. Because osteosarcoma is usually treated with surgery, the child will likely lose a limb (see page 22).

Because almost all cancer treatments involve radiation therapy and chemotherapy, the child in your classroom will be left with physical side effects (hair and weight loss, nausea, weakness) and emotional side effects, including fear of rejection. Perhaps the greatest contribution you can make to this child’s life is to provide a safe place for him or her.

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## Tips

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- Discuss the child’s prognosis with his or her parents. Find out if they have discussed death with the child and whether or not they want you to be available and prepared to discuss death (and Heaven and eternal life) with their child.
- Celebrate each milestone with the child. When he returns to class after a series of treatments, celebrate his return. When he acquires a new assistive device, be it a breathing machine, a feeding tube, or prosthesis,

let him explain it to the rest of the class. Celebrate his learning to use it. Let the other children go through this experience with him.

- Become familiar with any device the child uses and know how to care for it and the child in case something should happen.
  - Be honest with the rest of the class about the disease and explain why the afflicted child so often feels bad, but do not talk about death in the child's presence unless he brings it up himself. In that case, be as calm and rational as possible in dealing with his questions and statements in public. Don't go out of your way to talk about death to the other children, because, being children, they will most likely bring it up to the cancer patient.
  - Discuss with the parents any side effects of medications and/or treatment the child is undergoing. What do you need to do if the child becomes ill while in your care? Are there any restrictions on activities? If your student is an adult, discuss these things with him in private and let him know that you want to be prepared to help him should the need arise.
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# Congenital Heart Disease

*Congenital heart disease* is a general diagnosis for a wide variety of malformations that affect the heart and major vessels. Congenital defects begin in the early part of pregnancy when the heart is forming. One in every one hundred babies is born with a congenital heart defect or disease. Heart disease can also occur in children who have had rheumatic fever or complications from strep throat. Heart disease can affect the flow of blood through the heart or affect the heart's ability to function effectively. Children with heart disease may experience difficulty in breathing or have a bluish tint to their skin. Their growth may be slow or abnormal and they may have unusual weight gain. They may also tire easily and feel weak. Some heart defects are minor and can correct themselves while other may require surgery. Children recovering from surgery or those whose heart defect was not completely corrected by surgery may require modifications in their activities because of lack of stamina. These children may need to take medication on a regular basis. It is also important that they eat a healthy diet.

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## Tips

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- Because of limited stamina and endurance, periods of active play may need to be shortened and rest periods provided as needed. Ask the parents what type and amount of physical activity their child can participate in.
  - Children with heart disease may need to eat more often so include a snack time in your class schedule.
  - Explain to your class what a congenital heart defect is and why the child has to limit his or her physical activity.
  - Provide some activities that do not require physical exertion.
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## Cystic Fibrosis (CF)

Cystic fibrosis is an inherited disease that causes the body's glands to produce thick, sticky mucus that affects breathing and digestion. The mucus clogs the lungs and throat and produces a cough. Children with CF have chronic lung infections. CF also affects the pancreas which causes inadequate absorption of nutrients in the intestines and malnutrition. As a result, children with CF tend to have large and foul bowel movements.

At one time, this condition was known as a "childhood disease" because few lived past that time. But today, with modern medical advances, the life expectancy of a person with cystic fibrosis is thirty years or better.

Children with CF can live long healthy lives, but they must follow a strict treatment regime that may include:

- Physical therapy
- Exercise to strengthen the heart and lungs
- Eating healthy
- Taking enzymes and antibiotics
- Using aerosols (a mist that assists with breathing)
- Eating more salt

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### Tips

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- Meet with the parents to find out as much as you can about the child's illness and how it affects the child's participation in your class.
  - Be open and honest with your other students about cystic fibrosis. Explain to them what it is, how it affects the student, and that it is not something they can catch. Invite the parents and child with CF to help you with this lesson and answer questions if they would like.
  - Ask the parents what to do if the child has an emergency and keep this information posted where assistants can see it. Also know where the parents may be found in the church building.
  - Because of the possibility of foul feces, keep a can of air freshener in the bathroom.
  - Encourage the parents to provide you with a supply of cough drops in the classroom to help with coughing episodes.
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# Epilepsy

Epilepsy is a condition that causes a person to have recurring seizures. A seizure is a sudden and temporary “short” in the brain, caused by unusual electrical activity in the brain. When brain cells send too many impulses to the muscles at the same time, a seizure occurs. The muscles will tighten and relax rapidly or stop moving. When the impulses stop, the seizure stops. During the seizure, a person may black out, stare, or shake before returning to normal consciousness. A seizure disorder may be inherited or can be caused by a traumatic injury to the brain. Seizures can be controlled by medication and a person with epilepsy may have a normal, happy life.

A person with cerebral palsy or diabetes may also have seizures, but when it is a stand-alone condition, it is called epilepsy.

There are basically two types of seizures: **tonic-clonic seizures** (also known as grand mal) are characterized by loss of consciousness and shaking. The person may also vomit, drool, urinate, or lose bowel control. When the seizure ends, he will feel tired and will not remember what has happened. During an **absence seizure** (also known as petit mal), the person will stop normal activity and get a glazed look, as if daydreaming. He may become unaware of surroundings and may experience jerking movements in one part of their body. When the seizure ends, he often returns to normal activity and may be unaware anything has happened.

Seizures generally occur without warning. Some seizures, however, can be triggered by things in the environment like video games, excessive heat, a strobe light, or not getting enough sleep. There is a common misconception that during a seizure a person can swallow his tongue and that you should put something in his mouth to keep this from occurring. This is not true. No one can swallow his tongue and you should not put anything in a person’s mouth during a seizure.

