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In Children

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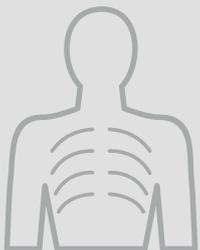


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## Learning Disability In Children

### INTRODUCTION

Learning disability is a diverse group of disorders in which children with at least average intelligence have problems processing information or generating output. It is the inability to learn at the age appropriate academic level. It can affect children of any age causing difficulty in reading ,writing ,spelling ,comprehension and mathematics. It is used synonymously with specific learning disability or specific learning disorder according to DSM-V.

There had been variations in understanding LD although in 2001 Lyon et al put forward one of the most simple concepts of learning disability as a form of “unexpected underachievement”.

### DEFINITION

learning disabilities are a heterogeneous group of disorders where the individuals unexpectedly fail to competently acquire , retrieve and use information .The academic achievement is lower than expected based on the child's overall intelligence .

LD has been defined as a neuro developmental disorder of biological origin manifesting in learning difficulties and problems in acquiring academic skills which are markedly below age level.

LD manifest during early school years and it is not attributed to intellectual disabilities or neurological or motor disorders.

The difficulty should last for at least six months for diagnosis.



## PREVALANCE

**India** reported incidence varies from 1.6% to 15%. Writing upon age range ,survey method ,tool used and region of the country. A cross-sectional study in **Chandigarh** reported 3.08% children with LD. Another study conducted at a school in **Jaipur** reported 21.6% dyslexia 15.5% dyscalculia and 22.3% dysgraphia. Approximately 5% of all students in public schools in the **United States** are identified as having learning disabilities. While another study in the US reported that 7% of children aged 3 to 17 years of age have learning disability.

## ETIOLOGY AND PATHOGENESIS

Perinatal ,genetic, medical ,psychologic ,environmental and social cultural influences.

Genes that can be associated with neuro developmental disorders- reading disorders can be both familial and heritable gene loci on chromosome 6 & and 15.

Perinatal risk factors that are associated with neurodevelopmental dysfunction include very low birth weight, severe intrauterine growth restriction , perinatal hypoxic ischemic encephalopathy , perinatal exposure to substances like alcohol and drugs, increase risk of academic and frontal lobe disorders also associated with environmental toxin lead ,drugs like cocaine ,infections like meningitis and HIV, brain injury secondary to periventricular Leukomalacia.

## TYPES OF LEARNING DISABILITY:

### Dyslexia :

It is a specific type of reading disorder caused by deficits in phonological processing .

### Dysgraphia:

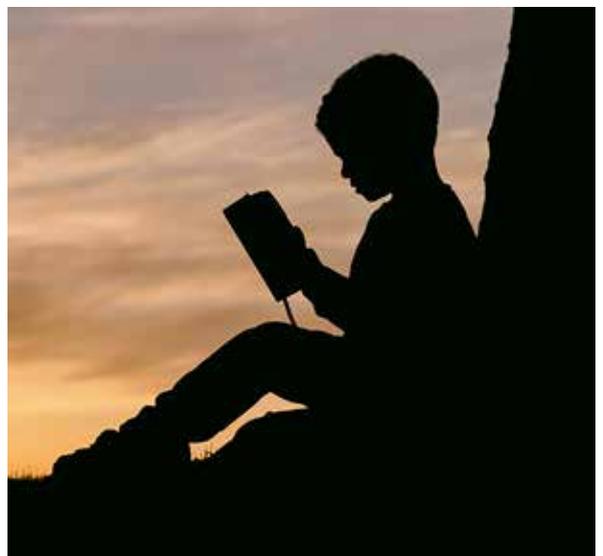
It is writing disabilities caused by a range of neuro developmental weaknesses including problems with handwriting (fine motor or graphic-motor and visual -spatial perception)

### Dyscalculia :

It is a disability with mathematical concepts. Such as problems with number sense, problems retrieving math facts ,difficulty with the language of maths ,word problems in math and visuospatial and organisational demands of math.

## FUNCTIONAL CONSEQUENCES OF SLD :

- Lower academic attainment
- Higher rates of high school dropout
- Lower rates of poor secondary education
- High level of psychological distress
- Poor overall mental health
- Higher rates of unemployment and underemployment
- Higher rates of poor mental health outcome including suicidal tendency





## COMORBID CONDITIONS:

### Attention deficit hyperactivity disorder

Inattention, hyperactivity, impulsivity, difficulty sustaining focus, being disorganised

### Autism spectrum disorder

Impairment in reciprocal social communication and social interaction, restrictive repetitive patterns of behaviour interest or activities.

