1. **Clefting**
   - generic term
   - various types
   - study perspective
     - unitary vs. multiple

2. **Incomplete**

3. **Median**

4. **Uni & bilateral**

5. **Uni and Bilateral**

6. **Less obvious**

7. **Unitary Disorder**
   - single separate disease process
   - “cleft palate child”
   - outcome of single cause
   - single problem

8. **Multiple Disorder**
   - numerous etiologies
   - multiple anomalies
     - (p. 70 - up to 71% reported to have associated anomalies - some minor, some major)

9. **Specific SLP Responsibilities**
   - early counseling
   - assessment speech and language
   - perceptual testing of VPI
   - team member in decision making
   - provision of speech therapy
   - advocacy

10. **Clefting**
    - one type of craniofacial anomaly
    - opening in part not normally open
    - ceasmic interruption/discontinuity of tissue in the oral facial area
    - a hole in the roof of the mouth

11. **Presentation**
    - various locations of face causes description challenges
    - class focus on lip and palate
    - challenges in classifying

12. **Classification**
• no universal system
• influences diagnostic, therapeutic and outcome decisions
• present systems based on embryological development
• useful quick reference

13  Veau’s system
• four most frequent clefts
  • I - cleft of soft palate only
  • II - cleft of hp and sp
  • III - complete unilateral cleft of hp, sp, alveolus and lip
  • IV complete bilateral cleft of hp, sp, alveolus and lip

14  Kernahan’s System
• see page 29 and description
• recommended for clinical classification purposes
• quick visual reference
• indicates primary cleft distinctions
• can depict original extent of clefting

15  ACPA Classification
• Table 1.1
• most widely used system
• recommended for clinical research purposes
• based on genetic and embryological premises
  • clefts of prepalate (lip and alveolus) and palate (hp and sp