los angeles pediatric society NEWS

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INSIDE

FROM THE PRESIDENT

Reinvention

Derek Wong, MD, FAAP, FACMG

It is an honor and a privilege to serve as President of the Los Angeles Pediatric Society. In light of the ever changing healthcare landscape, I would like to challenge all of us to ponder a topic that one of my fellowship mentors raised with me. Dr. Ed McCabe, who was chief of pediatrics at UCLA Medical Center, advised me to reinvent myself every ten years. For me, this involved a mid-career change from private practice pediatrics to academic medical genetics. Reinvention can reinvigorate the soul, refresh the mind, and break the monotony that can enter even the most interesting practice.

A few physicians have significant, successful mid-career alterations to non-patient care activities. Dr. Vince Haynes, a longtime LAPS member and contributor, transitioned from a thriving pediatric practice to become the medical science director at Medimmune. Dr. Gary Smithson, my former associate, did a similar transition from practice to healthcare consulting. However, these examples have somewhat less relevance to those of us who wish to remain in patient care. What about a less drastic change?

> Reinvention can reinvigorate the soul, refresh the mind.

Many pediatricians choose to gain special knowledge about a particular area of medicine, such as allergy/immunology, dermatology, or behavioral/developmental pediatrics. These practitioners can provide a valuable service by treating patients that have issues that do not require a subspecialist, and at the same time develop a closer relationship with the subspecialists in their area. Some pediatricians choose to devote a large portion of time to such activities. Dr. Gayle Tyerman at Shriner's Hospital is a pediatrician who runs a free clinic for bisphosphonate treatment of osteogenesis imperfecta patients, and receives referrals from most of the LA pediatric medical centers.

Teaching future physicians can be challenging and difficult with the limited time in our daily schedules, but is so rewarding that many of us consider it a fair tradeoff. Residency requirements continue to shift focus to outpatient care, and having residents do a private practice elective provides them with valuable experience and also gives the practice an in depth look at potential future colleagues. The LAPS Eve and Gene Black Summer Medical Career Program gives talented high school students the chance to immerse themselves in medicine in a unique way. Since there are many more applicants than positions, LAPS would welcome pediatricians who could consider accepting students into their practices.

Many of us trained before the current residency requirements for an advocacy rotation were implemented. However, this should not prevent us from becoming involved in legislative efforts, or to fight for numerous causes that affect childhood health. One of the advocacy speakers at Harbor-UCLA spoke about how he became involved with the Smoke Free Movies project at www.smokefreemovies.ucsf.edu. Other pediatricians have chosen to become involved in local AAP committees or in the LAPS itself.

Speaking of LAPS, we are undergoing our own reinvention. Our organization is attempting to broaden the membership of the society to pediatric subspecialists in addition to general pediatricians. Many of you have noticed the Specialist's Corner feature in our Newsletter. Thanks to the efforts of Dr. Chester Koh, we are close to making LAPS member practices more visible on the internet in order to increase the value of membership. Please give us feedback on the process as we move forward.

Where is Dr. McCabe now? He reinvented himself once again and is heading a major private Down syndrome research group. What will you do?

los angeles pediatric society
An Independent Nonprofit Organization
Founded 1934

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CME and Summer Program

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for dues, donations, meeting registration
and credit card information

BRENNEMANN 2010 –RAVE REVIEWS

Ronald A. Nagel MD FAAP
Program Chair

The feedback from the 67th Annunal Brennemann Lectures of 2010 can be summed up as AWESOME. Can LAPS repeat this in 2011? Yes we can.

LAPS will begin by changing locations. After five years at Disneyland we will move the conference to the newly remodeled Bahia Resort Hotel in San Diego's Mission Bay. Once again we are proud to announce a stellar cast of professors for the 68th Annual Brennemann Lectures to be held from September 22-25, 2011.

You asked for it and so we are proud to announce that Dr. Cora Collette Breuner from Seattle Children's Hospital will be discussing Complimentary and Alternative Medicine (CAM) and will focus on homeopathy, herbal medicine and other holistic approaches to pediatric diseases. Dr. Bob Wells, who practices both privately and at Children's Hospital Central California, Madera, CA will be returning to the Brennemann to update us with the latest information and treatments for such prevalent conditions as anxiety, OCD, and drug abuse. We have invited noted hematologist, Dr. Thomas Hofstra from Children's Hospital (CHLA) to lead us in discussions about platelet disorders, anemia, coagulopathies, and thrombophilia. Dr. Dechu Puliyanda, a nephrologist from Cedars-Sinai, is a very popular lecturer with the house staff and will cover hematuria, proteinuria, nephrocalcinosis, and hypertension. Lastly, this years' Cliff Rubin Lectureship and keynote speaker will be Dr. Michelle Pietzak from CHLA who will educate us concerning the hot topics of Probiotics and Prebiotics in pediatric care. The program committee is very excited about this conference and we hope to personally greet you all in September.