About 80 percent of people with epilepsy are able to control the seizures through medication. In other cases, brain surgery is needed or the child may be placed on a special “ketogenic” diet. It’s possible the child could outgrow the seizures and stop taking medication as he gets older.

If a child has a seizure:

- Place the child on a soft surface (carpet or grass).
- Move away furniture and other things that could injure the child.
- Lay the child on his side to keep him from swallowing vomit if he should throw up.
- Do not try to restrain him.
- Loosen any tight clothing from around his neck.
- Do not put anything in his mouth.
- Stay with the child until the seizure is over.

- Record the time and symptoms of the seizure (for the parents' records).
- If the seizure lasts more than 5 minutes, call 911.
- Allow the child to rest after the seizure, if needed.

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### Tips

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- Develop an emergency plan with the parents. Keep it posted in your classroom and be sure all other teachers know the plan. The plan should include:
  - ◆ A specific description of what the seizure looks like and if there are any environmental triggers.
  - ◆ How long the seizure generally lasts and a time limit of when to call 911.
  - ◆ What the child will be like after the seizure stops (will he need to rest, is he emotional, confused, etc.)
  - ◆ A place to keep a log of the description of the child's seizure.
- If the child has to rest after a seizure, keep a beanbag or blanket and pillow in your room.
- Keep a change of clothes in your room in case the child wets himself during the seizure.
- Talk to the class about seizures. Explain to them what to expect if a classmate has a seizure. Be sure to tell them they cannot catch a seizure disorder and that the child is not in any pain during a seizure. The first time they see a seizure it will be scary, but the more informed they are the easier it will be to understand and react.
- Find out if the child has any diet restrictions.



## Feeding Tube

Children who are unable to take in enough calories orally to promote normal growth and development often use a feeding tube. Some children are not able to eat and swallow safely because of **reflux** (food flowing back up from the stomach into the esophagus), **aspiration** (food inhaled into the lungs), or **neurological disorders** that affect the development of chewing and swallowing skills. The tube is used to put nutrients and fluids directly into the stomach or intestinal tract. The most common types of feeding tubes are:

- **Nasogastric (NG) tube:** a tube that goes in the nose and through the throat into the stomach. This is generally used for short-term or temporary tube feeding needs.
- **Gastrostomy (G) tube:** a rubber-like tube that goes through the stomach wall directly into the stomach. A gastrostomy tube is used when a long-term feeding option is needed. This tube can be taken out if the child's oral intake of food improves enough to meet his or her nutritional needs.

There are two methods used in tube feeding; **bolus** and **drip**. In a bolus feeding, liquids are poured into a large syringe that is inserted into the feeding tube. The feeding usually takes about 20-30 minutes. A drip-feeding uses a pump that regulates the amount of formula given over a specified period of time. Some children require continuous drip feedings administered throughout the day. Other children may receive a drip-feeding for 8-12 hours at night while they sleep. Commercial formula is generally used for tube feedings and vitamin and mineral supplements may also be prescribed. Fluid levels may need to be increased if the child experiences a fever, vomiting, or diarrhea during hot weather.

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### Tips

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- Find out how the pump works and what to do if a problem occurs.
  - Children with a G-tube will have an external "button" where the pump or syringe connects into during feedings. Be careful not to pull or otherwise irritate the button.
  - If the child can take food or liquid orally, find out if any precautions need to be taken.
  - Find out what to do if the child begins to choke.
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# Hemophilia

Hemophilia is an inherited disorder caused by a deficiency of clotting factor VIII that affects the blood's ability to clot. Excessive non-stoppable bleeding is the primary symptom of this disorder. It affects 1 out of 10,000 males. Females can be carriers of the trait only. A small cut or injury can lead to uncontrolled bleeding. Other symptoms include bruising, spontaneous bleeding, bleeding into the joints causing pain and swelling, gastrointestinal tract and urinary tract hemorrhage, and blood in the urine or stool. Administering concentrates of factor VIII at the first sign of bleeding can treat hemophilia. Most people with this disease can live a relatively normal and healthy life.

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## Tips

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- Ask the parents what to do in the event of an uncontrolled bleed. Keep this information posted in the classroom and be sure all adults are aware of the procedures.
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# Juvenile Diabetes

Juvenile diabetes is a disease of the pancreas that affects the body's ability to produce and utilize insulin. Insulin is the hormone used to convert food into energy. It is a lifelong disease for which there is currently no cure. Diabetes is controlled through food, exercise, and insulin. Food causes the glucose (sugar) level in the blood to rise while exercise and insulin cause the glucose level to fall. It is important for people with diabetes to consistently eat at the same time daily.

They also need to eat certain types and amounts of food to keep their glucose blood levels balanced. Regular exercise is also important to control the amount of sugar in the blood. Individuals with juvenile diabetes take insulin shots daily.

Blood levels must stay balanced or the child may experience **hypoglycemia** (low blood sugar) or **hyperglycemia** (high blood sugar).

The symptoms of hypoglycemia are:

- Crying
- Confusion
- Irritability
- Paleness
- Shaking
- Drowsiness
- Inattention
- Headaches
- Nausea
- Hunger
- Feeling weak

Giving the child a sugary food immediately treats hypoglycemia. Commonly used foods are candy, fruit juice, or non-diet soda. When the reaction subsides, the child needs to eat foods such as milk, bread, or cheese and crackers to prevent a recurrence.

