# A Children's Health

## OPTIONS FOR BABIES BORN WITH ONE HAND MAY BE INCREASING

*By Michelle James, M.D.*

(NAPSA)—One of the first things new parents do is to count their baby's fingers and toes. Most people assume that a baby with fewer than 10 fingers will have problems with normal activities as they grow — but a baby born with only one hand?

Fortunately, this no longer has to be the tragedy it once was.

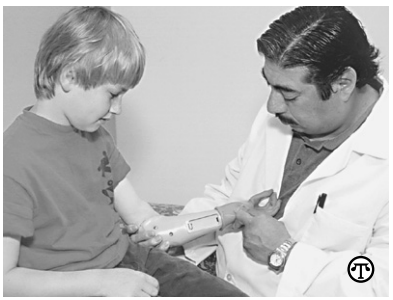
The prosthetic teams of 19 Shriners orthopaedic hospitals provide care for more than 2,000 children born with only one hand, a type of upper limb deficiency called unilateral congenital below elbow deficiency (UCBED).

Anyone who attends a Shriners upper limb deficiency clinic quickly discovers that there are no tragic disabilities there—just lots of practically normal children who happen to be missing a hand. It surprises many people to learn that children with one hand can do about 90 percent of the activities that children with two hands can do.

Growing children need a new prosthesis every one to two years, and Shriners Hospitals also provide or prescribe the highly specialized training these kids need to learn to use their prostheses.

In spite of this common sense approach and high-tech care, up to half of the children with UCBED eventually abandon the use of their prosthesis because, more often than not, it doesn't seem to help them very much.

Although a prosthesis may help youngsters with some tasks such as stringing beads and tying shoes, it often gets in the way because it covers up the end of their arm, taking away their sensation.



**During a recent outpatient clinic, George Villerruel, a certified prosthetist, checks the fit of Michael's new prosthetic arm.**

Kids with UCBED and their parents often want more from the prosthesis than current technology can provide. The prosthetic team may focus on function while the child and family want the prosthesis to look like a normal hand, because looking different may be a bigger problem for the child with UCBED than function.

In 1999, a group of Shriners Hospitals prosthetic team members from nine hospitals got together and decided they wanted to improve the care of children with UCBED. Under my direction and that of Anita Bagley, Ph.D., of the Northern California Shriners Hospital, representatives from Shriners Hospitals in Erie, Greenville, Houston, Los Angeles, Philadelphia, Springfield, St. Louis and Twin Cities submitted a study proposal to the Shriners Hospitals Clinical Outcomes Studies Advisory Board.

The objective of this five-year study proposal is to improve the care of children with UCBED. The group plans to determine the factors that affect satisfaction, quality of life and function for these children, including the use of a prosthesis, the type of prosthesis, child's age when the first prosthesis is prescribed, prosthesis training, prosthesis wear time and child and parent temperament.

Study group members also want to develop a standard, reliable way to assess children with UCBED in the future, and to direct research and development of a better upper limb prosthesis for children.

For more information on Shriners' network of 22 hospitals that provide medical care and services totally free of charge to children with orthopaedic problems, burns and spinal cord injuries, write to: Shriners International Headquarters, Public Relations Dept., 2900 Rocky Point Dr., Tampa, FL 33607, or visit the Web site at www.shrinershq.org. Treatment is provided to children under age 18 without regard to race, religion or relationship to a Shriner.

If you know a child Shriners can help, call 1-800-237-5055 in the United States, or 1-800-361-7256 in Canada.

*Michelle James, M.D., joined the Northern California Hospital's staff in 1989, and became the first full-time hand surgeon in the Shriners Hospital system in 1991. Specializing in the treatment of children's hand deformities, Dr. James is principal investigator in Shriners Hospitals' study of upper limb prostheses used by children.*