REVIEWS FROM THE 2010 BRENNEMANN

"I learned something new at every session today."

"What a great lecture on cord blood banking! Thank you, Dr. Willert."

"All of the speakers were superb – eloquent and very knowledgeable"

"Dr. Pransky's review of neck masses was so imminently useful."

"Dr. Wright's lecture was one of the best that I have ever heard because of the incorporation of scientific findings into direct clinical research."

SCENES FROM THE 2010, 67TH BRENNEMANN LECTURES

Dr. Alvin Miller receives a recognition plaque from Dr. Robert Hamilton for his Summer Program contributions.

Dr. Paula Whiteman moderates "Meet the Professors" with Dr. Joseph Church.

JOIN US FOR THE 2011 BRENNEMANN LECTURES
At the Bahia Resort Hotel on San Diego's Mission Bay!
For more info on this exciting upcoming event see page 15.
DON'T MISS IT!

SPECIALISTS' CORNER

Flatfeet in Children – When to Worry, When to Not

Deirdre D. Ryan, MD and Robert M. Kay, MD

Children's Orthopedic Center, Children's Hospital Los Angeles

Flatfeet are a common cause of concern for parents and a frequent reason for referral to the orthopedist. The treatment of flatfeet remains controversial among practitioners because of the lack of a common understanding of the flatfoot itself and the potential for long-term disability. All flatfeet are not created equal and thus treatment varies depending on the type of flatfoot. Management thus ranges from no treatment to surgical intervention.

So what is flatfoot?

The most obvious deformity in the flatfoot is a decreased, or absent, longitudinal arch. However, a flatfoot is typically a complex deformity in which the hind-foot is in valgus, the midfoot sags in a plantar direction with reversal of the longitudinal arch, and the forefoot is supinated in relation to the hindfoot. [1] Studies have demonstrate that most children are flatfooted in infancy and develop an arch in the first decade of life, though up to 20% children do not develop a "normal" arch and remain flatfooted as adults. [2-8]

Are all flatfeet the same?

Flatfeet come in three different types; flexible flatfoot (FFF), a flexible flatfoot with a short tendo-achilles complex (FFF-STA), and a rigid flatfoot (RF) as originally described by Harris and Beath. [9] A flexible flatfoot is flexible in all joints including the subtalar and the ankle joints. The hallmark on physical exam of a flexible flatfoot is that the foot maintains a good arch in the non-weight bearing position but flattens out upon weight bearing. A FFF will also demonstrate an arch with toe walking and the jack toe raise test. The jack toe raise test is performed by passively raising the great toe. As the toe rises an arch will form in a flexible flat foot. A FFF will also demonstrate ankle dorsiflexion above 10 degrees both with the knee flexed and extended. The FFF accounts for the vast majority of flatfeet and rarely causes disability in contrast to the other two types of flatfeet.[9]The FFF-STA appears the same on physical examination as the FFF type except it lacks the adequate ankle dorsiflexion. The rigid flatfoot never demonstrates an arch even when the patient is non-weight bearing or walking on his toes and the jack toe raise test will fail to yield an arch. The ankle may or may not demonstrate a lack of dorsiflexion with the rigid flat foot.

> All flatfeet are not created equal and thus treatment varies depending on the type of flatfoot.

When are X-rays indicated?

Xrays are not necessary in the asymptomatic painless flexible flatfoot. They are necessary when the patient has symptoms such as pain, decreased flexibility, excessive shoe wear, and recurrent ankle sprains. With a symptomatic flexible flatfoot, routine radiographs should include weight bearing anteroposterior (AP) ankle films and weight bearing AP and lateral foot films as well. The AP ankle xray is necessary as ankle valgus can produce the appearance of a flatfoot and can also be associated with a flatfoot. If the patient also has a rigid deformity then oblique and Harris axial views are recommended to evaluate for bony deformities such as a tarsal coalition.

When is treatment indicated for flexible flatfeet? (FFF)

Flexible flatfeet rarely cause disability and therefore an asymptomatic child does not require any treatment. Despite this knowledge many people still place these children into orthotics in an attempt to alter the growth of the child's foot. Two separate controlled prospective randomized studies of children have not demonstrated any effect of corrective shoes or inserts on the development of the child's arch. [5, 10] These studies demonstrate that orthotic use does not change foot development in children. Despite this information, practitioners frequently follow the thought process "well, it can't hurt and it will make the parents happy." In fact, a study by Driano et al. evaluated adults who wore accommodative foot wear as children and found they had lower self esteem as compared to controls who did not.[11] In summary, an asymptomatic painless flexible flatfoot does not require any treatment and does not need to be referred to the orthopaedic specialist. Occasionally, patients with FFF will have symptoms such as diffuse activity related pain, early fatigue, medial foot calluses, and excessive shoe wear. Soft and rigid over-the-counter inserts and rigid custom molded inserts have been shown to relieve symptoms, and increase the useful life of shoes, without a simultaneous permanent increase the height of the arch. [12-15] Over the counter orthotics should be considered in the treatment of children with symptomatic FFF, but not in asymptomatic children.

