

KEEPING YOUR
CHILDREN
HEALTHY

WINTER 2016

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Check with your doctor before embarking on any new diet or exercise program.

No use of medication should be initiated without first consulting with your healthcare provider regarding the potential benefits and potential risks of use

Healthy Eating and Exercise Habits Start Early

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“You’ve got a bouncing baby boy!”

“Look at her chubby cheeks!”

“Wow, your son eats like a football player!”

When many parents of young children hear these phrases, they smile.

And while we all want our children to eat well and thrive, there comes a point for some parents when they might be thinking,

“Is my child overweight? Should I do something?”

These are valid questions. According to the U.S. Centers for Disease Control (CDC) and the National Institutes of Health, the percentage of children who are overweight or obese has risen in recent decades, climbing from 10 percent in 1988-1994 to 17 percent in 2011-2012. Being overweight or obese in childhood can increase a child’s risk for orthopedic issues such as:

- Impaired mobility and gait
- Back and knee problems
- Reduced activity level

- Arthritis and hip problems, which are more common among obese children
- Fractures
- Complications after surgery, such as delayed wound healing after a fractured thighbone (femur)
- Impaired growth plates (parts of the long bones where bone growth occurs), leading to angular deformities in the legs due to excessive forces and causing problems such as bowed legs
- A host of other health issues in adulthood.

Is My Child Too Heavy?

As adults, we often use simple body mass index (BMI) calculators that use height and weight numbers to see if we are obese, overweight, underweight, or at a healthy weight. But the calculation is not as straightforward for children. To determine your child's BMI, visit the [CDC website](#) and use their BMI Percentile Calculator for Child and Teen, which takes into account additional factors such as the child's birth date, age at the time of measurement, and gender.

The calculator will help you interpret the results and let you know if your child's weight requires further intervention. Remember, however, that BMI is just one part of your child's bigger health picture. If you have concerns, talk with your pediatrician.



Don't Wait Till the Scales Are Tipped

Take steps to prevent childhood obesity before it happens. Children develop eating patterns and food preferences early in life. Offer your children a variety of nutritious foods starting at a young age, and teach them how to make good food choices. Eat a well-balanced diet yourself to serve as a role model for your children. Teaching them to make the right food choices when they are young will instill lifelong healthy habits. They will thank you for it! (See the "Make It a Family Affair" box for healthy eating tips for your family.)



Healthy Eating and Exercise: How to Make It a Family Affair

- **One Serving at a Time:** Put snacks in snack-size zippered plastic bags to teach portion control. If eating at home, place one serving in a bowl, rather than letting a child eat from the package.
- **Eat Together:** Studies show that children who eat meals with their families are less likely to be obese and more likely to make good food choices. You may not be able to eat dinner together every night, but make an effort for more family mealtimes. Find recipes for meals you can make for everyone, rather than individual meals prepared to meet the requests of picky eaters.
- **Make Foods Accessible:** Place prewashed grapes, baby carrots, cherry tomatoes, and precut fruits and vegetables in the fridge as easy grab-and-go snacks.
- **Take a Walk:** Go out after dinner and take a walk or bike ride as a family. Family exercise promotes conversation and interaction, in addition to burning calories.
- **Feed Your Child What You're Eating:** Don't assume your child won't like "grown-up" food. Once your child is able to eat table food, you can prepare smaller portions of the same food that you are eating. Cut it small, make it colorful and flavorful, and serve it on a fun-looking plate. You may be surprised what children will eat. Kids in many countries around the world who eat foods made with a variety of herbs and spices grow up with more diverse palates...yours can, too!
- **Cook Together:** Involve your children in meal planning and cooking. Encourage them to use the math they're learning in school to follow and adapt recipes. Being part of meal preparation can give children a sense of great satisfaction and pride.



Playing it Safe: Avoiding Playtime Injuries

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Seesaws, monkey bars, swings, and slides are all part of growing up. But the combination of a child's high energy and the forces of gravity mean that, at some point, most children will get hurt on the playground. Yet we can't put children in a bubble, and we want them to live active lives and socialize with their friends. Parents and child development experts agree that playing is a vital part of childhood and promotes emotional, social, intellectual, and physical development.

There are steps you can take, however, to reduce the risk of playtime injuries while still making sure your child is interacting with his or her friends, getting fresh air, and having fun.

