

Management Guidelines – 1 to 4 years

<u>WHO</u>	<u>WHAT</u>
GP	<ul style="list-style-type: none"> • Listen to parents' concerns about their child • Manage referrals to other specialists as appropriate • Consider whether there is any evidence of seizure activity which warrants further investigation • Refer family to AusDoCC for support
Paediatrician/ Developmental Paediatrician	<ul style="list-style-type: none"> • Monitor development and refer for further developmental assessments as necessary • Consider whether child has symptoms of other conditions such as autism, ADHD • Refer child for appropriate therapeutic interventions • Consider whether there is any evidence of seizure activity which warrants further investigation • Refer family to AusDoCC for support
Paediatric Neurologist	<ul style="list-style-type: none"> • Consider EEG to assess whether there is seizure activity • Manage neurological issues such as epilepsy • Refer family to AusDoCC for support
Geneticist	<ul style="list-style-type: none"> • Consider whether there is an underlying genetic cause for the child's ACC • Consider whether there are any familial links which justify review of other family members • Undertake microarray, targeted gene testing and WES • Refer family to AusDoCC for support
Other specialists (Endocrinologist, Urologist etc)	<ul style="list-style-type: none"> • Manage related symptoms such as growth issues, incontinence
Ophthalmologist	<ul style="list-style-type: none"> • Is there evidence of any vision issues such as cortical visual impairment, nystagmus, strabismus etc
Occupational Therapist	<ul style="list-style-type: none"> • Provide therapeutic input to address fine motor skill difficulties, life skills such as toileting, feeding and dressing and sensory symptoms • Consider other related symptoms such as sensory processing disorder • Consider whether child would benefit from equipment such as bath seat, toilet frames and steps, specialised beds, any aids to assist with sensory needs • Refer family to AusDoCC for support
Speech Therapist	<ul style="list-style-type: none"> • Diagnose and treat speech delays and difficulties • Consider whether child would benefit from alternative assistive communication aids • Refer family to AusDoCC for support

Physiotherapist	<ul style="list-style-type: none"> • Provide therapeutic input to address gross motor function including symptoms of high or low muscle tone • Consider whether child would benefit from assistive equipment such as seating support, standing frame, walker, orthotics, wheelchair or other mobility aids • Refer family to AusDoCC for support
Orthotist	<ul style="list-style-type: none"> • Prescribe and manage any orthotic supports needed to assist walking and other motor function

Educational Management Guidelines – 1 to 4 years

<u>WHO</u>	<u>WHAT</u>
Playgroups	<ul style="list-style-type: none"> • Provides your child with the opportunity for social interactions with others • Will give you the opportunity to recognise any major differences to typically developing child
Preschool / daycare setting	<ul style="list-style-type: none"> • Your child may not be on a similar level to their peers • Record observations on differences to raise with doctors and therapists • Discuss your child’s development with other parents • Further advice on supportive measures, either from therapists or the educational body • Educating staff on disorders of the corpus callosum and AusDoCC website

*Compiled by AusDoCC members consisting of adults with a DCC, parents, partners and friends.
Reviewed by AusDoCC advisors including practitioners, researchers, clinicians, educators and allied health professionals.
©AusDoCC Inc.2018*

