

Playful strategies used in healthcare for children with orofacial anomalies: a scope review

Estratégias lúdicas utilizadas na assistência à saúde de crianças com anomalias orofaciais: revisão de escopo

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-  Mariana Martire Mori¹
-  Camila Moraes Garollo Piran¹
-  Alana Vitoria Escritori Cargnin¹
-  Fernanda Ribeiro Baptista Marques¹
-  Maria de Fátima Garcia Lopes Merino¹
-  Marcela Demitto Furtado¹

¹Universidade Estadual de Maringá.
Maringá, PR, Brazil.

Corresponding author:

Mariana Martire Mori
Avenida Colombo, Bloco 002,
CEP: 87020-900. Maringá, PR, Brazil.
E-mail: mari_mmori@hotmail.com

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EDITOR IN CHIEF: Ana Fatima Carvalho Fernandes 

ASSOCIATE EDITOR: Francisca Diana da Silva Negreiros 

ABSTRACT

Objective: to map the playful strategies used in the healthcare of children with orofacial anomalies. **Methods:** scope review guided by the question: What playful strategies exist in the healthcare of children with orofacial anomalies? Studies of all methodological designs were included, with no time frame or language restrictions. Searches were conducted between October and November 2024 in 14 databases. Data were extracted using an instrument adapted from the JBI. **Results:** 194 studies were found, five of which were included in the final sample. The studies varied according to the year of publication, between 1997 and 2024, primarily employed a quantitative approach, and were conducted by professionals in speech therapy, nursing, and psychology. The most described orofacial anomaly was cleft lip and palate. The playful strategies were diverse, ranging from games to puppets and drawings. **Conclusion:** playful strategies used with children with orofacial anomalies include games, dramatization with puppets, drawing, and the use of images, and were applicable in relieving anxiety, rehabilitation, or data collection in research. **Contributions to practice:** the study identifies playful strategies applicable in the care of children with orofacial anomalies, encouraging professionals to consider incorporating them into their care. **Descriptors:** Craniofacial Abnormalities; Delivery of Health Care; Play and Playthings; Child; Cleft Lip.

RESUMO

Objetivo: mapear as estratégias lúdicas utilizadas na assistência à saúde de crianças com anomalias orofaciais. **Métodos:** revisão de escopo guiada pela pergunta: Quais estratégias lúdicas existem na assistência à saúde de crianças que apresentam anomalias orofaciais? Foram incluídos estudos de todos os delineamentos metodológicos, sem recorte temporal nem restrição de idioma. As buscas ocorreram entre outubro e novembro de 2024, em 14 bases de dados. Os dados foram extraídos seguindo um instrumento adaptado do JBI. **Resultados:** foram encontrados 194 estudos, sendo cinco deles incluídos na amostra final. Os estudos variaram quanto ao ano de publicação, entre 1997 e 2024, principalmente com abordagem quantitativa, por profissionais da área de fonoaudiologia, enfermagem e psicologia. A anomalia orofacial mais descrita foi a fissura labiopalatina. As estratégias lúdicas foram diversas, variando desde jogos, fantoches e desenhos. **Conclusão:** as estratégias lúdicas utilizadas com crianças com anomalias orofaciais incluem jogos, dramatização com fantoches, desenho e uso de imagens, e foram aplicáveis no alívio da ansiedade, na reabilitação ou na coleta de dados em pesquisas. **Contribuições para a prática:** o estudo identifica estratégias lúdicas aplicáveis no cuidado a crianças com anomalias orofaciais, incentivando a reflexão dos profissionais para incorporá-las na assistência. **Descritores:** Anormalidades Craniofaciais; Atenção à Saúde; Brincadeiras e Brinquedos; Criança; Fenda Labial.

Introduction

Worldwide, around 8 million children are born with some type of congenital anomaly, and approximately 3 million of these die before the age of five⁽¹⁾. In Brazil, between 2010 and 2021, 83% of newborns had some form of congenital anomaly⁽²⁾. Among these, orofacial anomalies that affect the development of the face, oral cavity, and nasal cavity stand out, as they can affect self-image, play, and, consequently, quality of life⁽³⁻⁴⁾.

