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## An Ideal Cleft Palate-Craniofacial Team for Comprehensive Longitudinal Patient Care

Since the concept of "team care" for persons with cleft lip or cleft palate or both was presented by Dr. H. K. Cooper\* in 1943 and formalized in 1947, there has been repeated and ample confirmation of the value of this approach in the case of children with cleft palate. Recent experience with patients presenting more complicated craniofacial anomalies indicates that all of these patients need multidisciplinary care by the medical, dental, speech, audiologic, psychological, and teaching professions.

If children with these anomalies are to achieve their potential and not differ significantly from their peers, then physicians and dentists must treat the anomalies; but speech, psychological, and educational problems must also be resolved. Services must be delivered in a timely fashion, and repeated visits are necessary. Administrative support is essential for coherent, rational, longitudinal care. Thus, the team should be composed of professional and administrative personnel with the skills, maturity, and commitment required to deal with these children and their special problems and needs. Excellent clinical practice and administrative support are necessary for proper care and management of these children. The personnel needs may be listed as follows:

### Administrative Personnel

Director  
Coordinator  
Secretary  
Support persons

### Dental Personnel

Pedodontist or dentist  
Orthodontist  
Prosthodontist  
Maxillofacial surgeon  
Others

### Professional Team

#### Medical Personnel

Pediatrician  
Nurse practitioner or nurse  
Geneticist  
Radiologist  
Plastic surgeon  
Otolaryngologist  
Neurosurgeon  
Ophthalmologist  
Others

#### Social and Behavioral Personnel

Social worker  
Psychologist  
Psychiatrist  
Speech pathologist  
Audiologist  
Educators (to address general and  
special educational needs)

For individual patients, some disciplines will provide only consultative services, other disciplines, only treatment. Individual teams may be organized with different structures and may deliver different service combinations. When the necessary financial support is available from the community, good team structure and organization will allow the comprehensive and timely intervention that is required. As a pediatrician, I view each interceptive contact as contributing to both the continuum of patient progression from infancy to young adulthood and a productive life.

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\* COOPER HK. Integration of services in the treatment of cleft lip and cleft palate. J Amer Dent Assoc 1953; 47:27.

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