

LYHYTKASVUISET – KORTVÄXTA RY

is a national association founded in 1984 for people with restricted growth and for their families and friends.

The purpose of the association is to act as a link between members, to see that their rights are respected and to promote research, social and health care and rehabilitation of people with restricted growth.

The operations of the association are mainly based on voluntary work.

THE GOAL OF THE ASSOCIATION IS

- to raise awareness of restricted growth and related issues, such as aids, forms of support, clothing, nutrition, mobility and exercise
- to provide information to different authorities and decision-makers who work with people with restricted growth (e.g. social workers, staff of kindergartens and schools, social and health care providers)
- to provide peer support for people with restricted growth and their families and relatives
- to collect information about the treatment, rehabilitation and studies of different diagnoses
- to influence attitudes and to reduce prejudice.

ACTIVITIES:

- National spring and autumn events held annually
- Regional events
- Family, youth and senior activities
- Peer support and experiential expertise
- Information provision and training
- Wide scale stakeholder cooperation and influential activities
- International Cooperation

CONTACT

Chairperson

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Association Secretary

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BOARD 2020

hallitus@lyhytkasvuiset.fi

Sanna Leppäjoki-Tiistola, Chairperson

Karita Karttunen, member, deputy chairperson

Alma Laine member, financial director

Ellen Nirhamo, member

Eemeli Kuvaja, member

Sanna Järvi, children's representative

Anni Matikainen, children's representative

OTHER TASKS

Henna Ylitolonen, Organisation Secretary,
(coordination of activities and peer support)

Taija Tontti, youth activities

Arja Lankinen, senior activities

Ellen Nirhamo, international relations

Henna Käyhkö, social media

COMMUNICATIONS

The Board and Association Secretary are responsible for Association Magazine. The association's magazine comes out 4 times a year.

E-mail addresses are in the form of
firstname.lastname@lyhytkasvuiset.fi

IN SHORT People of Short Stature in Finland



/lyhytkasvuiset



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WWW.LYHYTKASVUISET.FI

IN GENERAL

WHAT IS RESTRICTED GROWTH?

The average height of people varies among the different populations of the world. Thus there is no international definition for people with restricted growth. In Finland an adult with height approximately less than 140 cm is considered to have restricted growth.

WHAT CAUSES RESTRICTED GROWTH?

There are 400 - 500 medical reasons for restricted growth, such as bone dysplasias, chromosome disorders, endocrine disorders (growth hormone deficiency, hypothyroidism) or disorders involving internal organs.

IS RESTRICTED GROWTH A DISABILITY?

When restricted growth is caused by a medical reason, it can be considered to be a disease or a disorder. Depending on the diagnosis, people of restricted growth can have, for example, bone and joint deformities, immune deficiencies or internal organ diseases, which cause disabilities.

HOW COMMON IS RESTRICTED GROWTH IN FINLAND?

In medical terms, there are about 800 - 1,000 people of short stature in Finland. The most common diagnoses in Finland are diastrophic dysplasia, cartilage-hair hypoplasia and achondroplasia, which are all rare conditions.



HERITABILITY

CAN ANYONE HAVE A CHILD WITH RESTRICTED GROWTH?

Yes. Most parents do not know that they carry a gene which causes restricted growth, and it can also be caused by a mutation that occurs in the parent's gametes or the child's genes. A person with restricted growth often has parents and siblings with average height.

CAN A PERSON WITH RESTRICTED GROWTH HAVE CHILDREN?

Yes. Whether the child will be of restricted growth, depends on genes and varies according to the diagnosis of the parent.

Disproportionate growth refers to the unusual proportions between the limbs, torso and head. Diseases that belong to the group of growth disorders that cause disproportions are usually hereditary and are inherited in accordance with Mendel's principles of inheritance:

- **A dominant growth disorder** is inherited by the child with a probability of 50%.
- **A recessive disorder** is inherited when both healthy parents carry a mutated gene, and their chance of having a child of short stature is 25% during each pregnancy. Thus it is unlikely that a person with recessive disorder would have a child with the same disorder, and it depends also on the partner's genes.



WHAT ADVERSE EFFECTS DOES DWARFISM HAVE?

Accessibility - everything is too high and far away. In an environment with standard dimensions not enough consideration is given to those in need of special dimensions (e.g. stairs, lifts' buttons, doors, ATMs, gas stations, counters, public transportation, clothing, furniture). The (disproportionate) shortness of limbs as well as joint deformities can cause restricted movement, functioning and managing day-to-day life. When moving with walking aids, the inaccessibility of the environment causes problems.

Credibility – people with restricted growth must prove to be equal to others of their age, i.e. they are often treated according to their height instead of their age and ability.



- The most important aspects are the attitudes and the accessibility of the built environment so that individuals have the opportunity for the equal existence.
- Rehabilitation, physical treatments, aids, social and psychological support help people with restricted growth to live an independent and equal life.