Falls and Fractures

Broken bones account for 36 percent of playground injuries. The most common injuries in children who get hurt while playing are wrist, arm, and elbow fractures. Many get hurt while losing their grip and falling off the monkey bars. Wrist fractures are also common in kids who've fallen off of RipStiks and skateboards.

Ankle and leg fractures are also likely. When a well-meaning parent who goes down a slide with a child gets his legs intertwined with the child's legs, a rotational fracture of the tibia (shinbone) can occur. Ankle fractures are a frequent danger for children on trampolines, especially when more than one person is jumping—and even more so when heavy and light children are bouncing together.



How to Play Safe

Many playgrounds today have rubber-coated or other soft surfaces and safe play equipment, which reduces the risk of injuries. Here are some tips for further lowering the chance of your child getting hurt:

- **Right Age, Right Equipment:** Make sure the equipment your child is playing on is appropriate for his or her age. Children who are too small for monkey bars meant for older kids won't be able to reach from bar to bar and can fall off. Similarly, older children should not play in areas designed for toddlers and small children, who can get knocked over by big kids running around.
- **Swings Are for Swinging:** Most injuries related to swings happen when children swing high and then jump off. Your child should stop the swing completely before getting off.
- **Dress Appropriately:** Remove necklaces, scarves, and clothing with drawstrings or anything that could get caught on or entangled in playground equipment.
- **Helmets at All Times When on Wheels:** If your child is bicycling, skateboarding, rollerskating, or using a scooter or RipStik, he or she should wear a helmet to reduce the risk of a serious head injury.
- **One at a Time to Bounce:** There shouldn't be more than one person at a time on a trampoline. Safety netting around the rim can protect children from falling off and reduce the risk of high-impact fractures.
- **Parents, Be Attentive:** You can't be expected to hold onto your child at all times, nor should you. But you should keep an eye on children to make sure they're playing safely, and instruct them on how to do so if they're not.



Most Common Playground Injuries

Fractures	36%
Contusions/Abrasions	20%
Cuts and Scrapes	17%
Strains and Sprains	12%
Internal Organ Injury	5%
Concussions	2%
Other	3%



Top Four Equipment Pieces Associated with Injuries

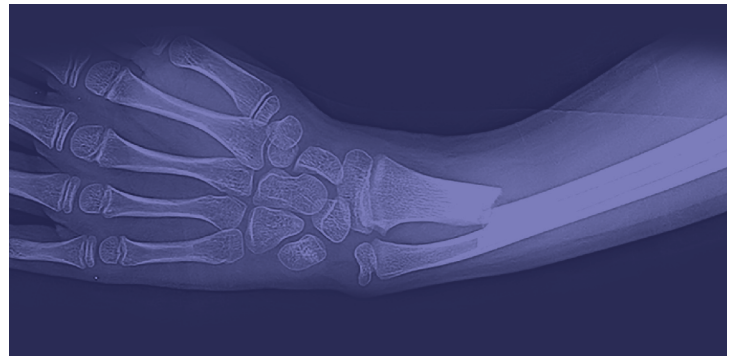
Climbers	23%
Swings	22%
Slides	17%
Overhead Ladders	9%

Source: National Program for Playground Safety

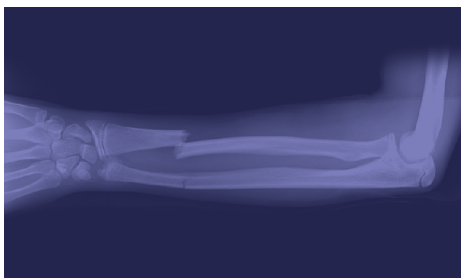
No Bones About it: How to Tell if it's a Fracture

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If you made it to adulthood without a single broken bone, consider yourself one of the lucky ones. Broken bones are a common childhood injury. Fractures of the wrist, forearm, elbow, ankle, shinbone (tibia), and fingers are common in children and teens, followed by those of the thighbone (femur), collarbone (clavicle), and shoulder. An accurate diagnosis and appropriate treatment are key, since young broken bones are typically still growing. You'll want to be sure a broken bone is properly set to establish correct alignment as your child continues to grow.



How do you know if your child might have a fracture, and how can you help strengthen the bones? Here are some tips.

