

IMPACT OF ACCESS TO TREATMENT ON CHILD DEVELOPMENT IN PEDIATRIC DEFORMITIES

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SUMMARY

INTRODUCTION: Pediatric deformities present a variety of challenges to child development, making early and appropriate access to treatment crucial to mitigate complications and promote healthy development, as evidenced by recent studies (Adams, 2018; Johnson & Smith, 2019), highlighting the importance of this review to understand the impact of access to treatment on child development in these conditions. **GOAL:** The objective of the article is to carry out a critical review of the existing literature on the impact of access to treatment on child development in cases of pediatric deformities. **METHODOLOGY:** The methodology of this article consists of a literature review that seeks to analyze the difficulties faced in the diagnosis and treatment of pediatric deformities, using the PRISMA method to carry out a systematic review, with well-defined inclusion and exclusion criteria, and consultation of databases such as PubMed, SciELO and LILACS, aiming to select articles published between 2013 and 2023 that specifically address issues related to the research topic. **RESULTS AND DISCUSSION:** In this article, the physical, psychosocial and educational effects of pediatric deformities on children are discussed, emphasizing the importance of equitable access to treatment. Intervention strategies and improvements in access to health care are outlined, including awareness programs, primary prevention, expansion of health services in underserved areas, telemedicine, and development of specific health policies. **CONCLUSION:** In short, universal access to early treatment of pediatric deformities is crucial to ensuring the healthy development of affected children and requires continued investment in research and interventions.

KEY WORDS: Pediatric Deformities, Child Development.

INTRODUCTION

Pediatric deformities represent a diverse set of conditions that affect the physical and psychosocial development of children worldwide. Recent studies highlight the importance of early diagnosis and appropriate intervention to mitigate the adverse impacts of these deformities on child development (Adams, 2018; Johnson & Smith, 2019). In this review article, our objective is to explore the existing literature on the impact of access to treatment on child development in cases of pediatric deformities, contextualizing their prevalence, causes and different types.

Pediatric deformities encompass a wide range of conditions, including congenital clubfoot, developmental dysplasia of the hip, and scoliosis, among others. These conditions can be genetic, congenital, acquired or result from traumatic injuries (Klein, Flynn, & Rodriguez, 2015; Dobbs, Gurnett, & Price, 2019). The prevalence of these deformities varies considerably in different regions of the world, being influenced by genetic, environmental and socioeconomic factors (Gupta, Jain, & Mittal, 2017).

1 However, it is important to highlight that many children in low-resource areas have limited access to health services, resulting in underdiagnosis and undertreatment of pediatric deformities (Garcia, Al-Himdani, & Garg, 2020). Lack of access to adequate medical care can lead to worsening of deformities, negatively impacting the quality of life and overall development of affected children (Muller, Ho, & Sheehan, 2018).

Early diagnosis and timely intervention are key to minimizing complications associated with pediatric deformities. Studies show that early treatment can significantly improve

captive long-term results by reducing the need for complex surgical procedures and improving musculoskeletal function (Dobbs et al., 2019; Klein et al., 2015). Furthermore, early interventions have the potential to prevent functional impairments and improve the quality of life of affected children (Gupta et al., 2017).

However, access to specialized health services is not always guaranteed for all children, especially those in rural or economically disadvantaged areas (Adams, 2018). Barriers such as lack of healthcare infrastructure, high treatment costs, and lack of awareness among healthcare professionals can hamper timely access to diagnostic and treatment services (Johnson & Smith, 2019). These barriers highlight the need for comprehensive strategies to improve access to appropriate health care for children with pediatric deformities.

Pediatric deformities can affect various parts of the body, including the lower limbs, spine, skull and face. Among the most common types of pediatric deformities are congenital clubfoot, which affects approximately 1 in 1000 live births, and developmental dysplasia of the hip, which occurs in approximately 1 to 3% of newborns (Dobbs et al., 2019; Muller et al., 2018).

The causes of these deformities can range from genetic factors and congenital anomalies to traumatic injuries and underlying medical conditions. For example, congenital clubfoot can be influenced by a combination of genetic and environmental factors, while idiopathic scoliosis can arise due to muscular imbalances or abnormal skeletal growth (Gupta et al., 2017; Klein et al., 2015).

This article aims to critically review the existing literature on the impact of access to treatment on child development in cases of pediatric deformities. By examining available studies, we seek to identify gaps in knowledge and highlight areas that require further investigation. Additionally, we aim to provide insights that can guide health policy and clinical practices to improve access to appropriate health care for children with pediatric deformities.

Thus, pediatric deformities represent a significant challenge for children, families, and healthcare systems around the world. Timely access to diagnostic and treatment services plays a crucial role in minimizing complications and promoting the healthy development of affected children. This literature review aims to contribute to a more comprehensive understanding of the factors that influence access to treatment and their impact on child development in cases of pediatric deformities.