The childhood of these children is marked by frequent visits to outpatient and hospital settings, causing insecurity and stress, influencing socialization and participation in recreational activities⁽⁴⁻⁶⁾. Considering this, playful strategies are care resources that should be incorporated into child healthcare environments. These strategies include games, play, and entertainment that allow children to experience positive feelings and joy, as well as promote the child's adaptation and expression in the care environment⁽⁷⁾.

The concept of playfulness is an essential language of childhood, through which children understand situations and participate in their own care. Therefore, playing is an essential characteristic of children, which allows them to develop physical and emotional skills⁽⁷⁾.

In this context, playful approaches become relevant in multidisciplinary care for orofacial anomalies, as they enable the integration of various areas of care, such as psychology, occupational therapy, pedagogy, social work, dentistry, and plastic surgery, in addition to nursing and speech therapy, consequently promoting more effective and humanized interventions. By using play as a therapeutic and educational tool, professionals contribute to reducing anxiety, increasing treatment adherence, and strengthening bonds among children, families, and healthcare teams⁽⁶⁻⁸⁾.

Despite national and international recognition of the importance of play in child development, the systematic application of playfulness in the care of children with orofacial anomalies remains limited and insufficient. Furthermore, studies addressing the

operational challenges and specificities of using these strategies in children facing functional limitations, psychosocial difficulties, and long rehabilitation processes are rare. Thus, it is necessary to identify evidence on how playful strategies are being employed with children with orofacial anomalies to facilitate their implementation in clinical practice.

Furthermore, no scoping reviews mapping scientific evidence on the application of playful strategies in the care of children with orofacial anomalies were identified. In this sense, the review aims to map the playful strategies used in the healthcare of children with orofacial anomalies.

Methods

Protocol and registration

This is a scoping review, conducted in accordance with the recommendations of the JBI⁽⁹⁾, whose wording was guided by the Preferred Reporting Items for Systematic Reviews and Meta Analysis extension for Scoping Reviews (PRISMA-ScR) checklist⁽¹⁰⁾. The scoping review aims to explore the literature and identify knowledge gaps, indicating priorities for further research. The protocol for this study is registered in the Open Science Framework, under the doi: <https://doi.org/10.17605/OSF.IO/NKPSZ>.

Eligibility criteria

The guiding question was developed according to the PCC (Population, Concept, and Context), in which the Population is children aged zero to 12 years; Concept is playful strategies; and Context is orofacial anomalies. Thus, the research question was formulated: What playful strategies are used in the healthcare of children with orofacial anomalies?

Studies of all methodological designs were included in the research, and no time frame was set. No language restrictions were imposed during study selection; however, searches were conducted in English,

so some studies may not have been retrieved because they lacked metadata in that language.

For the purposes of this review, “playful strategies” were defined as any structured or unstructured intervention that used elements of play, games, dramatization, or artistic expression for therapeutic, educational, or data collection purposes, applied in a healthcare context⁽⁷⁾. “Orofacial anomalies” comprised congenital malformations affecting structures of the face, oral and/or nasal cavity, including cleft lip and palate and other craniofacial alterations⁽¹¹⁾.

Search strategy

Initially, a search was conducted in the Medical Literature Analysis and Retrieval System Online (MEDLINE) databases via PubMed and the Scientific Electronic Library Online (SciELO) to identify descriptors that yielded the highest number of records. In addition, an analysis was also conducted of the terms present in the title, abstract, and keywords of the identified studies. After the pilot test, the final search was conducted between October and November 2024, with the strategy adapted for each database.

The searches were conducted in the following databases: Web of Science, Science Direct, SCOPUS, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Excerpta Medica Database (Embase), Cochrane, MEDLINE via PubMed, SciELO, Latin American and Caribbean Health Sciences Literature (LILACS), Bibliographic Index in Psychology (INDEXPSI), Nursing Database (BDENF), Spanish Bibliographic Index of Health Sciences (IBECS), National Bibliographic Index of Health Sciences (BINACIS), and Bibliographic Information Database of Cuba (CUMED) via the Virtual Health Library (VHL). For gray literature, the Thesis, and Dissertations Catalog of the Coordination for the Improvement of Higher Education Personnel (CAPES), Opengrey, PeerJ print, MedRxiv, and Preprints bioRxiv were used.