The symptoms of hyperglycemia are excessive thirst and frequent urination. If the child becomes extremely lethargic, get his parents. He may need an insulin shot, which you cannot administer. (This is the law.)

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## Tips

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- Find out if the child needs to eat a snack during class time. If so, incorporate a class snack time so the child doesn't feel singled out.

- Keep notes of how the child reacts during a sugar imbalance (low or high blood sugar) and what steps need to be taken. Keep this posted where all adults can access it quickly.
  - Keep a supply of fast sugars in the room (juice, soda, or candy) and be sure all adults know where they are located.
  - Make sure all adults working with the child are aware and informed of the circumstances.
  - Because you do not want to give a child with diabetes excess sugar (which may send him into hyperglycemia) it is best to serve non-sugary snacks for parties and special events. Generally, they can have popcorn, sugar-free Popsicles, peanuts (if not allergic to them), fresh vegetables, and cheese. Remember that some fruits are very high in fructose (sugar)!
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## Juvenile Rheumatoid Arthritis

Juvenile rheumatoid arthritis is an autoimmune disease in which the body's white blood cells are unable to tell the difference between healthy cells and tissues and invaders like bacteria and viruses. The immune system then releases harmful chemicals that damage healthy tissues and cause pain and swelling. Juvenile rheumatoid arthritis usually appears between the ages of 6 months and 16 years. It begins with joint pain or swelling and reddened and warm joints.

There are three major types:

- **Polyarticular** (affecting many joints) arthritis occurs more often in girls and affects five or more joints including the small joints of the hands, knees, hips, ankles, feet, and neck.
- **Pauciarticular** (affecting fewer joints) juvenile rheumatoid arthritis affects four or fewer joints. Its symptoms include pain, stiffness, or swelling of the joints. The knee and wrist are most commonly affected. The child also experiences iridocyclitis or iritis, which is swelling of the iris.
- **Systemic** juvenile rheumatoid arthritis affects the entire body. The child experiences high fevers and develops a rash. He may also experience enlarging of the spleen and lymph nodes. Eventually many joints may swell and become stiff and painful.

In about 50 percent of children with juvenile rheumatoid arthritis, the symptoms eventually disappear. Early detection and treatment is the key to effectively manage and minimize the effects of arthritis. Treatment includes a combination of medication, physical therapy, and exercise. The medication prescribed for the inflammation and pain can have some unpleasant side effects. Exercise is very important to keep the muscles strong and healthy. Safe activities for a child with juvenile arthritis are walking, swimming, and bicycling. Avoid impact sports that can be hard on weakened joints and bones. Eating a healthy, balanced diet is very important. Children who receive an early diagnosis and proper treatment can lead normal lives.

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### Tips

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- The more informed you are about what types of arthritis your students have and what joints are affected, the more prepared you will be in working with them.
- Allow the students to be as independent as possible. If one's hands are affected, you may need some adapted scissors or writing utensils. If

another has trouble walking, do not ask him to run errands. Find out what physical activities are appropriate and safe for each child.

- Know what side effects the child may experience from his medication and what assistance he may need.
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## Kidney Disease

The kidneys pull harmful minerals and chemicals from the blood and produce urine. Without the kidneys, waste products would build up in the blood and damage the body. The term “kidney disease” can include birth defects, obstructions of the urinary tract, and disease of the kidney tissue itself. These conditions affect the child’s blood pressure and growth and causes anemia.

The child’s diet needs to be closely monitored; certain foods and beverages may make him very sick. He may frequently feel bad and need to take medications. Side effects from the medication may include weight gain (especially around the face), moodiness, sleep problems, cataracts, and osteoporosis. Some children may develop chronic kidney failure. Often, symptoms of this disease will not present themselves until about 80 percent of the kidney function is lost. When this occurs, two treatment options are available: dialysis and kidney transplant.

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### Tips

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- Discuss with the parents what kind of kidney disease the child has and how it affects him.
  - Ask about the child’s dietary restrictions and post them so the other adults are aware. Also find out if the students will need to take any medications while they are in your class.
  - Discuss any emergencies that may occur and the plan of action.
  - Find out if the child has any special needs when using the toilet and if he will need any assistance.
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# Leukemia

Leukemia is a form of cancer that involves the blood and blood-forming organs. When a child has leukemia, large amounts of abnormal cells render the body unable to fight off infections. These abnormal cells fill the bone marrow, interfering with the production of normal blood cells. These cancer cells can also move to other parts of the body and build up there as well. Leukemia patients are generally treated with chemotherapy, drugs that attack the cancer cells in the bone marrow. Radiation therapy may also be required. If the growth of cancer cells cannot be controlled through these treatments, larger amounts of chemotherapy and radiation may be used, which may then lead to a need for bone marrow transplant. A child undergoing these treatments may experience a variety of side effects including nausea and vomiting, allergic reactions, hair loss, mouth sores and ulcers, jaundice, lethargy, and lack of coordination. There may also be a change in physical appearance.

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## Tips

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- What are the side effects of the medications and treatments the child is undergoing? What measures need to be taken to help him if there is difficulty with the side effects while under your care? Are there any restrictions on the child's activities?
  - A child with cancer fears rejection from his peers and may have trouble dealing with any physical changes. All adults working with the child need to be aware of these fears. Ask the parents what you can do to help the child deal with these issues, should they arise.
  - Be open and honest with the rest of the class regarding the child's illness. Reassure them that leukemia is not something they can catch. Allow the other children to ask questions and answer them as completely as you can. The child's parents may also be willing to help answer questions. If the child has been absent from class, inform the class of any changes in his appearance before he returns (possible hair loss, swelling, jaundice, etc.). It will not be as shocking for the rest of the class if they are prepared.
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# Sickle Cell Anemia

Sickle cell anemia is an inherited disease that affects the red blood cells. Normal red blood cells are soft and round and travel easily through blood vessels. Sickle cells, however, are stiff with a curved shape that makes them look like the sickle tool used by farmers, hence the name. Because of their hard, curved edges, they do not flow well through blood vessels and will clog areas and prevent blood flow. The brain, heart, and kidneys can be affected by this loss of blood flow. The body attacks these sickle cells, but cannot produce new blood cells fast enough to replace the old ones, which leads to anemia or low red blood cell levels.

