

## Stickler Syndrome

Here are some strategies to help schools meet the needs of children with Stickler. The needs of children and young people with Stickler can be met through Quality First Teaching and simple strategies used in the classroom. In the majority of cases these children and young people do not require specialist interventions from a Qualified Teacher for Visual Impairment. The information in the universal section of the Mainstream Core Standards for VI will also be useful.

### What is Stickler Syndrome?

Stickler syndrome is a genetic disorder affecting collagen throughout the body. Collagen is a primary part of connective tissue like bone, skin and cartilage.

Stickler syndrome is characterised by vision, hearing, and joint problems. These signs and symptoms vary widely among affected individuals and affected family members may not exhibit the same symptoms. Mild symptoms may not need treatment.

Stickler syndrome is a progressive disorder, so the symptoms are likely to become more severe with age. However, a child or young person's vision may remain stable for a long time.

Children with Stickler syndrome are usually very short-sighted from an early age. (Severe short-sightedness = high myopia).

Children with Stickler syndrome are also more likely to develop retinal detachment (where the retina separates from the back of the eye causing partial or total loss of sight) and cataracts (clouding of the lens of the eye or eyes)

Another common eye problem is glaucoma (increased pressure within the eye).

### General Strategies

- Position the child at the front of class.
- The teacher needs to write on the whiteboard in large, clear print with a broad black or dark blue marker
- The child would benefit from using a black or dark blue pen for writing
- Reading materials will need to be presented in a clear type such as Arial or Comic Sans
- Some children may need clear, large print books. Please follow guidance from qualified teacher for visual impairment (QTVI) on appropriate choice of font and print size.

- During PE, the use of brightly coloured balls, floor markers and vivid coloured vests or bibs will allow full participation in the lessons.
- As there is a risk of retinal detachment it is important to check which sports the child can participate in. This includes high contact sports and trampolining.
- Support for mobility in unfamiliar environments e.g. on outings and trips - supervision with crossing roads, pointing out changes in levels and providing additional information to help children orientate.