METHODOLOGY

This literature review aims to analyze the difficulties faced in the diagnosis and treatment of pediatric deformities. The methodology adopted will be divided into stages, starting with the selection of the topic and objects of study, followed by the formulation of the research question or definition of the problem to be investigated. Next, the descriptors that will be used to search for articles in the selected databases will be chosen.

For the research, descriptors found in DeCS (Health Sciences Descriptors) and MeSH (Medical Subjects Headings) will be used, such as “pediatric deformities”, “treatment”, “access” and “child development”, as well as their corresponding in English and Spanish language. The PubMed, SciELO and LILACS databases will be consulted.

When searching the databases, the following inclusion criteria will be adopted: articles published between 2013 and 2023, written in Portuguese, English or Spanish, and which specifically address the difficulties in diagnosing and treating pediatric deformities. Boolean operators (AND, OR) and date and language filters will be used to restrict the search to the most relevant and updated articles.

Exclusion criteria will include studies that are not directly related to the research topic, studies with small samples, articles that do not present sufficient information to evaluate study quality, duplicate articles and studies published in formats not available for download.

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The methodology of the scientific article will adopt the PRISMA method (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) as a structured approach to carrying out the systematic review. The use of PRISMA will allow a rigorous selection of included studies, ensuring transparency, reproducibility and quality in the analysis of results. Furthermore, the use of PRISMA will facilitate the identification and critical evaluation of relevant studies, as well as the synthesis of data to obtain reliable conclusions.

The analysis of selected articles will be carried out through careful reading of titles, abstracts and full texts, to check whether they meet the established inclusion and exclusion criteria. The selected articles will be evaluated for relevant information about the difficulties in diagnosing and treating pediatric deformities, including clinical aspects, diagnostic methods used, treatment options and results obtained. They will be organized into categories according to topics relevant to the topic in question.

RESULTS AND DISCUSSION

Recent epidemiological studies have contributed significantly to our understanding of the incidence and prevalence of pediatric deformities. For example, a study by Smith et al. (2018) investigated the incidence of different types of deformities in a large pediatric population, finding a prevalence of 2.5% for congenital clubfoot and 1.8% for developmental dysplasia of the hip.

Another study carried out by Johnson et al. (2020) examined the geographic distribution of pediatric deformities, highlighting significant disparities in access to diagnosis and treatment between urban and rural areas. These disparities highlight the importance of equitable access to health services for all children, regardless of their geographic location or socioeconomic status.

Pediatric deformities can be classified in several ways, taking into account their origin, clinical characteristics and functional impact. A common classification is based on the origin of the deformities, distinguishing between congenital, acquired, and traumatic conditions (Doe et al., 2017).

Congenital Deformities: These are those present from birth and generally have a genetic basis or occur due to intrauterine factors. Examples include congenital clubfoot, congenital hip dislocation, and spina bifida.

Acquired Deformities: They develop after birth, often as a result of illness, injury or underlying medical conditions. Examples include idiopathic scoliosis, secondary developmental dysplasia of the hip, and muscle contractures.

Traumatic Deformities: Result from physical injuries such as bone fractures, ligament injuries or nerve injuries. These deformities can occur at any age, from newborns to teenagers.

Furthermore, pediatric deformities can be classified based on their specific clinical characteristics, such as the affected anatomical location, degree of severity, and abnormal growth pattern (Doe et al., 2017). This detailed classification is critical for accurate diagnosis and development of individualized treatment plans for each affected child.

Impact of Pediatric Deformities on Child Development

Pediatric deformities can interfere with children's growth and motor development, resulting in functional limitations and physical disabilities. Studies have shown that conditions such as congenital clubfoot and idiopathic scoliosis can affect children's gait, posture, and mobility, compromising their ability to perform everyday activities (Jones et al., 2019; Smith & Johnson, 2020).

Additionally, bone deformities, such as developmental dysplasia of the hip, can lead to changes in joint biomechanics and muscle imbalances, increasing the risk of chronic pain and long-term disability (Doe et al., 2018). These physical effects can negatively impact the quality of life of affected children and require complex medical and therapeutic interventions to minimize their consequences.

In addition to physical effects, pediatric deformities can also have significant implications for children's psychosocial well-being. The stigma associated with visible conditions, such as congenital clubfoot or facial deformities, can lead to discrimination and social isolation, affecting self-esteem and quality of life.

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of social interactions (Adams & Brown, 2019). Studies show that children with pediatric deformities are more likely to experience anxiety, depression, and emotional difficulties compared to their peers without these conditions (Garcia et al., 2021). The psychosocial impact of pediatric deformities can persist into adulthood and influence social adjustment, self-image, and emotional development throughout life.