When a blockage caused by the sickle cells occurs, the child may experience pain in his chest, stomach, or bones. Pain from these blockages can be alleviated through medication. The low number of red blood cells causes the child to feel tired more easily and get infections more often than other children. He may also grow slower than his peers and have a diminished appetite. Jaundice and frequent urination are other common symptoms. Children under the age of 2 may experience swelling and pain in their hands and feet.

Sickle cell anemia mainly occurs in people of African-American descent. Some people who have ancestors from countries around the Mediterranean Sea (Greece, Italy, and Saudi Arabia) have sickle cell genes as well.

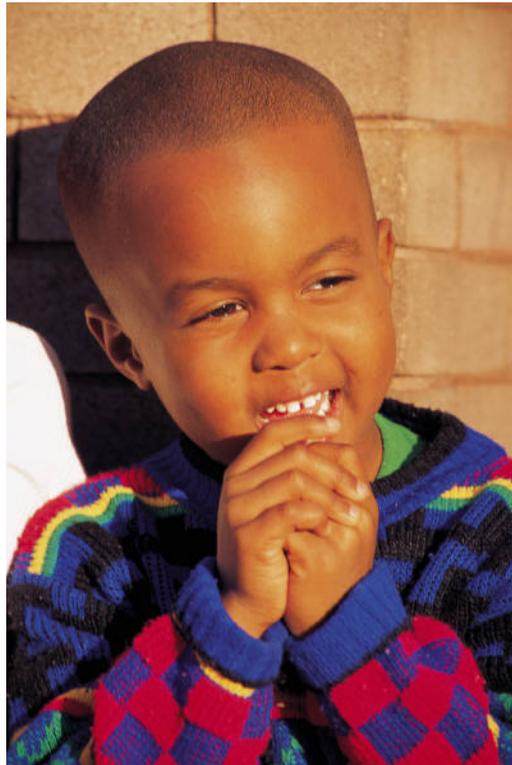
Children with sickle cell anemia take penicillin to help prevent infections. They also take folic acid to help the body produce new red blood cells. Transfusions can be used to increase the level of healthy blood cells in the body. Bone marrow transplants can sometimes cure sickle cell anemia, but they are very difficult and dangerous.

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## Tips

- Ask the parents for a clear description of how a blockage of sickle cell anemia affects their child. How does the child respond? What signs do you need to look for and what actions do you take? Make sure this is posted in the classroom and all teachers are aware.
- Kids with sickle cell anemia need to eat healthy foods. Discuss with the parents what snacks are appropriate. These children also need to drink lots of water and get plenty of rest.
- Children with sickle cell anemia can play games and sports, but they need to avoid becoming too hot, cold, or tired.
- Explain this disease to your class and how it affects their classmate. Also make them aware of how the child might act if a blockage of cells should occur.

- If the child complains of aches or has a fever, let the parents know right away. The fever may be a sign of an infection and the pain may be the beginning of a blockage of cells in the blood vessels.



# Physical Disabilities

A physical disability is a condition that affects the structure or functioning of an individual's body, restricting typical daily activities. IDEA uses the term "orthopedic impairment" rather than "physical disabilities." The three types of impairments recognized are **congenital anomalies** (a missing limb), **disease** (such as polio) and **other causes** (such as cerebral palsy).

As a teacher, you will want to follow the same general principles (found on pages 1-3) that you would follow for a person with a health disorder. In addition, the following section contains some definitions and tips

## Amputee

(or loss of limb for any reason)

A person may lose a limb because of an accident, an infection, diabetes, or osteosarcoma—a form of cancer found in the bones (see page 7).

Any wound left untreated can lead to serious infection. People have lost limbs because of a cut from a rusty tin can and because of dog bites. Accidents happen to people of all ages. Lawn mowers, knives, automobiles, machinery, electric fans, and many other things can cause the loss of a limb. Diabetes is the cause of more than 60 percent of non-traumatic lower limb amputations in the United States. Osteosarcoma usually occurs in the shin, thighbone, or shoulder, but it can spread to other bones. Osteosarcoma is usually treated with surgery, which leaves the patient without a limb.

No matter what caused your student to lose a limb, he or she has probably been fitted with prosthesis. A prosthesis is an artificial replacement for a missing arm, foot, leg, or hand. A prosthetic device can be made in flesh colors so it appears more natural. Some prostheses have computerized parts that make them more functional for fine motor tasks. There are a few general things you can do to make it easier for a child with a prosthesis to be in your classroom.

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### Tips

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- If the student has a disease such as cancer or diabetes, discuss with the parents any side effects of medications and/or treatment the child is undergoing. What do you need to do if the child becomes ill while in your care? Are there any restrictions on activities? If your student is an adult, discuss these things with him in private and let him know that you want to be prepared to help him should the need arise.
- All adults working with a child who has lost a limb need to be aware of fears the child may have regarding being rejected by his peers. The child

may also have problems dealing with changes in his physical appearance, or with his prosthesis. Talk to the parents about ways you can help the child deal with these feelings.