The descriptors present in the Medical Subject Headings (MeSH) and Health Sciences Descriptors (DeCS) were used, as well as some uncontrolled descriptors, with the help of the Boolean operators AND and OR. No filters were applied to conduct the searches.

The search strategy was constructed systematically and reviewed by researchers experienced in scope reviews, ensuring consistency and methodological adequacy (Figure 1).

Database	Search strategy
Web of Science	ALL= ((((((Child) OR (Child, Preschool)) AND ((Play Therapy) OR (Play and Playthings) OR (Therapeutic Toy) OR (Toy Therapy)) AND ((Craniofacial Abnormalitie) OR (Cleft Lip))))))
Science Direct	("Child" OR "Child, Preschool") AND ("Play Therapy" OR "Play and Playthings" OR "Therapeutic Toy") AND ("Craniofacial Abnormalities" OR "Cleft lip")
SCOPUS	("Child" OR "Child, Preschool") AND ("Play Therapy" OR "Play and Playthings" OR "Therapeutic Toy" OR "Toy Therapy") AND ("Craniofacial Abnormalitie" OR "Cleft Lip")
CINAHL	("child" OR "Child, Preschool") AND ("Play Therapy" OR "Play and Playthings" OR "Therapeutic Toy") AND ("Craniofacial Abnormalities" OR "Cleft lip")
Embase	("child" OR "Child, Preschool") AND ("Play Therapy" OR "Play and Playthings" OR "Therapeutic Toy") AND ("Craniofacial Abnormalities" OR "Cleft lip")
Cochrane	(child OR Child, Preschool) AND (Play Therapy OR Play and Playthings OR Therapeutic Toy) AND (Craniofacial Abnormalities OR Cleft lip)
MEDLINE	("child" OR "Child, Preschool") AND ("Play Therapy" OR "Play and Playthings" OR "Therapeutic Toy") AND ("Craniofacial Abnormalities" OR "Cleft lip")
LILACS, INDEXPSI, BDENF, IBECS, BINACIS, CUMED via BVS	((child) OR (child, preschool) AND (play therapy) OR (play AND playthings) OR (therapeutic toy) OR (toy therapy) AND (craniofacial abnormalitie) OR (cleft lip)) AND (db:(("LILACS" OR "INDEXPSI" OR "BDENF" OR "IBECS" OR "BINACIS" OR "CUMED"))

(the Figure 1 continue in the next page...)

Database	Search strategy
SciELO	("Child" OR "Child, Preschool") AND ("Play Therapy" OR "Play and Playthings" OR "Therapeutic Toy" OR "Toy Therapy") AND ("Craniofacial Abnormalitie" OR "Cleft Lip")
CAPES Thesis and Dissertation Catalog	(child) AND (Therapeutic Toy) AND (Craniofacial Abnormalities OR Cleft lip)
Opengrey	("Child" OR "Child, Preschool") AND ("Play Therapy" OR "Play and Playthings" OR "Toy Therapy" OR "Therapeutic Toy") AND ("Craniofacial Abnormalities" OR "Cleft Lip")
PeerJ print	("Child" OR "Child, Preschool") AND ("Play Therapy" OR "Play and Playthings" OR "Toy Therapy" OR "Therapeutic Toy") AND ("Craniofacial Abnormalities" OR "Cleft Lip")
MedRxiv	("Child") AND ("Therapeutic Toy" OR "Toy Therapy") AND ("Craniofacial Abnormalities" OR "Cleft lip")
Preprints bioRxiv	("Child") AND ("Play Therapy" OR "Play and Playthings" OR "Toy Therapy" OR "Therapeutic Toy") AND ("Craniofacial Abnormalities")

Figure 1 – Databases and search strategies. Maringá, PR, Brazil, 2025

Screening and selection of sources of evidence

The results found were exported to the *Rayyan*[®] reference manager to assist in organizing and sorting the data. The selection of studies proceeded in two stages: initially, the titles and abstracts were read, and subsequently, the pre-selected texts were read in full.

