



Case Studies

Using the best practice table as your underlying framework:

1.

A 7-year-old male was referred to the school psychologist for disruptive behaviour in the classroom. The parents told the psychologist that the child has not met educational and cognitive benchmarks yet for his age group. He has been bullied by other kids as he is much taller and less coordinated than they are. The psychologist suggests that the parents have some blood work done to check for any chromosomal abnormalities. During a preliminary physical examination it is noted that he has a micropenis and his testicles are small. (Klinefelter's)

- a. What general diagnosis could this child have?
- b. What psychosocial/social supports could you put in place for the family?
- c. Who would you suggest as members for a multi-disciplinary team?

2.

A 3-and-a-half-year-old female presents at a child health and development check. The parent is concerned about a couple of lumps in the child's pelvic area, so a quick physical exam by the nurse is completed, during the exam two hard lumps are found bi-laterally in the pelvic area that feel like undescended testicles. (PAIS)

- a. What general diagnosis could this child have?
- b. Detail next steps, medically and psychosocially

3.

14-year-old male attends ER with a broken forearm after playing tag during lunch. The youth has noticeable minimal secondary sex characteristics, is of short stature and has a history of broken bones (any with the inability to create consistent testosterone required for puberty and bone strength).

- a. What is the possible diagnosis?
- b. What tests could be performed?
- c. Who would you suggest as members for a multi-disciplinary team for the youth?

Reflection Exercise

With your current clinical practice knowledge reflect on how this would change with the incorporation of the Darlington Principles.