

Introduction to programs for educationally handicapped pupils - emphasis: minimal cerebral dysfunction

Education and Information Committee, California Association for Neurologically Handicapped Children - 3 THE DIVERSITY OF STUDENTS WITH DISABILITIES

Autonomic dyskinesia	Symptoms	PSS monitoring indications
Pre-clinical orthostatic hypotension (also known as 'orthostatic lability') Orthostatic hypotension: - Clinical - Pre-clinical - Pre-clinical with syncope (PSS) Clinical	Occasional dizziness upon standing or low energy after noon headache, fatigue, cognitive difficulties, evening fatigue or lower blood pressure at bedtime or upon awakening.	(Upon) standing
Pre-clinical - Clinical - Pre-clinical with syncope (PSS) Clinical	Sudden orthostatic hypotension. Frequent dizziness upon standing.	Sit, ST, BP Sit or 20 min sitting ST or 20 min sitting
Pre-clinical - Clinical - Orthostatic intolerance? - Syncope Pre-clinical	Sudden orthostatic hypotension. Frequent dizziness upon standing with heat, postprandial or palpitations.	Sit, ST, BP ST or 20 min sitting Adductor/HRT - 30 mins
Clinical hypotension: Clinical	Progressive hypotension. No ability to work and feel dizzy resulting from lack of oxygen to the brain due to a drop in blood pressure.	ST, HRF
Clinical	Postural light-headedness, nausea, the need to lie down to have a bowel movement, difficulty breathing, difficulty getting out of bed, difficulty getting up from a chair, fainting, difficulty sleeping, progressive memory loss, difficulty concentrating, difficulty with reading, speaking words more slowly, combined with mild orthostatic hypotension.	ST > 30 mins ST, BP
Neurological synapses: Synapse - Clinical - Cardiac - Neurological - Ocular	See pre-clinical and clinical above except: - Synapse: ST, BP - Cardiac: ST, BP - Neurological: ST, BP - Ocular: ST, BP	ST, BP ST, BP + synapse BP, synapse BP, synapse BP, synapse
Ocular autonomic dysfunction: Ocular autonomic dysfunction	It is rare that eye function is affected in PSS. Consider cardiac autonomic dysfunction rather than a 3rd nerve palsy.	ST, BP BP, eye function

Description: -

Emotional problems of children

Children with mental disabilities -- EducationIntroduction to programs for educationally handicapped pupils - emphasis: minimal cerebral dysfunction

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Notes: Bibliography: p. 79-102.

This edition was published in 1966

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Special Education (SPEC) < New Jersey City University

Warnock Report 1978 Warnock 1978 The complete report is shown in this single web page.

Special Education (SPEC) < New Jersey City University

With more elaborate support in terms of funding, future studies should be able to tackle many of these challenges and come up with a more detailed measure of effectiveness.

Special Education (SPEC) < New Jersey City University

He recommended physical and occupational therapy, and cognitive programming efforts to continue in the areas of consistently responding to sound, anticipating feeding, and operating an electronic device to operate a sound source.

Vol. 17, 1967 of Bulletin of the Orton Society on JSTOR

Attention is directed toward the development of skills and the acquisition of knowledge necessary for effective vocational-educational counseling and the rehabilitation of the physically, mentally, and emotionally handicapped. Some of this variation stems from the different ways that the law has been implemented or that professional practice has been conducted in different jurisdictions. For some other students with disabilities, participation in the common standards and the general education curriculum is likely to require some modification or adaptations.

Effect of a classroom

- . The parents of adolescents in this study had a divorce rate 36.

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