The studies were selected in a blinded manner by two independent researchers. In the event of disagreement, a third reviewer would be consulted; however, this was not necessary. In addition to the electronic searches performed in the databases, a manual search, or reverse search, was also performed in the references of the studies included in the review, resulting in the inclusion of one study that met the eligibility criteria.

Data extraction

The articles in the final sample were organized by Microsoft Excel[®]. Data extraction was performed using an instrument adapted from the methodology proposed by JBI⁽¹⁰⁾, containing the year of publication and country of origin, profession of the first author, study objective, type of study/methodology, population, orofacial anomaly described, sample size, type of playful strategy used, and its context.

Data extraction was performed by one reviewer and subsequently verified by a second reviewer to ensure that all information was extracted correctly.

A third reviewer was not necessary because no discrepancies were identified in the results.

Analysis and presentation of results

The data collected from the studies were analyzed descriptively with respect to year, country, design, population characteristics, types of anomalies, and types of play strategies. In addition, a thematic content analysis was conducted, following the pre-analysis phases: reading and organizing the studies; exploring the material: identifying recurring themes and coding the units of record related to playful strategies and their contexts of application; processing the results and interpretation: the codes were grouped into thematic categories, allowing the identification of recurring patterns⁽¹²⁾.

Results

A total of 194 publications were found, 11 of which were excluded due to duplication. After reading the title and abstract, 177 were excluded for failing to meet the objective, and six were read in full. After reading them in full, two papers were excluded for failing to meet the research objective. A careful analysis of the references cited in the publications included in the study was conducted. Thus, one article was included in the final sample, totaling five articles in this scope review (Figure 2).

