

## **OROFACIAL ANOMALIES HESP 614**

Instructor: Wei Tian, B.M., Ph.D.  
Office: #0141D LeFrak Hall  
Telephone: (301)405-4458  
E-mail: wtian@hesp.umd.edu  
Office Hours: by appointment  
Special needs: Students are invited to speak with the instructor regarding particular course needs.

### **COURSE OBJECTIVES**

Upon completion of this course, the student will be able to:

- Describe different types of orofacial anomalies
- Summarize general characteristics of embryologic development of the human palatal and facial structures
- Describe detailed anatomy and physiology of the velopharyngeal region in humans
- Explain diagnostic procedures in evaluating velopharyngeal system
- Describe problems and approaches in feeding newborns with cleft lip and palate
- Describe general psychosocial characteristics related to individuals born with cleft lip and palate
- Summarize three major areas of treatment for individuals born with orofacial clefts: surgery, dentistry (especially prosthodontia and orthodontia), and speech-language
- Present scientific, scholarly oral and written reports pertaining to the broad area of orofacial anomalies
- Integrate knowledge of anatomy, physiology, and embryology, as well as multidisciplinary management of orofacial anomalies

## TEXTBOOK

### Required:

Peterson-Falzone, S.J., Hardin-Jones, M.A., & Karnell, M.P. (2001). Cleft palate speech (3rd Ed.). St. Louis, Mosby.

### Recommended:

Golding-Kushner, K.J. (2001). Therapy techniques for cleft palate speech and related disorders. San Diego, Singular/Thompson Learning.

### References:

Bardach, J. & Morris, H.L (Eds.) (1990). Multidisciplinary management of cleft lip and palate. Philadelphia: Saunders.

Bzoch, K.R. (Ed.) (1997). Communicative disorders related to cleft lip and palate (4<sup>th</sup> Ed.). Austin, TX: Pro-Ed.

Jung, J.H. (1989). Genetic syndromes in communication disorders. Boston: College-Hill.

Moller, K.T., & Starr, C.D. (Eds.) (1993). Cleft palate: Interdisciplinary issues and treatment. Austin, TX: Pro-Ed.

Kahn, A. (2000). Craniofacial anomalies. San Diego, Singular/Thompson Learning.

Shprintzen, R.J. & Bardach, J. (Eds.) (1995). Cleft palate speech management. St. Louis: Mosby.

Sperber, G.H. (2001). Craniofacial development. Hamilton, Ontario: BC Decker Inc.

## COURSE OUTLINE

September 12. Introduction. The craniofacial and cleft palate team. ACPA. Chapters 1, 2.

September 19. Anatomy. Chapters 3, 6.  
A. Embryology  
B. Normal anatomy  
C. Abnormal anatomy

September 26. Physiology of velopharyngeal system. Chapter 3.  
\*Library research. Guest speaker: Dr. Barbara Nail-Chiwetalu

- October 3. Assessment and management of VPI, Chapters 10, 11, 13
- October 10. Communication disorders associated with cleft palate  
Feeding problems associated with cleft palate. Chapters 7, 11, 12
- October 17. Treatment of Speech-Language problem. Chapters 14.
- October 24. Surgery. Chapters 4, 13  
Hearing disorders and intervention. Chapter 6  
Orthodontia and other dental problems. Chapter 5  
\*Submit topics and reference lists for oral presentations and term papers
- October 31. **MIDTERM EXAM.**
- November 7. Go over exam.  
Psychosocial issues associated with orofacial anomalies
- November 14. Guest speaker: Patricia Landis, M.A., SLP.
- November 21. Observation in craniofacial and cleft team
- November 28. Case discussions.  
Other craniofacial anomalies
- December 5. Other craniofacial anomalies  
Class presentations.  
\*Turn in term paper.
- December 12. Class presentations.
- December 16. Final exam (accumulative)  
1:30-3:30 PM in #0135 LeFrak Hall

### **CLASS PRESENTATIONS**

Each student will provide an oral presentation involving a topic within the area of cleft lip/palate, craniofacial anomalies. The selection of topic and references will be sent to corresponding instructors by Oct 24. The oral presentation may cover the same topic as the term paper. The oral presentation will be accompanied by a one-page abstract plus a one-page bibliography, with the presenter's name included, to be distributed to all students in the class.

### **TERM PAPER**

A term paper will be due by 5:00 pm on the first day of oral presentation, Monday, Dec 5. The paper should be 5-8 pages in length, typed double-spaced, with about 5-10 references. The topic can be any in the area of cleft lip and palate including topics dealing with related craniofacial anomalies.

The exact format for the paper is not important but liberal use of headings and subheadings aids readability. Refer to the Publication Manual of the American Psychological Association (5th Ed.) for specific questions pertaining to format and style or refer to a recent article in the Journal of Speech, Language, and Hearing Research. Submit paper with a cover and with one staple in the upper left corner. The following are some of my biases in evaluating a term paper:

1. **Style**. The following will tend to **lower** the evaluation of the paper: lack of page numbers, lack of headings, misspelled words, sloppy referencing (omitted references, inconsistencies between text and reference list, etc.), long rambling paragraphs, and informal writing style such as the use of contractions.
2. **Content**. Recent, data-based references that are pertinent to your topic area are signs of a mature, scholarly report. Over-reliance on general sources such as encyclopedias and textbooks are a sign of immature writing or minimal effort on your part to do a thorough literature search. Please do NOT simply repeat what you read and subsequently write on your note cards. Inject your own thought into the paper. What are the limitations of the studies you have read? How can they be improved? What additional information is needed to enhance the knowledge base? How do the studies that you have read support each other? How are they in conflict with each other? How might the conflict be resolved? Etc.....
3. **Academic integrity**

## GRADE

The final grade will be based on the 2 examinations, the term paper, as well as the oral presentation.

Midterm	30%	Term paper	15%
Final exam	30%	Oral presentation	15%

The active performance in classroom will count for 10% of total grade.

The acceptable reasons for missing an exam include documented illness by physicians or appropriate authorities, and any other reasonable emergency situation. Please notify the instructor ASAP so that a make-up exam may be considered. If you anticipate missing a class due to religious holidays, or other meetings, please contact the instructor at least one week in advance for alternative arrangements.