EVALUATION OF THE PSYCHOMOTOR DEVELOPMENTAL AND POSTURE OF A CHILD WITH ROBIN SEQUENCE ASSOCIATED WITH STICKLER SYNDROME

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OBJECTIVES: To evaluate the the neuropsychomotor development and posture of a patient with Robin sequence associated with Stickler syndrome at 5 years and 3 months. **EXPERIENCE REPORT:** background data were taken from medical records and interviews. The neuropsychomotor development was assessed by Denver II Test and postural deviations were observed during physical therapy consultation. When baby, the patient had wide U-shaped cleft palate, type 1 airway obstruction, difficult breathing and feeding. The patient made use of nasopharyngeal intubation and nasogastric tube, was submitted to palatoplasty at 1 year and 3 months and bilateral myringotomy at 4 years and 1 month. She presented myopia after 1 year, sat at 6 months, did not crawl, and walked at 1 year and 4 months. Currently she complains of joint pain, especially in the knees, and underwent treatment with orthopedic boots for 2 years and 6 months. The family falls in the low-higher socioeconomic level. The evaluation revealed the following results: the child measures 120 cm and weighs 21 kg She is intelligent, communicative, and has good school performance. She achieved optimal performance in Denver II Test in all areas, especially in fine and gross motor coordination, and normal end result. She presents long fingers, hyperflexibility knees and elbows, and postural deviations as thoracic kyphosis, hyperextension of knees, ankles and knee valgus. **CONCLUSION:** With all changes and difficulties presented by the association of syndromes, the patient evaluated obtained normal neuropsychomotor development. However, physiotherapy guidelines and maintaining good posture are necessary to reduce the joint pain caused by postural changes and hyperflexibility.