- Be open and honest with your class regarding the child's illness and/or prosthetic device. The kids in your class will have lots of questions— answer them as completely as you can. Reassure your students that they cannot get cancer or diabetes from being friends with someone who has it. Invite the parents and/or the child with the disease to help in this classroom discussion if they feel comfortable doing so.
  - Celebrate the accomplishments your student makes in learning to use a new prosthetic device. If he feels comfortable, allow him to show off the new skills he has learned and let the rest of your class become cheerleaders. You will all have fun together and help the child feel more confident about himself and his accomplishments.
  - Become familiar with the prosthesis and know what you may need to do if any difficulties arise with the device.
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## Brittle Bone Disease (Osteogenesis Imperfecta)

OI is a genetic disorder that results in abnormal, fragile bones that break very easily. It is caused when the body makes either too little or poor quality type 1 collagen (the protein that provides the scaffold for the bones). It is a physical problem, not a cognitive one. There are four types. The student in your classroom most likely has Type I, the most common and mildest form. This student has a good life expectancy. Type II is the most severe due to respiratory problems. The child dies at birth or shortly thereafter. A child with Type III has a shortened life expectancy, and few live to be adults. A child with Type IV has a good life expectancy.

### Common Symptoms

These symptoms will vary, but you may notice

- Deformed extremities
- Short stature
- Loose joints
- Low muscle tone
- Whites of the eyes that have a gray, blue, or purple cast
- Triangular face
- Spinal curvature
- Brittle teeth
- Hearing loss
- Barrel-shaped rib cage
- Respiratory problems.

The chief symptom is, of course, bones that break easily. Touch is important to all human beings, so you must not be afraid to touch this child, but you must always be as gentle as possible.

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### Tips

- Never pull, push, or bend an arm or leg. Since children are prone to pushing and wrestling, students must be taught not to roughhouse with this child. Older kids who like to greet each other with a punch on the arm have to understand that they cannot greet this friend that way.
  - If diaper changing will be necessary, ask the mother or caregiver to show you the procedure to follow. (You cannot lift the child by his legs.)
  - Listen to the instructions of the parents. They have developed good ways of handling the child.
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# Cerebral Palsy

Cerebral palsy is probably the most widely known physical disability. It is a disorder caused by damage to the brain. "Cerebral" generally means, "relating to or involving any part of the brain," or specifically means the cerebrum—the front part of the brain. This is one of the parts of the brain that controls movement and posture. "Palsy" refers to muscle weakness and inability to make voluntary movements.

In CP, the damage to the brain usually occurs before, during, or immediately following birth. Cerebral palsy often causes multiple disabilities including mental retardation, seizures, communication problems, vision and hearing impairments, and physical limitations. The symptoms are muscle tightness or spasms, involuntary muscle movement, unsteady gait, speech impairments, bladder and bowel control problems, and many others. This condition is not progressive.

People with CP often wear braces, use walkers and canes, or have wheelchairs. Medications may be used to reduce tension and control problems associated with damage to the nerves.

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## Tips

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- The student may need help with basic physical functions, depending on the severity of the CP.
  - Allow adequate room for a wheelchair, walker, or awkward gait.
  - Know what the student can do, more than what he cannot do. Know his stress and fatigue limit.
  - Obtain special supplies, such as double-handed scissors, which allow an assistant to hold the scissors at the same time as the student.
  - If the CP makes speaking difficult, learn to understand as much as you can (This means that you must spend some time communicating with the student!) If the speech is so poor that quick responses cannot be made, devise a method to communicate "yes," and "no." This approach can be developed according to the physical capabilities of your student. (One finger means "yes," two fingers mean "no.") Or, create a language board with a picture for water, toilet, and food. The student can point to each of his needs.
  - Find some way of allowing the student an opportunity to demonstrate his gifts and talents to the entire class.
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## Dwarfism

“Dwarfism” is a general term for medical conditions that result in short stature. The Little People of America (LPA) define dwarfism as an adult height of four feet, ten inches or shorter. It is the result of the disproportionate growth of the skeleton. In most cases, it is the result of genetics. Most children with dwarfism have parents of average height. In the main, dwarfs have normal IQs, can expect a normal life span, and enjoy good health. “Dwarf,” “little person,” “LP,” and “person of short stature” are OK terms. “Midget” is not.

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### Tips

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- Make sure the student can reach everything.
  - Use a stepstool, even if you don't need to. It keeps the student from feeling alone.
  - Monitor the attitude and behavior of other students. Model good language and behavior for them. Teach the attitude, “Something is wrong with the body, not the person.”
- 



## Multiple Sclerosis

MS is a disease that affects mainly women between the ages of 20 and 40. It causes scarring and deterioration of the coating of the nerve fibers (myelin) that helps transmit messages to and from the brain. This scarring causes a slowing down or blockage of those messages. This scarring is also how the disease got its name: multiple (many) and sclerosis (scar forming). The results vary greatly but can include loss of balance and coordination, diminished vision, weakness of the limbs, fatigue, impaired speech, and loss of bladder control.

Research into the cause of MS is ongoing and making new discoveries almost every day. At this time, the cause or causes are not well defined. The leading theory is that MS is an autoimmune disease. This means that the body's natural defenses are now attacking its own myelin. There is also evidence of a genetic component in MS, however the link is weak compared to other inherited diseases and it is very likely that there is more than just genes at work. Even if you inherit a susceptibility to contract MS, there is less than a one-third chance that you will contract it.

