Statement of Intent

To whom it may concern:

I am a third year medical student and have been invited to give a podium presentation at the American Academy for Cerebral Palsy and Developmental Medicine international conference in October. The research I will be presenting began in the summer of 2010. The main focus of my study was to compare the growth patterns in patients with different subtypes of cerebral palsy and those of healthy children and construct appropriate growth charts specific to patients with cerebral palsy.

The heights and weights of all children are plotted on growth charts each time there is a visit to the physician, plotting height and weight against age at the time of the visit. Growth chart normal values are dictated by the government, and patients' values are compared to averages. Cerebral palsy is a disease comprised of subtypes, including quadriplegia (four limbs affected), diplegia (two symmetrical parts of the body affected), and hemiplegia (one side of the body affected). Historically, patients with cerebral palsy are at the bottom of the scale or below the scale for height and weight, which frequently results in the patient getting an additional diagnosis of failure to thrive. Many families of cerebral palsy patients are already doing their best to cope with their child's disease, and getting this additional diagnosis makes many families feel that they are not providing adequate nutrition for their children. One of the goals of my study was to determine if the low height and weight pattern may be a process of the disease or if the patients really deserved a diagnosis of failure to thrive.

I examined the electronic medical records of 478 children who were seen in the outpatient clinic at Rusk Rehabilitation Center. The patients' heights and weights were recorded and compared to one another and compared to the government standards for healthy children. My results show that heights and weights of children with quadriplegic cerebral palsy are consistently lower than those with hemiplegic and diplegic cerebral palsy, and all are below those of healthy children. Hemiplegic children have greater heights and weights than other subtypes. There are statistically significant differences in weight among all subtypes for males, and all other data sets show distinct patterns of difference. This proves there are differences, and further research needs to be performed.

There are currently no other studies in the scientific literature that compare growth patterns in the different subtypes of cerebral palsy. By presenting my research at this international conference, I will show that there is a deficiency in not only how we are caring for our patients, but also how we perceive the disease of cerebral palsy.

True, conferences are good for building personal and professional connections, and a third year medical student presenting at a conference is unique. This conference presentation will certainly help me stand out among my peers when applying for residency. However, the biggest personal and professional importance of this conference for me is being able to present data that has not been researched and will spawn further research in hopes of providing multi-center studies with enough statistical power to generate the growth charts needed for children with this disease. The job of a physician is to serve the patient, and with this presentation to the international medical community, I will help medical workers be more informed so they can better serve their patients. I want to attend this conference so I can make that happen.

Sincerely, ----------