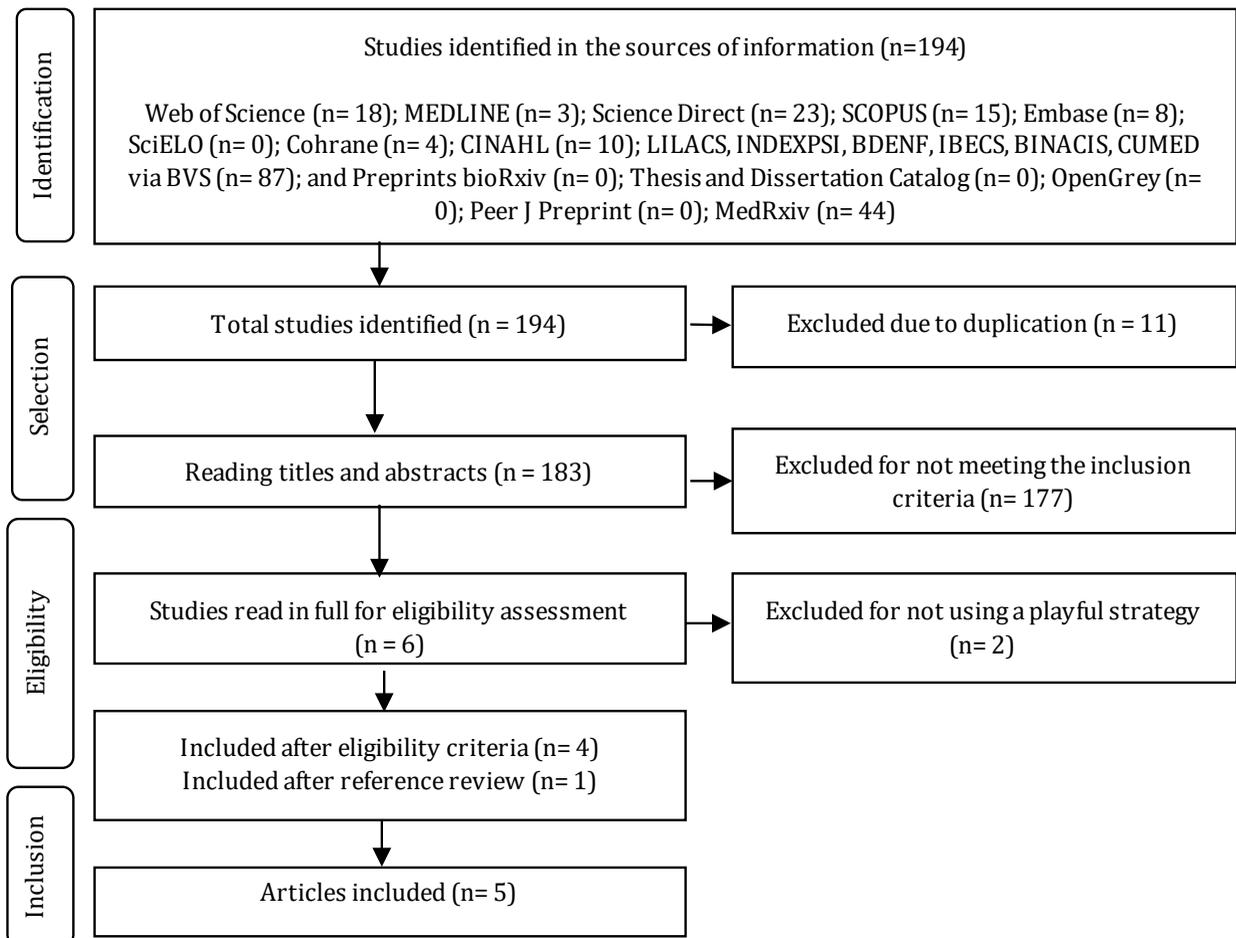


Figure 2 – PRISMA flowchart for identifying and selecting articles included in the scoping review. Maringá, PR, Brazil, 2025

The studies were published between 1997⁽¹³⁾, 2004⁽¹⁴⁾, 2008⁽¹⁵⁾, 2023⁽¹⁶⁾, and 2024⁽¹⁷⁾, and were conducted in the United States⁽¹³⁻¹⁴⁾, the United Kingdom⁽¹⁵⁾, Belgium⁽¹⁶⁾, and India⁽¹⁷⁾.

Regarding the training of the first authors, three studies identified authors trained in speech therapy, one written by nurses, and one by authors from the field of psychology. The studies employed a quantitative, experimental design (four studies) and one study using a participatory qualitative approach.

The only orofacial anomaly described in the studies was cleft lip and palate. Regarding the playful strategies employed, four studies employed games, in addition to a combination of puppets, drawings, and images, and one used reading/storytelling. The contexts in which the strategies were applied were three in speech therapy and/or assessment, one in the postoperative period, and one in a dental procedure (Figure 3).