MS usually progresses very slowly and people can lead long lives after the diagnosis. However, because it impairs every part of the body except the brain, it is a particularly hateful disease to live with. Patients are very aware of the fact that their bodies are just disintegrating and there is very little they can do to impede the process. They need a great deal of emotional support, as well as help with the physical functions of life they can no longer perform. The church family can step in to help with general things like yard work, pet care, grocery shopping, house cleaning, laundry, etc., while it will take someone closer to the patient to help with the more personal functions.

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### Tips

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- Talk to the student or her caregiver to find out how far the disease has progressed. What kind of physical condition is she in? What limitations will she have in the classroom?
  - Remember that MS does not affect the brain. The child or adult with MS will have the same mental capacity as her peers.
  - If the student has impaired speech, work out a system of signals so that the student can let you know her needs.
  - As with anyone who may lose bladder control, keep a change of clothes on hand. Be discreet about this.
  - As with all physical disabilities, assure the other class members that they cannot catch MS.
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## Muscular Dystrophy (MD)

Muscular dystrophy is a condition characterized by weakening of the muscles and contracture of the hips and feet. The degeneration of the muscles is caused by the decreased or absent production of the protein dystrophin, which stabilizes the muscles when they contract. The deterioration of the heart and diaphragm lead to respiratory problems and a shortened lifespan.

The most common type of muscular dystrophy is **Duchenne**. Onset usually occurs between 2 and 6 years of age and starts with weakness in the arms, legs, and pelvis. Generally, weakness in the legs happens before weakness in the arms. **Becker MD** is another type in which the muscular weakness doesn't occur until the teenage or young adult years. MD usually affects only boys. Boys with MD may have learning disabilities and cognitive impairments. Splints are used to assist in walking. Eventually, the person with MD will need a wheelchair and other assistive devices to complete daily living tasks. As the disease progresses, it will eventually damage the muscles of the heart and diaphragm, which leads to respiratory and heart failure. The life expectancy of boys with MD is late teens to early 20s.

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### Tips

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- Find out how the child's gross and fine motor skills are affected. Is he able to walk? If so, what assistance is needed? Is he able to use a pencil, scissors, glue bottle, crayons, and eating utensils? Will he need bathroom assistance?
  - Talk to the other children in your class about MD. Make sure they know they cannot catch it. Explain how this child's muscles are not as strong as theirs and that the muscles will continue to weaken. The child with MD will experience difficulties with balance, so share with your other students the need to be careful around him. As the child's disease progresses, keep the rest of the class informed.
  - Discuss with the parents any learning disabilities or cognitive impairments the child may have and any special assistance that may be needed.
-

# Spina Bifida

*Spina Bifida* (pronounced: SPY nuh BIHF uh duh), is a spinal defect that is present at birth. In *spina bifida*, the spinal cord does not form properly and the vertebrae and skin cannot form around it. Therefore the spinal cord is not protected, and is vulnerable to injury or infection.

The degree of damage depends on the location of the opening; the lower the opening on the spine, the less damage there is. Though early surgery is most often successful, one or more side effects may remain with the child temporarily or permanently throughout the rest of his life. These side effects include *hydrocephalus* (hy droh SEHF uh luhs; water on the brain), bone and muscle problems, bladder and bowel control problems, and in a few cases, mental retardation. The most likely cause of *spina bifida* is lack of folic acid in the mother's diet during pregnancy.

Most people born with open *spina bifida* can become independent adults, despite permanent disability, if given good parenting, medical treatment, social opportunity, and education.

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## Tips

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- The child with *spina bifida* may wear a helmet. If so, tell the other children why and teach them that the helmet is not a plaything. Ask the caregivers if the child may remove the helmet when sitting.
  - Find out from the caregiver whether or not the child has bowel control problems and if so, what care is needed.
  - Find out if there are any restrictions on the child's physical activities.
  - Find out the child's mental age and plan lessons accordingly. If the child is far below his age mates, he may need a buddy to help him keep up.
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## Spinal Cord Injuries

Spinal cord injuries usually result from an accident. According to the National Spinal Cord Injury Association, 38.5 percent of spinal cord injuries are caused by motor vehicle crashes, 24.5 percent are caused by acts of violence, 21.8 percent are caused by falls, 7.2 percent are caused by sports, and all other causes account for 7.9 percent. A sad statistic is that since 1973, the percentage of cases due to acts of violence and falls has increased, while the percentage of cases due to motor vehicle crashes and sports has decreased.

Damage to the spinal cord interferes with messages to and from the brain. The degree of damage depends on where the injury occurs; the lower on the spine the injury occurs, the less damage there will be to the body. Paralysis may occur below the injury, or there may be a loss of sensation anywhere in the body. Again, depending on where the injury occurs, the accident victim may have breathing problems resulting from impaired control of the respiration muscles, or impaired swallowing skills or bowel and bladder dysfunction.

Some individuals have involuntary movements, such as twitching or shaking. These movements are called spasms. Spasms are not a sign of recovery. A spasm occurs when a wrong message from the nerve causes the muscle to move. The individual often cannot control this movement.

The person who endures a spinal cord injury may use several types of technological assistance; breathing tubes, respirators, mobilization aids a communication device, bladder catheterization and/or ostomy, and many others. You will need to meet with the individual or with his family in private to find out what aids are being used and what you need to know about them.

SCI is traumatic to both patients and their family and friends. Everyone, including the patient, may feel frightened, anxious, confused, and even numb. It is common, at first, to feel both relief that the patient is still alive following the injury and shock at the implications of the injury.

