



Preface to the Second Edition

As we contemplated the additions and modifications we planned for this second edition, we prepared ourselves by reviewing the preface to the first edition. We were impressed that the objectives remain consistent, despite the many changes in this current edition. This book remains, first and foremost, an exposition of interdisciplinary knowledge and experience in the care of cleft palate and craniofacial anomalies. In the preface to the first edition, we spoke about the importance of clinical outcome, convinced that successful, indeed optimal, outcome was highly dependent upon the interdisciplinary approach. We remain convinced!

We believe that our best clinical work is grounded in research. This is a clinical text by the very nature of the series—*For Clinicians, by Clinicians*—yet we intend for it to be an important and useful reference that explores in depth what we know, how we know it, what we still need to accomplish, and what future investigations will advance our knowledge. That is still true!

Although speech-language pathologists and audiologists are anticipated to be our primary readers, this edition will benefit professionals from a wide variety of disciplines (medicine, dentistry, surgery, psychology, social work, etc.) who are curious about or directly involved with interdisciplinary enterprise. Successful interdisciplinary activity demands that all participants be well informed, have mutual respect for each discipline and each other, and appreciate how each can best contribute.

What have we done to “grow” this second edition? There are several new chapters to help the reader appreciate a more complete range of disciplines involved on interdisciplinary care teams. Best practice involves not only the gifted and caring surgeon, but also a host of professionals diagnosing, evaluating, planning, and treating as the child matures physically and behaviorally. Because interdisciplinary teamwork involves so many disciplines from birth to adulthood, we added the following chapters: “Social

Work: Assessing Family Issues and Burdens of Care” (Aspinall), “Ethical Issues in the Care of Patients with Cleft Palate and Craniofacial Anomalies” (Sharp), “Transcultural Care of Patients with Cleft Palate and Craniofacial Anomalies” (Hinton), “Nursing Care, Feeding, and Nutrition in the First Year” (Breen, Chibbaro, and Hopper), and “Pediatric Otolaryngology: Management of the Ear, Nose, Throat, and Airway” (Sidman).

We listened to our students. Although their judgments about the first edition were clearly favorable, the most frequent suggestions were to add a chapter on anatomy and physiology of the craniofacial complex and the velopharyngeal closure mechanism, and a chapter focusing on language development in children with cleft palate. We agreed and added “Anatomy and Physiology of the Normal and Cleft Palate Speech Mechanism” (Jones and Seaver) and “Speech and Language of Children with Cleft Palate: Interactions and Influences” (Chapman). Other chapters underwent major updating and revisions, frequently by different authors from those who contributed to the previous edition. As editors, we have attempted to organize sections more logically and to cross-reference the chapters liberally.

We honestly applaud ourselves for recruiting an absolutely outstanding and impressive group of contributors for this edition. The reader need only glance at the literature or at national and international conferences to recognize and appreciate the contributors to this book. They are all skilled clinicians and productive scholars who are relentlessly committed to the interdisciplinary approach. We are so grateful for their willingness to share their expertise and perspective.

There are so many other people to thank for this effort:

- To our patients and families who are constantly teaching us about the importance and value of teamwork and patient-centered care—we are indebted!
- To our predecessors and our own mentors who saw the wisdom, potential, and caveats of interdisciplinary care for persons with cleft and craniofacial conditions—we thank you for your vision, work, and guidance!
- To our students, who challenge us with curiosity and insights, delight us with your intelligence and enthusiasm, and teach us new lessons as well.
- To our own families, who encourage us to have patience and worry less and who shared our conviction that what we were trying to accomplish was worthwhile—we are grateful for your support and we love you!

We were shocked and dismayed with the sudden death of Herbert A. (Andy) Leeper, Jr., primary author of the chapter on prosthodontic management. Andy was excited about this second edition and was actively working on a revision at his untimely death in 2001. Before this edition went into production, we were saddened to learn about the death of Paul S. Sills, a coauthor of the same chapter. Their collaborator David Charles and we agreed unanimously to retain Andy's first author listing for the chapter. Most recently, in August 2006, we mourned the loss of our colleague and friend Robert Gorlin, a most respected and distinguished contributor to the chapter on identification and delineation of craniofacial syndromes. We will certainly miss their presence among us, but so appreciate their excellent contributions to this book.

Finally, but very importantly, we acknowledge and fondly remember my (KM) coeditor for the first edition, Clark D. Starr. I continue to be inspired by his mentorship, friendship, and influence for over 40 years. Clark died in 1999. I know he would be delighted to know that Leslie joined me as coeditor for this second edition.

We are privileged to have found a specialty that brings us such professional satisfaction and personal reward, through our endless opportunities to learn, our cherished collaborations with interdisciplinary colleagues, and our zeal for positive clinical outcomes. Our hope is that you, our readers, detect that same satisfaction within these pages.

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