A Bone May Be Broken If:

- **There is pain and swelling that is not getting better, and/or a visible deformity, like a bend in the wrist.** However, adolescents can also experience subtle fractures with minimal pain and swelling.
- **Your child is limping.** Limping is a sign that should definitely be checked out in a child who is not yet talking.
- **Your child is having difficulty using his arms** for two to three days after an injury.



- **Your child's range of motion in the affected part of her body is limited and movement is painful.** If she can freely move her arm without pain and can bend the joints completely in all directions to the same degree that she can on the uninjured side, it's probably not a fracture.
- **It's a misconception that if a child can walk on an injured ankle or leg, it's not broken.** Listen to your child and follow your gut. If you suspect something is wrong, you're probably right—see a doctor.

What to Do Next

If you think your child may have a fracture or if you're not sure, call your pediatrician or an orthopedist, or visit your local emergency room or urgent care center.

- **Immobilize the injured area.** Place the injured arm in a sling, or have your child hold it close to his body or on a pillow. If your child cannot put weight on a leg, carry her or help her walk or use crutches. Don't be afraid to call 9-1-1 if you can't get your child to an emergency room by yourself and urgent care is needed, such as in

No Bones About it: How to Tell if it's a Fracture (continued)

the case of an open fracture (a bone breaking through the skin).

- **Urgent care centers do a pretty good job of identifying the problem.** They typically offer x-rays onsite. Note, however, that many urgent care centers put on plaster or fiberglass splints, which takes a good deal of training. If improperly applied, these splints can cause pressure sores that cause more discomfort than the original injury. If your child is more uncomfortable with a splint than without, take it off and go back to the urgent care center or to an orthopedist to have the fractured limb re-splinted.
- **Children are also prone to musculoskeletal infections.** If your child is limping or in pain without having sustained an injury, call your pediatrician right away or visit an emergency room or urgent care center.
- **If you go to an emergency room or urgent care center,** always follow up later with your pediatrician or orthopedist during regular office hours.

Be Aware of Common Mistakes

- **Fractures through the growth plate—the area of growing tissue near the ends of the long bones in children and adolescents—are typically not visible on x-rays.** Suspected fractures in these areas should be re-imaged a few weeks later, when the healing bone will

become visible on an x-ray. Doctors often treat these fractures with a walking cast, boot, or brace, but fractures that are out of place or extend into a joint may need surgery.

- **Rest and recover, but not too long.** Your child should rest for a few weeks to recover from a fracture. But if she remains inactive too long, such as a few months, the affected arm or leg can get weak and stiff. This is why it's important to see an orthopedist, who can monitor your child's recovery and give you guidance regarding the appropriate time to return to activities. Your child may also need physical therapy to regain strength and flexibility.

Did You Know... Sunlight is one of the best sources of vitamin D.

Keep Your Child's Bones Strong

There are steps you can take to bolster your child's bone health.

- **Make sure your child gets enough calcium and vitamin D.** Calcium helps build strong bones, and vitamin D enhances the body's absorption of calcium. Calcium-rich foods include dairy products (low-fat

is best), salmon, beans, dark leafy greens, and calcium-fortified foods such as orange juice. Fortified milk and eggs are good sources of vitamin D, but not many foods contain this vitamin naturally; talk to your pediatrician about vitamin D-containing supplements for your child. Sunlight is one of the best sources of vitamin D, but because of the lengths we go to protect our skin from over-exposure to the sun, the amount of vitamin D children get from this source is often limited.

- **Don't give your child soda.** The sodium and phosphate in soda affect kidney metabolism. So instead of going to your child's bones, calcium is eliminated from the body with other electrolytes in the urine. Your child should drink water, milk, or fortified juice instead.
- **Ramp up new exercise slowly.** Stress fractures can occur due to normal stresses on abnormal bone or abnormal stresses on normal bone. That means if your child is not accustomed to high-intensity activity and suddenly increases his exercise, such as going out for an intensive school sport, he may experience a stress fracture. Bone is a living tissue and adapts to the stresses we place on it, so it's best to increase activity level gradually, and let your child's bones adapt. There's no level of activity your child shouldn't be able to do without getting a stress fracture if he ramps up slowly.

Broken bones may be a part of childhood. But with awareness of their symptoms, prompt attention to their care, and a healthy diet and exercise program to keep bones strong, you can keep their effect on your child's life to a minimum.