Author/Year/Country	Type of study	Population/Sample	Anomaly described/ Playful strategy used	Context	Results
Scherer; D'Antonio ⁽¹³⁾ 1997 United States	Quantitative approach, experimental design	Children with cleft lip and palate, aged 20 to 30 months/6 children.	Cleft lip and palate/ Language game – language, gestures, and symbolic play.	Assessment of language impairment.	There is a relationship between gestures and play and speech development. The use of play can be a tool that helps identify children with language disorders.
Snyder et al ⁽¹⁴⁾ 2004 United States	Quantitative approach, longitudinal experimental design	Typically developing children, children with cleft lip and palate, and children with isolated cleft palate, aged between 18 and 30 months/25 typically developing children, 14 with cleft lip and palate, and 11 with isolated cleft palate.	Cleft lip and palate and isolated cleft palate, without other syndromes/ Language play – language, gestures, and symbolic play.	Assessment of development and speech.	Children's play and gestures are related to speech development. For children with cleft palate, play can be a strategy for identifying speech delays and difficulties.
Shea et al ⁽¹⁵⁾ 2008 United Kingdom	Quantitative approach. Pre- and post-intervention measurements taken	Children (boys), aged 9 to 11, who needed to undergo a procedure and had previously refused/3 children.	Malformations (cleft lip and palate)/Individual game.	Dental – alveolar bone graft.	After the intervention, all patients were able to perform the procedure, and their levels of anxiety and concern were reduced.
Alighieri et al ⁽¹⁶⁾ 2023 Belgium	Qualitative, participatory, art-based approach	Flemish-speaking Belgian children, aged between 4 and 12/6 children.	Non-syndromic cleft lip and palate/ Children aged 4 and 5: role-playing with puppets; Children aged 6 to 12: drawing and writing techniques, and photo elicitation (use of images).	Individual interviews/data collection to discuss your experiences with speech and language therapy.	The use of playful tools allowed the researcher to understand children's perceptions of speech therapy, facilitating understanding and communication with children.
Xavier et al ⁽¹⁷⁾ 2024 India	Randomized clinical trial	Children aged 1 to 3 years/60 children (30 in the control group—analgesia, and 30 in the experimental group—distraction).	Cleft lip and palate/ Distraction technique – playing with a tactile ball with parents.	Pediatric ward, post-operative care for cleft lips and palate repair.	Among the children who received the distraction technique, 26 experienced mild pain and four experienced moderate pain. Among the children who received analgesia, 16 experienced moderate pain, nine experienced severe pain, and five experienced mild pain. The results indicated that the use of the distraction technique was effective in reducing postoperative discomfort.

Figure 3 – Summary of materials included. Maringá, PR, Brazil, 2025

The thematic analysis of the studies found allowed the results to be integrated into two categories that discuss the application of playful resources in the care of children with orofacial clefts. The categories were named “Playfulness as a tool for clinical assessment and communication with children” and “Playful strategies in the management of pain and anxiety in children.”

Playfulness as a tool for clinical assessment and communication with children

Studies have shown that play, as evidenced by drawing techniques, games, and photo-elicitation, functions as a communicative tool that promotes emotional and verbal expression in children with orofacial

clefts^(13-14,16). These strategies improve children's communication skills and their interactions with professionals, enabling them to express their perceptions of speech therapy spontaneously⁽¹⁶⁾.

In addition to promoting communication, the use of games also helps to identify language delays or difficulties. During imitated or provoked play, children exhibited gestures and behaviors that served as indicators of speech performance in children with orofacial clefts⁽¹³⁻¹⁴⁾.

Playful strategies for managing pain and anxiety in children

Playful interventions are coping strategies capable of reducing pain and anxiety in children undergoing surgical and dental procedures and postoperative care related to orofacial clefts. Play promotes emotional regulation and reduces pain perception, and it also increases the child's cooperation and comfort when facing invasive procedures or stressful situations^(15,17).

A summary of the main evidence on the application of playful resources found in the studies included in the final sample was prepared (Figure 4).

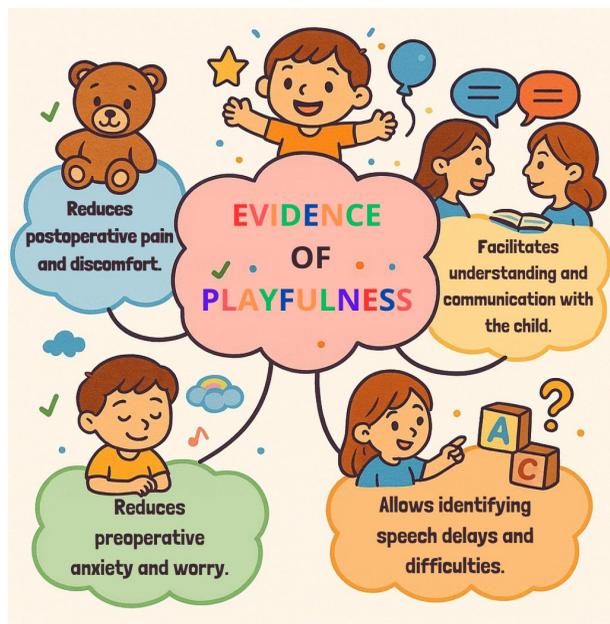


Figure 4 – Main evidence of the application of playful resources with children with orofacial anomalies. Maringá, PR, Brazil, 2025

Discussion

The analysis of the studies identified a lack of research on the use of playful strategies in the care of children with orofacial anomalies. Although studies began in 1997, they did not advance quickly, as the next study was not published until 2004. This scarcity of scientific evidence reinforces the need to expand multicenter and interdisciplinary clinical studies that bring new findings on the subject.