### Communication disorders

Deficit in language speech and communication

### Developmental coordination disorders

Impairment predominantly in gross and fine motor skills including handwriting skills, pedaling, buttoning shirts, completing puzzles, using zippers, playing ball games.

## DIAGNOSIS OF LD :

Diagnosis is made primarily by detailed comprehensive history

(Developmental, medical, family and education) school reports and psychosocial assessment.

**Psychometric tests:** Help to confirm the presence of LD and also identify targets for interventions.

Studies conducted in India to measure prevalence of LD have used screening questionnaires such as specific learning disability screening questionnaire or designed screening tools for class teachers to identify learning disorders. Paediatricians could use the SLD -SQ or focus on certain pointers in the latter to identify at least at risk Children in order to refer them for thorough evaluation by developmental paediatricians. The pointer includes unexplainable absence from school, below average academic performance, poor writing ability, problem in reading ability, poor mathematical competence ability and problems in recall.

Concerns in two or more of these areas should be a point of referral.

Mandatory vision and hearing assessment should be a part of the protocol.

## THE REHABILITATION COUNCIL OF INDIA ALSO RECOMMENDS:

**Informal assessment** which includes parental interviewing after consent, gathering information from teacher in school, reviewing students work books, intervening with the child.

**Formal testing** includes criteria and non-reference tests.

LD have two components

1) testing for potential performance discrepancy where a two year discrepancy between potential and performance is an indicator of possible LD.

2) testing of processing abilities.

One or more test have to be administered based on the child's age and cognitive ability.

**The range of tests that can be administered are**

## INTELLECTUAL ASSESSMENTS :

- Woodcock Johnson's test of cognitive ability
- Malin's intelligence scale for Indian children



- Stanford Binet Intelligence Test
- WISC - 4 intelligence test

### ACHIEVEMENT ASSESSMENT :

#### Nimhans battery :

- Level - I 5-7 years and
- Level II 8-12 years
- GLAD - 6 years onwards
- WRAT - 4 Wide Range of Achievement test 4 - 5 years onwards .
- Woodcock Johnson tests of achievement for children - preschool to adulthood.

### RED FLAG SIGNS FOR LEARNING:

#### Preschool:

- Delayed speech and language development,
- pronunciation problems ,
- slow vocabulary growth
- difficulty in rhyming words
- trouble learning numbers
- alphabets and days of the week
- restless and distracted or
- Poor ability to follow simple directions or routines.

#### School age:

- Family history of Reading disability .
- Reading slowly and incorrectly.
- Skipping lines while reading aloud.
- Repeatedly making spelling mistakes.
- Untidy or illegible handwriting with poor sequencing.
- Inability to perform even simple mathematical calculations.
- poor school grades despite normal intelligence.
- pronunciation difficulties after 5 to 6 years.
- difficulty attending to the sound of words.
- confusing words that sound alike delayed. establishment of laterality difficulty in fine motor skills.
- clumsy child.



India is a multilinguistic country. It is important to develop skills to diagnose LD in non-English speaking students . RCI has advised in formal assessment for the students in absence of standardised scales . National Institute for mentally handicapped NIMHANS has developed the grade level assessment device (GLAD)for children with learning problems in schools.

It is very essential to rule out other impairments as the primary cause of learning difficulty such as ID, sensory deficits, physical impairments, history of multiple education settings, poor educational background, lack of prior learning and cultural differences. The intervention should be interdisciplinary and individualised to each child. Required services include developmental paediatric evaluation ,clinical



psychological assessment, ophthalmological and audiology evaluation , occupational assessment and remedial education, (educational assessment and individualised educational program.). Counselling for family.

#### **TREATMENT :**

- Remedial education
- Which includes assessment of a child's academic strengths and weaknesses and development of an educational individual program having short-term and long-term goals and monitoring of the child's progress.
- One to one teaching
- Physical exercises
- Meditation
- Schedule / Time table
- Positive Reinforcement
- Medical treatment for deficiencies
- Treatment for Co morbidities .



Screening of all children at the age of seven years for LD in paediatric clinics will be highly beneficial as no retention policy has led to delayed identification of learning problems. The National Institute of open schooling should be given as an option for kids struggling after a few years of remedial training. LD provisions are beneficial and act to function as a corrective lens which will deflect the distorted array of absurd scores back to where they ought to be. These provisions aim to level the playing field for the students as their academic performance would now be matching with their intellectual potential.