Easing the Experience of Anesthesia for Your Child

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More than 1 million children age 4 years or younger undergo surgical procedures requiring anesthesia each year in the United States (according to the International Anesthesia Research Society). The risk of complications is very rare. In fact, the chance of a serious problem happening as a result of your child receiving anesthesia is less than the risk of danger from traveling in your car.

Children may, however, feel anxious about the process.

They may not like the way they feel when they wake up. There are things you can do and conversations you can have with the pediatric anesthesiologist to pave the way for a smooth experience. A pediatric anesthesiologist is an anesthesiologist who has received special training in pediatrics. The pediatric anesthesiologist's goal is to make the hospital experience as pleasant as possible, to help manage your child's anxiety before surgery and any pain and side effects after surgery.



Here are some commonly asked questions that parents have when a child is scheduled for surgery:



What concerns might my child have before surgery?

That depends on his or her age.

Preschoolers often fear being away from their parents. School-age children may worry about needles or whether the surgery will change the way they look to their friends. Teenagers sometimes say they fear waking up during the procedure, or not waking up at all. Ask your child what he or she is feeling so you can give the facts and allay any fears.

How can I help my child prepare for surgery?

You may be feeling anxious, too, but try your best to remain calm in front of your child. Listen to his or her concerns. Familiarity can be comforting, so consider bringing a stuffed animal or other favorite toy. Distractions such as an iPad, books, games, or music can also help while waiting for surgery.

What should I tell the pediatric anesthesiologist before my child's operation?

Giving your anesthesiologist as much information as possible before the procedure will make the experience go more smoothly for both your child and for you.

- Share all information about your child's health and any medications your child is taking, including nonprescription drugs. Tell the anesthesiologist about any family history of anesthesia problems, or any prior problems with anesthesia that your child may have had. Doing so will enable the anesthesiologist to choose the type of anesthesia and drugs that are best for your child.
- Let the anesthesiologist know if your child has or recently had a cold or fever.
- It's important that you adhere to the guidelines about having your child avoid eating and drinking after a certain time before surgery. Please be honest if your child ate or drank after the designated time. Your child's risk of having a serious complication from anesthesia escalates if he or she has food or drink in the stomach.



- Your child's doctor will let you know if your child should continue taking his or her usual medications. Remember not to give any medications with food on the day of surgery.

What can I expect when my child wakes up?

Children respond to anesthesia in different ways. They often wake up feeling confused or groggy. They don't understand what happened or how they lost an hour or more of their time while they were in surgery. They may not understand why they're having pain and may be delirious. They may experience side effects of anesthesia such as nausea, vomiting, drowsiness, dizziness, sore throat, shivering, and aches and pains. What can you do? Comfort and assure them and wait it out. It will pass, and eventually they will settle down.



Is it helpful for me to go into the operating room with my child?

Not always. Sometimes a parent in the operating room is not a benefit for a child, especially if the child was already given sedation or if the patient is a young infant. In addition, any anxiety you may be feeling can be transmitted to your child. Your child will be asleep quickly once in the OR. If you're concerned, have a chat with the anesthesiologist.

Is anesthesia safe for my child?

The risk of having complications from anesthesia is very low. There has been some concern in the pediatric anesthesia community about the effect of anesthesia on the developing nervous system in very young children (ages 4 and younger), especially those who need multiple procedures. This is the period when brain development is most active. Research is actively under way to determine if this risk exists, and if so, how to reduce it. To be safe, surgeons only operate on very young children when absolutely necessary, and anesthesiologists use just enough anesthesia to help the child fall asleep. Whenever possible, they employ regional "numbing" anesthetics to decrease the overall amount of medication needed.

Remaining calm, having an honest conversation with your anesthesiologist before surgery, and comforting your child when he or she wakes up will help ensure that your child's experience with anesthesia is as safe and smooth as possible.

For more information about pediatric anesthesia, visit the *Society for Pediatric Anesthesia* and *SmartTots*, a website prepared by the International Anesthesia Research Society.

Five Myths About Pediatric Concussions: What You Need to Know

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There’s abundant information in the news today about concussions in children and teenagers. Parents, athletes, and coaches are more aware of their dangers and how to prevent them. Yet misconceptions still abound. Here are some facts you may not have known about concussions in children and adolescents—information you can use to help reduce your child’s risk of a concussion and facts to help you identify one if it occurs.



