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**The “Kolkata Developmental Model” works in both resourced crunched and resourced settings****Jewel Chakraborty**  
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**Introduction:** Children with developmental disabilities can lead a rich and rewarding life, yet as a group, are among the more vulnerable within our community. Early intervention for children with developmental disabilities involves timely provision of an optimal nurturing and learning environment that aims to maximize developmental and health outcomes and reduce the degree of functional limitations. There is evidence that effective early intervention can positively alter the child's longer-term trajectory, achieve significant savings and potentially reduce the risk of secondary health and psychosocial complications. This aspiration is currently emboldened by the recent refining of the Early Detection tool of General Movements (GM) Assessments. GM Assessments has now become the practice standard from 2017 (Novak et. al. JAMA 2017) Objectives: Early intervention follows early identification of developmental problems. When developmental problems are identified, a comprehensive assessment and diagnosis gives us concrete picture of the functional abilities, developmental diagnoses, health conditions and other factors likely to influence future outcomes and wellbeing. The Kolkata Development Model makes these principles work in reality for best outcome in the both resourced-crunched and resourced settings within India and proposes that the same Standard Operative Procedure can achieve most favorable outcome in children of all ages with Special Needs.

**Methods:** Children with developmental disabilities, aged 0 to 19 years are benefited, by and large, at any point of time, given their degree of impairments. Families of these children

get oriented by structured parent training program after initial contact at Child development Centre. Children are screened with preliminary and cost-effective screening tools (PSC, M-Chat etc.) followed by detailed developmental history sessions to capture the child's overall background and their current functionality. Preliminary screening determines the necessity and degree of multidisciplinary standardized assessment and intervention. Children undergo generic therapeutic regime based on clinical observation before final diagnosis is established. Goal settings and targeted intervention are jointly carried out with parental involvement along with structured feed-back sessions. Parents are regularly exposed to therapeutic sessions to modulate Home Base Program later on in the due course of treatment process. This approach of Universal Care Model in all children with Special Needs and Disability is proving to be ace in terms of extraordinary clinical gain.

**Speaker Biography**

Jewel Chakraborty, Master of Physiotherapy (MPT), has specialization in Neurology, is working in the field of Physiotherapy and disability for last 15 years. He is certified in Ayer's Sensory Integration Therapy from University of Southern California; USA. He is trained and certified in Advanced GM assessment. He is also certified in Mulligan Concept Manual therapy under guidance of Dr. Brian Mulligan. He is presently working as a Pediatric Physiotherapist and a team member in the Child Development Center, Apollo Gleneagles Hospital Kolkata lead by internationally famed Dr. Anjan Bhattacharya. He formerly worked with the prestigious The Doon School of Dehradun as a Sports Physiotherapist for seven years. He also worked at NIEPVD (National Institute for the Empowerment of Persons with Visual Disabilities) Dehradun as a visiting lecturer. He is an academican and External examiner of HNB Garhwal National University, Uttarakhand for undergraduate physiotherapy course. He has publications in journals like "Developmental Medicine & Child Neurology" (DMCN).

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