

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, advocacy 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.

**Information, events, training,
peer support and experiential
expertise**

The association raises awareness about restricted growth and related issues, such as aids, forms of support, clothing, nutrition, mobility and exercise. The association provides 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).



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IN SHORT
PEOPLE WITH RESTRICTED
GROWTH IN FINLAND



General information

WHAT IS RESTRICTED GROWTH?

The average height of people varies among the different nations 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 a disease or a disorder. Depending on the diagnosis, people with 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.

Right to equity

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.



Equity is achieved by removing obstacles by influencing on attitudes and accessibility, and in addition by supporting the individual life.

Independent life is supported by individual support such as rehabilitation, physical treatments, aids, social and psychological. Everybody has right to live, study and work independently and equally.