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**BOOK OF  
ABSTRACTS**

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ates the anatomical and physiological conditions for the development of a proper pronunciation. In this regard there appeared the necessity in the development of a special project, presented by games and exercises, improving speech and communication skills a helping a normal speech development.

During the project development we tried to take into account some specific traits of cleft lip/cleft palate children:

*Disorders of speech development:* pronunciation disorders, caused by the abnormality in conditioned reflexes in pharyngeal and soft palate muscles; articulation and voice disorders; particular intoning qualities; underdeveloped phonemic awareness; low speech activity; monolog underdevelopment.

*Psychological specific traits:* emotional disorders, parent-child interaction disorders, low play activity.

*Somatic specific traits:* loss of hearing, cardiopathies and heart diseases, chronic cold-related diseases, pharyngitis, musculoskeletal problems, low immunity.

*Consequently, a cleft lip and palate – is not only a hard anatomical and physiological fault. Many scientists emphasize, that this fault is accompanied by some pathological changes in nervous, muscular and digestive systems, and these changes really burden the state of the prior disease. The questions, connected with the rehabilitation of cleft lip and palate children, demand a complex decision and participation of different specialists.*

Particular psychophysiological qualities of cleft lip and palate children define the aspects of rehabilitation;

Medical impact: surgical, orthodontic, dental, neurologic treatment;

Psychotherapeutic and psychological impact with the help of art therapy methods, individual therapy with psychologist;

Health and fitness impact: swimming, therapeutic physical training for breath development, increase of lung capacity, general motor skills and coordination development,

Speech and vocal therapy: individual lessons with a speech therapist and a vocal teacher. The main targets are: breathing, articulation skills development, activation of a soft palate, formation of a velopharynx, correction of voice disorders, elimination of nasal speech, normalization of speed and rhythm of speech.

#### Conclusions.

- Only a complex system of simultaneous treatment, education and upbringing of cleft lip and palate children with some additional medical and pedagogical methods creates an opportunity for the optimization of rehabilitation time limits;

- Cleft lip and palate children's particular traits defined the necessity of including different specialists in the process of rehabilitation: speech therapist, vocal teacher, psychologist, drawing teacher, swimming coach, fitness instructor;

- The fundamental unit during the realization of rehabilitation targets is the interconnection of speech therapy and vocal correction.

## THE USE OF SELF-MASSAGE IN LOGOPEDIC WORK WITH CHILDREN WITH LIP AND SKY CREVICES

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The introduction of nonconventional technologies into daily practice of the teacher-logopedist, such as self-massage, is becoming relevant. Experts continue the search of the new technologies which could be used in the correctional work with children with the speech infringements caused by congenital and hereditary pathologies. Today experts approve high efficiency of logopedic self-massage in the structure of the correctional work of the logopedist in preschool centres. However, despite the increasing interest to the given problem, the use of self-massage in logopedic practice is insufficient. The theoretical view on the efficiency of the logopedic massage in correctional work is studied in the works of M.B. Ejdinova, O.V. Pravdina, E.M. Mastjukova, K.A. Semenova.

Up-to-date statistics show the increase of childrens lip and palate pathology every year, therefore the correction is one of the major problems of the teacher-logopedist. Correctional work demands the operation of all system of a voice and speech. In logopedic work one of the basic instruments is logopedic massage, self-massage is an additional instrument. Massage is recommended to be used after a plastic surgery of lips. The massage should be done extremely carefully (only after the permission of the doctor) in two directions: in longitudinal, in the area of an operational seam, and transverse, in the area of a firm and a soft palate. When finishing the course of logopedic massage the teacher-logopedist can include the self-massage receptions into the correctional work. The main objective of logopedic self-massage When rhinolalia is fulling a cicatricial fabric which supplements the logopedic massage directed on a soft palate muscles activization and the development of a velo-pharyngeal reflex.

In the postoperative period it is necessary to develop an upper lip of the child for its plasticity, mobility, development of the movements. A number of exercises, which are the basics of self-massage are recommended:

- 1) to lift and lower an upper lip;
- 2) to pull an upper lip on the top cutters;
- 3) to enter finger between upper lip and teeth, moving forward the lip;
- 4) to vibrate the upper lip with a finger;
- 5) to tap the hems with with fingers;
- 6) to tweak;
- 7) to grab a lip with the fingers at mouth corners, then move then towards each other, pressing a lip above a red border and moving it forward, then to massage a hem.

The conclusion be made is that the correctly organised self-massage, individually picked receptions, a dosage of self-massage make a positive impact on all the processes of the complex logopedic correctional work with children with rhinolalia. Besides, the children have positive psychological changes during the course of the correctional work, including self-massage. The changes are: the improve of emotional condition, constraint decrease, calmness emerge.