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### Tips

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One of the most important functions of the church family will be to help this family get through the trauma and learn to adjust to the new lifestyle the SCI will dictate. Read the material on "When Someone Becomes Disabled" on page 33. Make all the physical adjustments the church building will need, but far more importantly, make the attitudinal adjustments that will be necessary to support this individual and his family for the rest of their lives.

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## Appropriate Language

- Use the person's name or title first before the disability. Say, "The woman with autism," instead of "The autistic woman." Remember, you are dealing with a person not a diagnosis.
- Use the word "disability" not "handicap."
- Avoid words like "victim," "wheelchair bound," "crippled," and others that give a negative connotation to the person's disability.
- It is OK to use terms such as see, walk, and run. Do not try to come up with alternate phrases. These words are part of everyday language and no one expects you not to use them.
- Avoid using the word "normal." A more appropriate word to use is "typical."

## Wheelchair Etiquette

- A person's wheelchair is almost an extension of his body. It is very much a part of his personal space. Just as you would not grab onto or lean on someone's chair, do not grab, lean on, or prop your feet on someone's wheelchair. Call no more attention to a wheelchair than to his eyeglasses or hearing aid.
- Always ask permission before pushing someone's wheelchair. Do not assume he needs help. If you are going to push, first make sure that the person is secure and that the brake is off.
- When you talk to a person in a wheelchair for an extended period of time, sit down and look him in the eye.
- When walking with a person in a wheelchair, walk beside him. Slow your pace to his. Do not try to rush him. Always hold doors open.
- When entering an elevator, turn around and back the chair into the elevator so that the person is not left facing the rear wall.

## What Can the Church Do?

Reaching out to church members who have physical disabilities can be both challenging and rewarding. Challenging because getting involved in anyone's life makes demands on your time and energy. Rewarding because the more you get to know the individual, the more you will find that he or she has to offer. In all that you do, remember that you are dealing with a person first, not a disability or a diagnosis.

Above all, the church should be a place where people feel welcome. We, as the body of Christ, need to do any and everything we can to accomplish this. The first thing we need to do is be accessible. There are two different types of accessibility: accessibility of the church's physical structure and accessibility of the heart. Follow our suggestions first to help you open your hearts and then to open the physical structure of your building.

When a child with a disability is born to a church family you are in the best possible situation to minister to the entire family throughout the whole life of the child.

- Be with the family when they find out the diagnosis. Be available to go to doctor's appointments. Take notes. The family may be too distraught to remember what the doctor said.
- Offer love, support, and encouragement. Try to offer an objective point of view.
- Study the disability so that you will be better able to help the family.
- Add to your church any equipment that may be needed. This may include a ramp, special handles on doors, a wheelchair, etc. (See pages 34 and 35.)
- Show the family your support by accepting the child unconditionally and making it as easy as possible for the child — and the family — to attend functions.
- Help the family with their other children and provide or help find respite care.
- Encourage family members to participate in the same activities as they did before the arrival of the child with a disability.

When a member of your congregation becomes disabled through an accident or illness

- Send notes, cards, and flowers to let him know that you miss him.
- Be there to love, support, and encourage him throughout hospital stays, rehab, and difficult recovery times.
- Offer services such as meals, house cleaning, transportation, and babysitting to the individual and family.
- As he recovers, encourage him to get involved in the life of the church again. Involve him all areas; if he served Communion before and is unable to do that now, ask his help in preparing it. If he taught a Sunday school class before but is now uncomfortable with that responsibility, provide an assistant to help. Do whatever it takes to allow him to serve or participate as he did prior to the accident. Encourage his spouse to serve in the same ways she did previously.
- Be sensitive to the spouse of the person; this is a difficult situation for both of them.
- Offer respite care so the spouse can get out of the house for a while.
- Find a support group so both husband and wife can talk with other people who are dealing with the same problems.
- Try to get each spouse involved in a new area of service independent of each other.

When someone who has a disability visits your congregation

- Greet him with open arms. Let him know that he is welcome in your congregation.
- Get to know his family and offer to help in any way you can.
- If your church building is not physically accessible, find out what needs to be changed and change it. Let the family know you are trying to make it more accessible. Some changes take time.
- Include people with physical disabilities in every aspect of the church life. Look past their disabilities to see the wonderful persons that God created them to be. Accessibility may start with the physical structure of your building, but it only truly happens when it comes from the hearts and attitudes of the entire congregation.

## Making Your Building Physically Accessible

Local building codes do not vary much from state to state. You can get the most current and complete ADA (Americans with Disabilities Act) Compliance Manual from <http://global.his.com>, or from Eastern Paralyzed Veterans Association, [www.unitedspinal.org](http://www.unitedspinal.org), 718-803-3782.

Here is the basic information:

### Wheelchair Ramp

- Must have handrails 32" high
- Minimum width, 3'
- Should be covered with non-slip surface
- Each 50" rise must have a level rest platform at least 5' in length
- No more than 1" rise for each 1' horizontal distance
- Changes in direction must have a 5' x 5' platform of clear floor space

### Parking

- At least 1 handicapped parking space per 50 spaces
- Designated space should be closest to the building with easiest access
- Space should be a minimum of 8' wide, with minimum 5' wide access aisle

### Curb Ramp

- Must be a minimum of 3' wide
- Maximum 1" rise for each 1' horizontal distance

### Handrails

- Should be 1 1/4"-1 1/2" diameter
- Should be mounted 30"-34" from floor
- Must be at least 1 1/2" away from wall
- Railing should extend 1' beyond top and bottom of ramp

### Vestibules

- Should have at least 4' width clear floor space whenever there is a series of doors. (This prevents wheelchairs from being trapped by closing doors.)
- Force needed to push or pull door open must not exceed 8 1/2 lbs.
- If a threshold exists, it should be beveled and not higher than 1/2" height max.