<p>Myth</p>	<p>Myth</p>	<p>Myth</p>	<p>Myth</p>
<p>You have to hit your head hard to experience a concussion.</p>	<p>A helmet will protect my child from a concussion</p>	<p>My child doesn’t have a concussion because he doesn’t have a bad headache</p>	<p>Concussions affect children and adults the same way.</p>
<p>Facts</p>	<p>Facts</p>	<p>Facts</p>	<p>Facts</p>
<p>A concussion occurs when the brain is “rattled” inside the skull — either a rapid back-and-forth motion or banging against the inside of the skull. While many concussions occur as a result of direct trauma to the head in contact sports or an accident, they can also occur during whiplash or as a result of any jarring of the body that affects the head.</p>	<p>Helmets are designed to protect the skull from a fracture. But since a concussion involves jarring of the brain inside the skull, a concussion can still occur even if your child is wearing a helmet.</p>	<p>Concussion symptoms can manifest themselves in different ways. They’re not always immediate, and they may be provoked by activity. Subtle symptoms may include fatigue, sleep changes, difficulty concentrating, mental “fogginess,” and slight memory difficulties. School children may find that they have trouble retaining or recalling new information they’re learning in class.</p>	<p>Children may experience different symptoms than adults and have a different recovery time. Children and adolescents ages 11 to 22 who have suffered a concussion have been shown to experience more sleep disturbances and frustration than adults. Young brains are still developing and growing. Recovery may also be slower among youngsters as a result of this process. For example, studies show that high school athletes take longer to recover from concussions than college and professional athletes.</p>

Five Myths About Pediatric Concussions: What You Need to Know (continued)

Myth

My child should be able to get back to sports after a week of rest.

Facts

Concussions affect everyone differently. While some children may indeed recover in a matter of days, others can take two or three weeks. How do you know? Once cleared by your doctor, let your child slowly return to activities that require concentration or light physical effort, doing so in gradual increments. If her symptoms return, scale back and allow her more time to recover. Do not allow her to return to sports until she is cleared by her doctor. Returning too soon entails risks. “Second impact syndrome” is a rare complication that can happen if someone returns to activity before a concussion is healed, resulting in potentially fatal brain swelling in the skull.



What You Can Do

What should you do if your child experiences a head injury?

- 1 Monitor:** Watch him for symptoms such as intense headache, difficulty concentrating, memory problems, or anything that seems amiss. You know your child better than anyone.
- 2 See a Doctor:** If something isn't right, call your doctor. A doctor will assess your child's symptoms. If you take your child to a concussion clinic, the specialists there will run a series of tests to evaluate your child's mental function. They may run these tests again later in his recovery to assess his improvement.
- 3 Take It Easy:** Your doctor may recommend that in addition to abstaining from sports and other physical activities, your child minimizes or avoids watching television or playing video games or engaging in other “screentime,” as a means of giving the brain the best opportunity to rest and heal.
- 4 Don't Rush Recovery:** Do not have your child return to regular activities until the doctor says it is safe to do so. Ensure that your child's school and sports coaches know this as well. Full recovery after a concussion is key.

Creating a Better Assessment

Research is under way to evaluate new imaging techniques (such as a specialized brain MRI) to diagnose and monitor children and adolescents who've suffered a head injury. These new approaches are designed to be used within 72 hours of head trauma, and the results would be compared with clinical test results and blood tests to see if doctors can find more sensitive ways of identifying when a concussion has occurred and when a child has recovered fully. (Current imaging methods are not useful for diagnosing concussions.)

Another method to diagnose a concussion—one which can easily be used on the sidelines of a sports field—is called the King-Devick test, which measures rapid eye movement. An injured athlete reads numbers off of three pieces of paper while being timed with a stopwatch. The athlete's responses are then compared with his or her measured baseline reading to help determine if a concussion occurred.

Investigators are also creating a registry of concussion patients, tracking their symptoms and features of their recovery to see how modifying their activities influences their recovery. The results of these studies will help clarify the best approach to caring for young concussion patients and getting them back to their regular activities in the safest way possible.

Programs and Resources

Hospital for Special Surgery offers a variety of wellness exercise classes designed to help you gain endurance, strength and flexibility. Meditation, relaxation and general wellness programs are also offered.

Better Balance for Older Adults

Unique exercises selected for individuals who would like to increase their balance control and decrease the risk of falls.