#### **CONCESSIONS FOR STUDENTS WITH LD SUB TYPES INCLUDE:**

- One hour or 25% extra time in public exams,
- No reduction of marks for grammar and spelling mistakes.
- Use of calculator in maths exam. Exemption from writing one language exam.
- Use of subscribe or typing answers on a computer and 20% grace marks.
- Inclusion policy in mainstream school.
- Learning disability has been included in the recent bill (Rights of persons with disability Bill 2011 and passed as an Act in 2016 ).



*Dr. Sharmila Patil*  
*Consultant, Developmental Paediatrics*

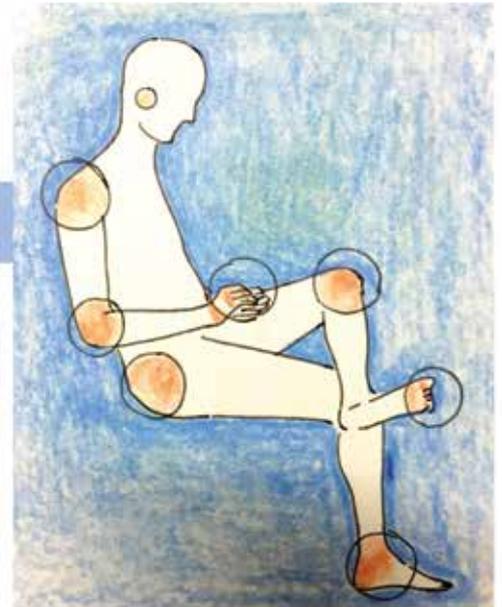


### Rheumatoid Arthritis

Affects 1 in every 100 individuals

Joints are swollen, painful and stiff in the mornings

Many joints can be affected including the shoulders, hips and feet



Seeking medical help early is useful:

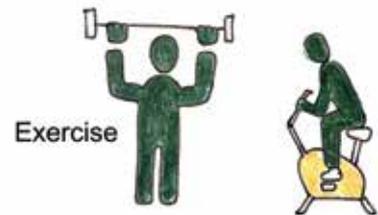
Treatment can be initiated soon using



Drugs



Lifestyle modification



Exercise

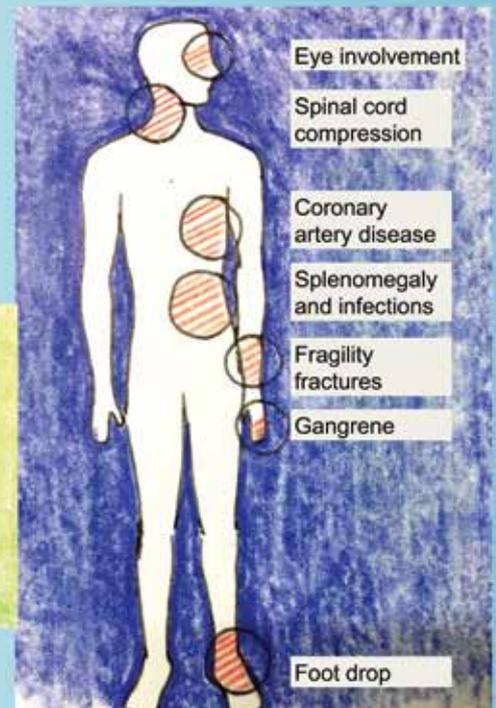


Deformities can be prevented

Early treatment reduces treatment costs



Many complications can be avoided



Eye involvement

Spinal cord compression

Coronary artery disease

Splenomegaly and infections

Fragility fractures

Gangrene

Foot drop



Dr. Sanat Phatak  
Associate Consultant, Rheumatology & Immunology



ACHIEVEMENTS



**congratulations**



**DR. KIRUTHIGA GNANASEKARAN**  
for her achievement.



**DR. DURGA BORKAR** who was felicitated by the Indian Society of Anaesthesiologists (Pune Branch) for doing the maximum number of Covid cases in KEM Hospital

**DR . VIVEK JOSHI, DR . SUHAS OTIV, DR . YOGESH SOVNI and DR. PRASAD KULAT** for your Paper being published in International Journal of Gynaecology and Obstetrics ( by FIGO )  
<https://pubmed.ncbi.nlm.nih.gov/34003498/>

Congratulations **VIPUL CHAKURKAR, VALENTINE LOBO, RAMAKRISHNA INJARAPU, MUDDASSIR SHEIKH, BHARATKUMAR DHOLU** for your paper getting published in Scientific Reports- a Nature Group journal.  
<https://www.nature.com/articles/s41598-021-99142-x>



## TESTIMONIALS



*I really want to thank Dr.V.M.Joshi sir for treating patient so nicely. His politeness and kindness Really touched our hearts. V.M. Joshi sir explained each and everything so nicely so we will Surely recommend joshi sir in KEM for Gynecology. Thanks a lot V.M. Joshi sir.*