### Assembly Spaces

- Wheelchair spaces must be comparable to other seating and must be dispersed throughout sanctuary
- Wheelchair spaces must be on level floor and slightly larger than minimum clear floor space
- Wheelchair access must be provided to stage, dressing rooms, baptistry, choir loft, etc.
- A listening system must be provided for persons with hearing loss

### Doors

- 2' 8" clear floor space
- Openings 2' 10" wide minimum, 3' 10" desirable
- Handle must be easy to use and not require tight grasping or twisting (this eliminates the use of the traditional doorknob)
- force needed to push or pull door open cannot exceed 5 pounds

### **Rest rooms**

- 60" wheelchair turning diameter
- Showers must have clear floor space, grab-bars, hand-held shower heads, and transfer seats

### **Toilets**

- should be mounted 14"-19" high
- grab-bars should be 33"-36" high
- paper dispensers should be 19" from floor
- stalls 56"x60" min. (59"x60" if toilet is floor mounted)

### **Hallways**

- Minimum of 36" wide to allow space for one wheelchair
- Minimum of 48" to allow space for one wheelchair and one ambulatory person
- Minimum of 60" to allow space for two wheelchairs

### **Fire alarms, electrical switches, outlets, telephones, vending machines, etc.**

- Must be within reach of and accessible by a person in a wheelchair
- Must have clear and level floor space around each item

### **Sinks**

- Should be mounted 29"-34" high
- Must have adequate knee space underneath
- Bottom edge of mirror must be no further than 40" from floor
- Faucets should turn easily and not require tight grasping
- Soap and towel dispensers should be within reach of wheelchair and clear floor space must be provided at each fixture

### **Drinking Fountains**

- Spout and controls no more than 36" from floor
- Controls located near front
- Must have clear knee space
- Controls must be operable with one hand and not require tight grasp

### **Elevators**

- 51" x 68" minimum size
- Controls must be 35"-48" from floor
- Doors must remain open long enough for a wheelchair user to enter or exit

## RESOURCE MATERIAL

### **WEB SITES**

Allergies: [www.allergicchild.com](http://www.allergicchild.com)

Children: [www.kidshealth.org](http://www.kidshealth.org)

WebMDHealth: [www.onhealth.com](http://www.onhealth.com)

Mayo Clinic College of Medicine: [www.mayo.edu](http://www.mayo.edu)

Cystic Fibrosis: <http://www.cysticfibrosis.com>

[www.yahoo.com](http://www.yahoo.com) (click on "Health" in "info" section)

Cancer: <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002267/>

Tube Feeding: [www.kumc.edu/hospital/huntingtons/tube.html](http://www.kumc.edu/hospital/huntingtons/tube.html)

The National Spinal Cord Injury Association: [www.spinalcord.org](http://www.spinalcord.org)

Clothing and accessories helpful to those with special needs:

Professional Fit Clothing; call 1-800-422-2348 for a catalog, or visit

[www.professionalfit.com](http://www.professionalfit.com)

### **ORGANIZATIONS**

**CCDM**, PO Box 310, Louisville, TN 37777

865.984.5178 [www.ccdmonline.org](http://www.ccdmonline.org)

Educational Material

**Paralyzed Veterans of America**

801 18<sup>th</sup> Street NW, Washington, DC 20006

800.424.8200, e-mail, [info@pva.org](mailto:info@pva.org)

<http://www.pva.org>

**Joni and Friends**, PO Box 3333, Agoura Hills, CA 91301

818.707.5664; [www.joniandfriends.org](http://www.joniandfriends.org)

**National Dissemination Center for Children with Disabilities**

PO Box 1492, Washington, DC 20013

800.695.0285; [www.nichcy.org](http://www.nichcy.org)

**American Spinal Injury Association**

345 East Superior Ave, Rm 1436, Chicago, IL 60611

312.238.1242

<http://www.asia-spinalinjury.org>

**National Spinal Cord Injury Association (NSCIA)**  
870 Georgia Ave, Ste 500, Silver Spring, MD 20910  
800.962.9629 or Email: [nscia2@aol.com](mailto:nscia2@aol.com)  
<http://www.spinalcord.org>

**National Spinal Cord Injury Hotline**  
2200 Kernan Dr., Baltimore, MD 21207  
800.526.3456 - Email: [SCIHOTLINE@aol.com](mailto:SCIHOTLINE@aol.com)  
[www.scihotline.org](http://www.scihotline.org)

## **BOOKS**

**Children with Disabilities**, 4th Ed.  
Mark L. Batshaw, M.D.  
<http://www.bookhq.com/cgi-bin/search.cgi?op=search&searchterm=1557661022>  
Paul H. Brookes Publishing Co., PO Box 10624  
Baltimore, MD 21285-0624

**No Disabled Souls**, 1998  
*Exceptional Teaching*, 2002  
Jim Pierson  
CCDM, PO Box 310  
Louisville, TN 37777

**Living With Brain Injury: A Guide for Families**  
Richard C. Senelick, MD and Cathy E. Ryan, MA, CCC-SLP  
HealthSouth Press  
One HealthSouth Parkway, Birmingham, AL 35243

**Friendship Unlimited**  
Joni Eareckson Tada  
Harold Shaw Publishing  
Wheaton, 1987

**Parables of Hope**  
Allen Jay Hoogewind  
Zondervan Publishing  
Grand Rapids, 1998