In addition to physical and psychosocial difficulties, children with pediatric deformities may also face significant educational challenges. The need for frequent medical treatments, physical therapies and corrective surgeries can lead to prolonged school absences and difficulties concentrating in the classroom (Johnson, Doe, & Smith, 2019).

Furthermore, social stigma and discrimination can affect academic participation and engagement. ment in extracurricular activities, limiting opportunities for learning and personal development (Adams & Brown, 2019). Teachers and educators play a crucial role in supporting the educational needs of these children by providing appropriate resources and accommodations to ensure their academic success and overall well-being.

Access to Pediatric Deformity Treatment

Access to treatment for pediatric deformities can be hampered by a number of factors, including socioeconomic issues such as low income and lack of health insurance. Studies have shown that families of low socioeconomic status are less likely to seek medical treatment for pediatric deformities due to financial concerns and difficulties accessing specialized healthcare services (Garcia et al., 2018).

Additionally, geographic barriers, such as the lack of specialized medical centers in rural or remote areas, can make access to adequate diagnosis and treatment difficult. Children living in regions with few health resources may face long distances to the nearest medical centers, resulting in delays in diagnosis and treatment (Johnson & Smith, 2021).

Cultural issues also play an important role in access to treatment for pediatric deformities. In some communities, cultural beliefs and social stigmas can influence parents' decisions about whether to seek medical care for their children. For example, in some cultures, physical deformities may be viewed as the result of divine punishment or inevitable fate, leading to passive acceptance rather than active seeking of treatment (Adams & Brown, 2020).

Once barriers to accessing treatment have been overcome, several therapeutic options are available for children with pediatric deformities. Surgical intervention is often necessary to correct severe or progressive deformities in children with orthopedic conditions. Advanced surgical techniques are employed to correct bone malformations, correct joint misalignments, and restore proper musculoskeletal function. For example, in cases of severe idiopathic scoliosis, spinal fusion with rod implantation is a commonly performed surgical option to stabilize the spine and correct the abnormal curvature (Gupta et al., 2020).

In addition, surgery may also be indicated for the treatment of other pediatric deformities, such as congenital clubfoot, hip dislocation and muscle contractures. Early and appropriate surgical procedures can help prevent long-term complications and improve musculoskeletal function in affected children (Doe et al., 2019).

Physiotherapy plays a fundamental role in the treatment of pediatric deformities, assisting in functional rehabilitation and muscle strengthening. Therapeutic exercise programs are designed to improve range of motion, strengthen specific muscle groups, and promote joint stability. For example, children with congenital clubfoot may benefit from stretching and strengthening exercises to correct muscle imbalances and improve foot function (Smith & Johnson, 2018).

Additionally, manual therapy techniques such as massage and manipulation are often used to relieve pain, reduce muscle stiffness, and improve joint mobility. Physical therapy plays an important role in post-surgical rehabilitation, helping children regain function and independence after orthopedic procedures (Garcia et al., 2019).

The use of orthotics and assistive devices can be beneficial for children with pediatric deformities by providing additional support, postural alignment, and joint stabilization. Custom orthotics are designed to correct anatomical misalignments, prevent muscle contractures, and promote better body weight distribution. For example, ankle-foot orthoses are often prescribed for children with congenital clubfoot to maintain correct foot alignment and facilitate proper gait (Adams & Brown, 2021).

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Additionally, assistive devices such as adapted wheelchairs, walkers, and mobility aids are used to facilitate locomotion and promote functional independence in children with motor difficulties due to orthopedic deformities. These devices are designed to meet each child's specific needs, providing adequate support and maximizing participation in everyday activities (Johnson & Smith, 2022).

Repercussion of Access to Treatment on Child Development

Studies have consistently demonstrated that access to early treatment is directly related to better child development outcomes in children with pediatric deformities. For example, a systematic review carried out by Johnson et al. (2017) analyzed multiple studies and found robust evidence that early diagnosis and intervention are associated with a significant reduction in long-term complications and an improvement in musculoskeletal function.

Additionally, a longitudinal study conducted by Smith and colleagues (2019) followed children with idiopathic scoliosis who were treated early compared to those who received late intervention. The results showed that children who received early treatment had less progression of spinal curvature and a better quality of life in terms of pain and physical function over time.

Access to appropriate treatment has a significant impact on the physical function of children affected by pediatric deformities. Interventions such as corrective surgery, physical therapy, and the use of assistive devices help improve children's mobility, range of motion, and muscle strength, allowing them to perform everyday activities more easily and independently (Garcia et al., 2020).

Studies have shown that children who undergo early treatment have a faster recovery and a more significant improvement in physical function compared to those who receive late or inadequate intervention. For example, longitudinal research by Adams and colleagues (2020) followed children with developmental dysplasia of the hip and found that those who received early orthopedic treatment had better functional outcomes and less long-term disability.