Patient from NH Ground Floor

मला आपल्या येथील रुग्णालयातील माझी केस ज्या डॉक्टरकडे आहे ते डॉ. रॉबिनि मुजुमदार व सर्व स्टाफ नर्सेस यांचा खूप छान अनुभव आला. पेशंटसोबत अगदी हसून खेळून मनमोकळेपणाने आपुलकीने वागून पेशंटला खूप धीर देतात

Patient from NH 2nd Floor

*All doctors who visited the patient and baby- Dr. Rav, Dr. Snehal, Dr. Roshni and other visiting doctors have been very helpful. It has been an excellent pregnancy journey till maternity under Dr. Suhas Otiv and Dr. Mrs. Otiv.*

Patient from NH 2nd Floor



## Dr. Mugdha Parasnis HOD - IVF/ART, Consultant - Obstetrics & Gynaecology



I have always considered physical exercise to be an important part of any fitness regime. I had joined a gymnasium and was doing my workouts regularly, till the gyms had to remain closed due to imposition of Lockdown.

I had taken up cycling prior to that, but it was really after the lockdown, that I started long-distance cycling seriously.

Having a bunch of enthusiastic school friends went a long way in achieving hitherto unthinkable goals. After practising long rides on weekends, I ventured to undertake 100km rides to Lonavala and Wai, which was tough and challenging, but tremendously satisfying.

There is something about cycling which liberates you and gives you a sense of achievement, which needless to say, is gratifying both physically and mentally. Having a group of like-minded enthusiasts for company and support is imperative.





VIDEO LINKS

## Video Gallery



On this #WorldStrokeDay, listen to Dr. Alurkar in order to raise awareness about the causes, symptoms, treatment, etc. of a stroke.

<https://youtu.be/xkikkv1J-Eg>



On this #WorldOsteoporosisDay, listen to Dr. Nerlikar as he tells us everything you need to know about Osteoporosis.

<https://youtu.be/4anbHGjqnOw>



Listen to Dr. Sanat Phatak as he explains how arthritis develops, the risk factors, and the therapies available at KEM, Pune on #WorldArthritisDay.

[https://youtu.be/JVezuV\\_4-oo](https://youtu.be/JVezuV_4-oo)

## Bravehearts of KEM

Thank you for your excellent teamwork in ensuring that our vaccination efforts were a success.



**SANGITA BHOSALE**  
FAMILY PLANNING



**SHARAYU VYAS**  
FAMILY PLANNING



**MANISHA BENGALE**  
CENTRAL STORE



**SANGITA HINGE**  
NHFF



**PRIYANKA BELHEKAR**  
T.P.A.



**ANANYA BISWAS**  
GENERAL ADMINISTRATION



**DR. POONAM DESHMUKH**  
MEDICAL ADMN. DEPT.



**KAVITA DAHIKAMBLE**  
OPD 001



**CHAITALI KATKAR**  
H.R. DEPARTMENT



**RUPMALA KADAM**  
NHIVTHF



**RADHA DABERAO**  
PMW 001



**KIRAN SHINDE**  
BILLING CENTRAL



**VEENA RANE**  
MEDICAL ADMIN



**NEHA MARATHE**  
OPD 001



**SAWANT HEMANT**  
GENERAL ADMINISTRATION



**SALMAN ANSARI**  
BILLING CENTRAL 001



**POORNIMA GAIKWAD**  
BILLING CENTRAL 001



**ANIKET CHAVAN**  
SECURITY 001



**DEEPAK TOLE**  
TMS



**VEDANT SARSEKAR**  
SECURITY



**SHAILAJA TOGRALLU**

## Bravehearts of KEM



**GEETANJALI NIGHOT**  
NURSING ADMN (N.HOME)



**NIKHIL RANDIVE**  
EXE.PUBLIC RELATION



**DR. SHUBHANGINI SAWANT**  
MEDICAL ADMN



**ATEET AMBAT**



**MAYUR TAPKIR**  
MEDICAL ADMN



**ARDESHIR BARIA**



**IRA JOSHI**



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EQUAL  
OPPORTUNITY**

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the chorus  
of girls  
and women  
who are  
speaking up  
for change

Having childhood friends  
is important. Please give  
me opportunities to make  
friends with my peers.



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For more information  
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Its OK to talk about it**

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For more information  
020 66037460  
020 26217460



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VIOLENCE**

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**Minutes can save memories**

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Be aware of stroke signs and the benefits of timely access to emergency medical care.



24x7 Emergency Medicine Department  
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