

原作者及出處 (Original):

Mendoza C.

Pediatr Phys Ther. 2020 Jul;32(3):E64-E69. doi: 10.1097/PEP.0000000000000714.

翻譯者 (Translator):

黃方沂

臺灣大學附設醫院物理治療師，臺北，臺灣

校閱者 (Reviewer):

康琳茹

長庚大學早期療育研究所副教授，桃園，臺灣

題目 (Title):

Wiedemann-Steiner綜合症的物理治療處置：零至三歲

Physical Therapy Management of Wiedemann-Steiner Syndrome From Birth to 3 Years.

摘要中文翻譯**目的：**

為探討Wiedemann-Steiner綜合症(Wiedemann-Steiner syndrome, WSS)與低肌肉張力及發展遲緩的關係，並決定對於零至三歲的患者可能有幫助的早期介入相關策略。

方法：

經由物理治療實證資料庫(PEDro)及PubMed資料庫，使用關鍵字「Wiedemann-Steiner綜合症」、「低肌肉張力」、「發展遲緩」進行文獻搜尋，並報告一個個案研究。

結果：

一位36個月大患有WSS的兒童自2個月大時開始接受物理治療。分別於13及19個月大時加入矯具及跑步機行走訓練。此個案依著發展過程進步，從翻身、坐、站到可行走，但都維持2個標準差的動作發展遲緩程度。

結論：

被診斷為WSS的兒童中57%有低肌肉張力的症狀，90%有發展遲緩。WSS的診斷與動作發展遲緩與障礙有高度相關，因此早期療育計畫應需要物理治療介入。決定治療效果進展應量測功能上的達成，而非非常模參照結果的量測。

影片摘要：

想知道更多關於作著的見解，請至以下網址內查看補充資料影片1：

<http://links.lww.com/PPT/A292>.

Original Abstract

PURPOSE:

To investigate Wiedemann-Steiner syndrome (WSS), its correlation to hypotonia and developmental delay, and to determine the relative intervention strategies that may be useful during early intervention from birth to 3 years.

METHODS:

A literature search using PEDro and PubMed was conducted using key words "Wiedemann-Steiner syndrome," "hypotonia," and "developmental delay" and a case study is presented.

RESULTS:

A 36-month-old child with WSS received PT intervention beginning at 2 months old. Addition of orthotics and treadmill walking was added at 13 and 19 months, respectively. The child progressed through developmental sequences from rolling, sitting, standing, and walking although consistently scored with motor delay of -2 SD.

CONCLUSIONS:

Fifty-seven percent of children diagnosed with WSS have hypotonia, and 90% have developmental delay. The diagnosis of WSS should require physical therapy services through early intervention programs due to its high correlation with motor developmental delay and disability. Determination of progress should be measured with achievement of function rather than norm-referenced outcome measures.

Video Abstract:

For more insights from the authors, access Supplemental Digital Content 1, available at: <http://links.lww.com/PPT/A292>.

Lippincott Williams & Wilkins, a business of Wolters Kluwer Health and its affiliates take no responsibility for the accuracy of the translation from the published English original and are not liable for any errors which may occur.

威科集團醫療衛生業務部門之一：Lippincott Williams & Wilkins，及威科集團醫療衛生業務部門的其他附屬機構不承擔因從英文原文翻譯的準確性而導致的任何責任，也不承擔由於翻譯錯誤而導致的任何法律責任。