

PEDIATRIC NEUROLOGY:

Dyslexia

1. **Definition:** Unexpected difficulty in reading in children (and adults) who otherwise possess the intelligence and motivation considered necessary for accurate and fluent reading.
2. **Relevant Information:**
 - History of school difficulties.
 - Family History: Reading difficulties in parents and/or siblings.
 - Past Medical Problems: Mild delay in the onset of spoken language, difficulties in appreciating or repeating rhymes, mispronunciations and difficulties in learning letter names may be very early indicators that a child is at-risk for a reading problem.

3. **Diagnosis in the school age child**

Dyslexia is a clinical diagnosis. The clinician seeks a history of inaccurate, slow, and labored approach to decoding, word recognition, and text reading. These are most evident when a child is asked to read aloud in class where mispronunciations, omissions of words that are present or conversely, inserting words that are not on page, reading with a lack of prosody, and frequent pauses, hesitations or loss of place are evident. Other problems include: poor spelling, messy handwriting, difficulty learning a second language, and an avoidance of reading. At all ages, spoken language difficulties are evident, including speech that is not fluent, and is replete with hesitations, um's, and mispronunciations, difficulties with word retrieval, circumlocutions, and the need for time to summon an oral response. Listening comprehension is typically robust.

4. **Tests of Reading** (Tests can be done by the school, private psychologists or private educational consultants)
 - Tests of phonologic capabilities and reading readiness: Comprehensive Test of Phonological Processing in Reading (CTOPP)
 - Test of word reading: Woodcock-Johnson III
 - Test of reading fluency: Gray Oral Reading Test (GORT-4)

5. **Disposition:**

- a) Dyslexia is a persistent, chronic problem that does not disappear over time.
- b) For the school age child, effective evidence-based reading interventions focus on the alphabetic principle and are taught explicitly and systematically. These interventions are provided by the school system.
- c) For the adolescent and young adult, accommodations in the form of extra time on tests, is critical.

Referral to Pediatric Neurology (Bennett Shaywitz, MD): Fax (203) 737 2236, Telephone (203) 785 5708.