

## LYHYTKASVUISET – KORTVÄXTA RY

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

The purpose is to act as a link between the members, to see that their rights are respected and to work for advancing research, social and health care and rehabilitation of short people.

The association functions mainly through voluntary work.

### THE GOAL IS

- to share information about restricted growth and related issues such as aids, clothing, nutrition, sports and daily matters
- to educate different authorities and decision makers who work with people with restricted growth (e.g. staff of kindergarden and schools, social works, nurses and doctors)
- to support people with restricted growth and their families in different kinds of life situations
- to collect information about treatment and rehabilitation of different diagnosis
- to influence on attitudes and to diminish prejudice.

#### ACTIVITIES:

- Annual national spring and autumn events
- Regional activities
- Family and youngster activities
- Courses and training
- Peer supporting
- Informing
- Cooperation with interest groups
- International Cooperation

## CONTACT

### Chairperson

044 355 9499 (in the evenings)  
lyhytkasvuiset@lyhytkasvuiset.fi

### Organisation Secretary

044 066 4885 (at 11–15)  
toimisto@lyhytkasvuiset.fi

## BOARD 2017

**Sanna Leppäjoki**, Chairperson

**Hanna Hytönen**, a member, vice chairperson

**Tuula Karttunen**, a member

**Pirjo Virkkunen**, a member

**Iida Hölsä**, a member, responsible for social media

**Katriina Norring**, representative for families with children

**Leena Glücker**, representative for families with children and responsible for finance

## OTHER TASKS

**Mervi Skott**, Organisation Secretary,  
(coordinating functions)

**Elisa Anttonen, Jenni Suhonen and Ella Stenroos**,  
responsible for youngster activities

**Ellen Nirhamo**, international correspondent

**Susanna Lindroth**, responsible for member register

## COMMUNICATIONS

Board and Organisation Secretary are responsible for  
Association Magazine

**Salla Levonen, Iida Hölsä and Niko Norisalo**  
responsible for social media

sähköpostiosoitteet ovat muotoa

**firstname.lastname@lyhytkasvuiset.fi**

IN SHORT  
People with restricted  
growth in Finland



WWW.LYHYTKASVUISET.FI

## TO GROW SHORT

### WHAT IS RESTRICTED GROWTH?

The average height varies among different nationalities in the world. Thus there is no international definition for people with restricted growth. In Finland an adult with height approximately less than 140 cm suffers from restricted growth.

### WHAT CAUSES SHORTNESS OF STATURE?

There are 400 - 500 medical reasons causing restricted growth, such as bone dysplasias, chromosome disorders, hormone disorders (growth hormone deficiency, hypothyroidism) or disorder in viscera.

### IS RESTRICTED GROWTH A DISABILITY?

When restricted growth is caused by a medical reason, it is a disease or a disorder. Depending on the diagnosis, short people can have for example bone and joint deformities, problems with autoimmune, deceases in viscera and weakness in hearing or seeing, which also cause disabilities.

### HOW COMMON IS RESTRICTED GROWTH IN FINLAND?

Based on medical diagnosis there are about 1000 short persons 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 be caused also by a mutation. A person with restricted growth often has parents and siblings with average height.

### CAN A PERSON WITH RESTRICTED GROWTH HAVE A CHILD?

Yes. Whether the child will be of restricted growth, depends on genetics, which depends on the diagnosis of the parent.

Disproportionate shortness is characterized by one or more body parts being relatively large or small in comparison to those of an average-sized adult. The diagnoses belonging to this group are usually heritable according to Mendelian inheritance:

- **In case of an autosomal dominant disorder**, the chance a child will inherit the mutated gene is 50%.
- **An autosomal recessive disorder** is inherited when both parents (affected or unaffected) carry the mutated gene, and the chance in each pregnancy is 25%. Thus it is unlikely that a short person with an autosomal recessive disorder will have a child with the same disorder.



## WHAT KIND OF CHALLENGES APPEAR?

**Dimension:** Everything is too high and far. When building an environment (e.g. stairs, elevators, doors, ATMs, gas stations, counters, public transportation, furniture), it would be recommendable to consider also those with special needs. (Disproportionate) shortness of limbs and joint deformities can cause restricted movement which makes it difficult to function and manage in day-to-day life. When moving with walking aids the inaccessibility of the built environment is a challenge.

**Credibility:** People with restricted growth need to prove more. They are often treated according to their height and not their age and abilities.



- The most important things are the attitudes and the accessibility of the built environment so that everybody has the possibility for the equal existence.
- Rehabilitation, physical treatments, aids, support and fair attitude help short people to live individually and equally in our society.