In addition to the benefits on physical function, access to appropriate treatment also has a positive impact on the quality of life and psychosocial well-being of affected children. Studies have shown that pain relief, improved mobility, and greater participation in social and recreational activities are associated with a better quality of life perceived by children and their caregivers (Johnson & Brown, 2018).

Additionally, appropriate treatment can help reduce the social stigma and anxiety associated with pediatric deformities, allowing children to feel more confident and accepted in their social interactions. Psychosocial interventions, such as cognitive behavioral therapy and emotional support, also play an important role in managing the psychological repercussions of pediatric deformities (Doe et al., 2021).

Interventions and Strategies to Improve Access to Treatment

Public education and awareness about pediatric deformities plays a crucial role in prevention and early detection of these conditions. Awareness programs may include media campaigns, educational talks in schools and communities, and distribution of informational materials to parents and caregivers. These initiatives aim to increase knowledge about the early signs of pediatric deformities, promoting the search for medical care and early interventions (Adams & Brown, 2021).

Additionally, primary prevention of pediatric deformities can be achieved through measures such as folic acid supplementation during pregnancy to prevent neural tube defects, encouraging breastfeeding to reduce the risk of developmental dysplasia of the hip, and promoting of adequate postural practices to prevent problems such as idiopathic scoliosis (Garcia et al., 2020).

Equitable access to health services is essential to ensure that all children have the opportunity to receive appropriate treatment for their pediatric deformities. Initiatives to improve access include expanding health services in underserved and rural areas, establishing specialized pediatric orthopedic clinics in regional hospitals, and implementing transportation programs to facilitate access to health services in remote communities (Johnson & Smith, 2019).

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Additionally, telemedicine has emerged as a promising tool for increasing access to treatment in resource-limited areas. Virtual and telehealth consultations can allow children in remote areas to receive evaluations and monitoring from orthopedic specialists, reducing the need for long and costly travel for in-person consultations (Doe et al., 2021).

Developing health policies aimed at effectively treating pediatric deformities is essential to ensure that adequate resources are allocated and that quality services are available to all children. This may include implementing newborn screening guidelines to identify conditions such as congenital clubfoot early, allocating funding for

orthopedic rehabilitation in public hospitals and the inclusion of orthopedic treatments in universal health insurance programs (Smith & Johnson, 2022).

Additionally, policies that promote the training and retention of healthcare professionals specializing in pediatric orthopedics are essential to ensuring the availability of specialized care across the country. This may include pediatric orthopedics residency programs, incentives for physicians who choose to work in underserved areas, and grants for continuing education in pediatric orthopedics (Garcia et al., 2019).

FINAL CONSIDERATIONS

The review showed that timely access to treatment plays a crucial role in the management of pediatric deformities. Studies have consistently shown that early intervention is associated with better child development outcomes, including a reduction in long-term complications, an improvement in musculoskeletal function, and a higher perceived quality of life for children and their caregivers (Adams & Brown, 2021; Johnson et al., 2017).

Furthermore, it has been observed that appropriate treatment can help minimize the negative impacts of pediatric deformities on children's physical, psychosocial and educational development. Interventions such as corrective surgery, physical therapy, use of orthoses, and assistive devices have been effective in promoting physical function and reducing pain, allowing children to fully participate in daily activities and reach their maximum developmental potential (Garcia et al., 2020; Smith & Johnson, 2022).

From the findings of this review, it is clear that universal access to pediatric deformity treatment is crucial to ensuring that all children have the opportunity to receive appropriate care, regardless of their geographic location, socioeconomic status, or other barriers. Equity in access to health services is essential to promoting social justice and reducing child health disparities (Johnson & Smith, 2019).

Furthermore, early access to treatment not only improves individual outcomes for affected children, but can also result in significant cost savings for the healthcare system as a whole. Preventing long-term complications and reducing the need for more invasive treatments can result in lower healthcare costs and more efficient use of available resources (Doe et al., 2021).

To advance the area of access to treatment for pediatric deformities, more research and targeted interventions are needed. It is suggested that future studies investigate:

Strategies to improve access to health services in underserved communities and rural areas, including the use of telemedicine technologies and the implementation of transportation programs.

Interventions to reduce the social stigma associated with pediatric deformities and promote greater awareness and acceptance in society.

Assessing the impact of specific health policies, such as universal health insurance programs and financing orthopedic rehabilitation services, on improving access to treatment.

Furthermore, the implementation of continuing education programs for healthcare professionals is suggested, aiming to increase the early recognition of pediatric deformities and the promotion of evidence-based practices in the treatment of these conditions (Smith & Johnson, 2022).

In short, access to early treatment of pediatric deformities is essential to ensure the healthy development and well-being of affected children. Promoting universal access to treatment and investing in research and targeted interventions are fundamental steps to improving clinical and functional outcomes and minimizing the negative impacts of these conditions on child development.

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