Therapeutic Yoga

The slow, controlled physical movement of yoga can provide pain relief, relax stiff muscles, ease sore joints and help build strength.

Pilates

A series of specific movements designed to strengthen the powerhouse muscles of the abdomen, back and waist.

Yogalates

A popular form of exercise that blends the best of yoga and Pilates.

T'ai Chi Chih®

Simple, rhythmic movements that provide benefits such as improved balance, strength, flexibility and maintenance of bone mass.

Dance for Fitness and Fun

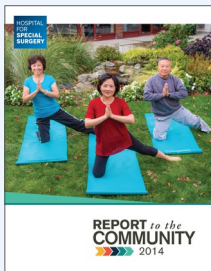
Studies have shown that dance maintains cardiovascular fitness, enhances emotional well-being, strengthens weight-bearing bones and slows loss of bone mass.

For more information on the schedule, location and cost of these classes, visit hss.edu/pped or call **212.606.1613**. Additional programs and offerings can be found by visiting hss.edu/pped.

Integrative Care Center (ICC)

The ICC, located in mid-Manhattan and affiliated with Hospital for Special Surgery, offers alternative care services including Pilates, acupuncture, massage therapy, chiropractic medicine and pain management. Please visit hss.edu/icc for more information or call **212.224.7900**.

Community Benefit Report Invested in Our Community – 2014 Report



The HSS Community Benefit Report provides information about the Hospital's contributions to the community in the areas of community programs and services, research and health professionals education. Visit hss.edu/community for more information and to download a copy of the 2014 Community Benefit Report and the 2014-16 HSS Community Service plan or the Community Health Needs Assessment.

Other Resources

- Society for Pediatric Anesthesia: pedsanesthesia.org
- Choose My Plate: choosemyplate.gov
- POSNA: The Pediatric Orthopaedic Society of North America: posna.org
- Children – American Academy of Orthopaedics (AAOS): orthoinfo.aaos.org/menu/children.cfm
- U.S. Centers for Disease Control and Prevention: cdc.gov/physicalactivity/index.html

Health Video Library

Check out our complimentary HSS health video library at hss.edu/health-videos. Featured topics include:

- Active and Aging
- Osteoarthritis
- Bones Health
- Pain and Stress Management
- Inflammatory Arthritis
- Health and Wellness

A short video excerpt on **“Meditation for Pain Management”** is also available for patients via **our YouTube playlist, Education for Public and Patients.**

HealthConnection FastFacts



This recurring publication is a convenient one-page online health education newsletter designed to provide the public with fast, current, accurate musculoskeletal, and general health information.

View the latest edition at hss.edu/hcfastfacts

For more information, visit hss.edu.

To make an appointment, call our Physician Referral Service at **800.796.0486**.

Most major insurance plans are accepted.

Public and Patient Education Department

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2012 National Health Information Bronze Award

HealthConnection Newsletters

2011 Osteoarthritis Prevention and Management issues

2013 National Health Information Merit Award

HealthConnection Newsletter

December 2012, Bone Health issue

2014 National Health Information Bronze Award

HealthConnection Newsletter

Winter 2014 Aging Well issue

2015 Graphic Design USA

Health and Wellness Design Award

HealthConnection Newsletter

Summer 2015, Healthy Feet issue

Locations

Hospital for Special Surgery

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HSS Long Island Outpatient Center

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Uniondale, NY 11553

HSS Paramus Outpatient Center

140 East Ridgewood Avenue
Paramus, NJ 07652

HSS Queens Outpatient Center

176-60 Union Turnpike, Suite 190
Fresh Meadows, NY 11360

HSS Stamford Outpatient Center

1 Blachley Road
Stamford, CT 06902

HSS Spine & Sport

600 Heritage Drive, Suite 110
Jupiter, FL 33458

HSS Sports Rehabilitation at IMG Academy

5500 34th Street West
Bradenton, FL 34210

Integrative Care Center

635 Madison Avenue, 5th Floor
New York, NY 10022

The Public and Patient Education Department of Education & Academic Affairs provides information to the general public and patients through a variety of health education programs. Professionals provide practical information to help prevent or manage orthopedic and rheumatological conditions. Programs are held at the hospital as well as in the community. The department is dedicated to providing education today, so that everyone can have a healthier tomorrow.

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