Play and gestural behaviors play a central role in the assessment of child communication, especially in children with language delay⁽¹⁸⁾. In these cases, it is observed that children tend to produce fewer gestures during interactions with people or objects⁽¹⁹⁾. Thus, the applicability of games and playful interactions for assessing communication in children with orofacial clefts is emphasized.

These findings are consistent with Sociocultural Theory, which recognizes play as an important activity in the development of psychological functions, language, and social role performance. Play is therefore fundamental and indispensable for children's cognitive and social development⁽²⁰⁾.

Among orofacial anomalies, cleft lip and palate are the most common, with a worldwide incidence of approximately one case per 500 live births⁽²¹⁾. As this is the most prevalent malformation, it is justified that the studies included in this review addressed only this condition. However, this thematic focus should be recognized as a limitation, as it restricts the applicability of the conclusions to other equally relevant craniofacial anomalies that have yet to be explored with respect to the use of playful strategies.

The treatment of children with orofacial anomalies should be provided by a specialized multidisciplinary team comprising physicians, nurses, speech therapists, dentists, psychologists, social workers, nutritionists, and other specialists. The multidisciplinary approach should consider key aspects of adequate care for children and their families, from the composition and communication of the team, through the organiza-

tion of responsibilities and the evaluation of outcomes, to communication with patients and their families⁽²²⁻²³⁾.

In this context, playfulness serves as a tool that can assist the multidisciplinary team in identifying the patient's needs. Through playful strategies, children can communicate more easily and express their perceptions and emotions, especially children with orofacial clefts, who often fear communication due to the repercussions this anomaly has on speech^(5,16).

Most of these children are labeled and stereotyped primarily based on their appearance and speech characteristics, which negatively affects their social relationships. A study conducted in Colombia revealed that children with cleft lip and palate routinely face discrimination, feel shame, anxiety, and difficulty interacting in groups, isolate themselves, and do not participate in the intrinsic games of childhood with other children. As a result, these children do not participate in fundamental childhood activities, such as play and social interaction, indicating a need for professional attention during care⁽⁵⁾.

Considering the context of rehabilitation, playful interventions are important resources capable of mitigating negative experiences during hospitalization and reducing levels of pain, fear, and anxiety in children. Play becomes therapeutic, encouraging children to participate and relax during moments of apprehension⁽²⁴⁾.

Playful strategies are powerful care tools, as they facilitate the establishment of a bond between the professional and the child, promote effective listening, and humanize childcare⁽⁷⁾. Thus, they are aligned with the principles of the National Humanization Policy, which values subjectivity and aims to improve the quality of health care offered to users⁽²⁵⁾.

It is evident that the use of therapeutic games and toys in the preoperative period can reduce children's anxiety and fear, reducing emotional trauma in the pediatric population. Furthermore, the importance of health professionals, especially nurses, routinely applying therapeutic play in preparing children for surgery has been reinforced⁽²⁶⁾. This routine can be used to prepare children with cleft lip and pa-

lates for corrective surgery, in addition to other rehabilitation procedures.

The most used playful strategy in the studies found in this review was games. However, playfulness encompasses a range of possibilities, including games, play, and enjoyment. Through play, children can express themselves and reduce their levels of anxiety and fear, making it an important therapeutic tool for the development process. In this sense, playful strategies should be incorporated into all contexts involving children, including healthcare, to promote joy, relaxation, and interaction with children^(7,27).

Despite this, the use of playful strategies is limited to certain specialties within the multidisciplinary team. Although nursing professionals are governed by Resolution No. 546/2017, which discusses the use of therapeutic toys, and it is the responsibility of nurses working in the pediatric area to use toys and therapeutic toys in the care of hospitalized children and families, covering the stages of the Nursing Process⁽²⁸⁾, the application of this tool is still a gap in pediatric care.

Although they were developed using small samples of children, the studies included in this review report significant findings regarding playfulness in clinical practice among children undergoing cleft lip and palate rehabilitation. Its use in surgical and dental procedures has proven effective in reducing children's pain, anxiety, and fear, contributing to their overall well-being^(15,17). In speech therapy, another fundamental specialty, play was considered an instrument for speech assessment and communication stimulation^(13-14,16).

In addition to all the benefits mentioned, playfulness has been used as a data-collection strategy in research with children, and it is up to the professional to apply it creatively. In this context, the therapeutic use of toys is most common, allowing children of different age groups to be understood through play and toys to which they attribute meaning⁽⁸⁾. In this research, a study was identified that employed dramatization with puppets, in addition to drawing and writing, as data-collection tools⁽¹⁶⁾.

Thus, it is worth noting the existence of gaps in

the literature regarding the scarcity of studies that explore, in depth, the use of playful strategies in the care of children with orofacial anomalies, which highlights the urgency of studies that investigate in depth playfulness in children with orofacial clefts, considering which strategies are effective, how they should be implemented, and the effects of this practice, to generate evidence applicable to clinical practice. Despite these gaps, the review has important strengths that warrant highlighting, including a systematic search of multiple databases, the inclusion of diverse healthcare contexts, and the integration of evidence from various specialties within the multidisciplinary team. These elements strengthen the study's reliability and relevance, providing solid support for future research and clinical interventions.

Study limitations

The search has limitations, including the possibility that studies are excluded because they are not indexed in the selected databases or are not found by the formulated search strategy, even though the search strategies were extensively tested. In addition, some studies included in the review have methodological limitations, including small sample sizes and the absence of control groups in the interventions, which limit the generalizability of the findings.

Furthermore, it is worth noting the small number of publications identified, which focus especially on cleft lip and palate, the most common orofacial anomaly, thereby limiting the generalizability of the results.

Despite the limitations noted, the findings provide important insights into the use of playful strategies in the care of children with orofacial clefts and serve as a basis for future research employing varied methodological designs and larger, more diverse samples to validate and expand this evidence. Thus, we suggest conducting new research that investigates and applies other playful strategies, such as Therapeutic Toys, for example, in different contexts among children with orofacial clefts.

Contributions to practice

Identifying the playful strategies employed in the care of children with orofacial anomalies enables us to determine which strategies are used and how. Thus, the study encourages health professionals to reflect on the importance of incorporating these strategies into clinical practice across care settings, from outpatient and surgical care to scientific research.

In general, all professionals in the multidisciplinary team can incorporate playful strategies into the care of children with orofacial clefts, using games, storytelling, and drawings in the preparation and instruction of procedures, in communication and language assessment, and in the expression of feelings. By identifying effective playful strategies, this study contributes to the humanization of child health care by encouraging the implementation of practices that promote well-being, engagement, and treatment adherence.

Conclusion

The most used playful strategies with children with orofacial anomalies include games, puppet dramatization, drawing and writing techniques, and the use of images, which can be applied in different contexts, such as relieving anxiety before procedures, during rehabilitation, or as a data-collection tool. Among orofacial anomalies, cleft lip is the most common; consequently, it was the one that presented the greatest applicability of playful strategies.

Despite these findings, scientific research on the subject remains in its infancy, with gaps in the practical implementation of playful strategies in the care of children with orofacial anomalies.

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Authors' contributions

Conception and design of the study or analysis and interpretation of data; Drafting of the manuscript or critical review of intellectual content; Final approval of the version to be published; Responsibility for all aspects of the text, ensuring the accuracy and integrity of any part of the manuscript: **Mori MM, Piran CMG, Cargnin AVE, Marques FRB, Merino MFGL, Furtado MD.**

Data availability

The authors declare that the complete dataset supporting the findings of this study is published in the article.

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