Continued on Pg. 10

SPECIALISTS' CORNER

We are actively seeking pediatric specialists who would like to contribute their expertise by writing an article on a particular topic that would assist pediatricians in the care of their patients. However, we need your help in identifying pediatric specialists; if you are such an individual or you know someone that is, please let us know! Preference will be given to LAPS Member submissions.

If you are not a member, you will find a membership application on page 14 and on our website: www.lapedsoc.org In addition to our online Membership Directory, we are currently developing a Pediatric Specialists' Listing Guide as a benefit of LAPS membership. Pediatricians may use this guide to locate specialists that can assist in the care of their patients.

DIRECTORY UPDATE – LAPS IS GOING "GREEN"

Chester J. Koh, MD, FACS, FAAP
Vice President

In efforts to reduce costs as well as reduce the unnecessary use of paper, LAPS will no longer offer a printed directory. The online directory of members, including pediatricians and pediatric specialists, can be found at http://www.lapedsoc.org/members

- **FOR MEMBERS**
  Please click on your name at http://www.lapedsoc.org/members to verify the contact information that LAPS has on file. We need your updated contact information to keep you informed of upcoming events / news, etc. In addition, we especially need the "Yes" box checked in the "Show in Physician Locator?" area to allow LAPS to publicize your work contact information for the online LAPS Physician Locator (please see below).

The online LAPS Physician Locator-"Where Can I Find a Pediatrician/Pediatric Specialist?" The online LAPS Physician Locator, which is powered by Google Maps, is currently under construction and will be going live soon. This will allow both physicians and patients to locate a pediatrician or pediatric specialist in their neighborhood. Listings on the LAPS Physician Locator are limited to LAPS members only, so keep your dues and work contact information up-to-date, and if you know of any pediatricians or pediatric specialists that would be interested in the benefits of LAPS membership, please refer them to the online application form and instructions on the http://www.lapedsoc.org website.

PLEASE REMEMBER TO GO ONLINE TO UPDATE YOUR LAPS CONTACT INFORMATION

"DIABESITY" – DR. FRANCINE KAUFMAN

Chester J. Koh, MD, FACS, FAAP
Vice President

Come hear the latest from the world's expert in Diabesity, Dr. Kaufman, as she updates us on the latest regarding the obesity / diabetes epidemic in children. For those who may not know already, she is the Chief Medical Officer and VP of Global Clinical, Medical and Health Affairs at Medtronic in Northridge, California, as well as a Distinguished Professor Emeritus of Pediatrics and Communications at the Keck School of Medicine and the Annenberg School of Communications of the University of Southern California, and Children's Hospital Los Angeles.

The obesity epidemic and the low level of physical activity among young people, as well as exposure to type 2 Diabetes Mellitus (DM) in utero, appear to be major contributors to the increase in DM during childhood. Since children are now developing conditions that used to be primarily found in adults such as hypertension, glucose intolerance, dyslipidemia, pre-diabetes, and diabetes, we, as pediatricians and pediatric specialists, need to learn how to screen for these conditions and then find workable strategies and best practices (medical, nutritional, etc.) to combat both the causes and effects of these problems with their patients and/or their parents. The lecture format allows for questions and discussion.

In addition, the lecture with CME credit is being held at the Pickwick Gardens in Burbank, which is centrally located with easy freeway access from all major freeways. The Pickwick Gardens are best known for their "professionally trained staff, culinary expertise, and comfortable meeting rooms, along with the natural beauty of lush, green gardens", which should be thoroughly enjoyable on a spring evening in May. We hope to see you there, and bring a friend!

PICKWICK GARDENS

SAVE WEDNESDAY EVENING, MAY 18, 2011 FOR THE PARMELEE LECTURE.

LOS ANGELES PEDIATRIC SOCIETY SPRING BUSINESS MEETING

MEETING AGENDA AND PROGRAM

6:00 pm	Welcome Reception
6:45 pm	Banquet
7:15 pm	Society Business Meeting *There will be a short business meeting for the election of officers.*
7:30 pm	**Diabesity**
9:00 pm	Questions and Topic Discussion

SLATE OF PROPOSED 2011-2012 OFFICERS

Member at Large ..... Kimberly Klausner, MD

Secretary Treasurer..... Jenna Roberts, MD

Vice President ..... Tracy Zaslow, MD

President ..... Chester Koh, MD

All LAPS members are welcome to attend the Business portion of the Spring Meeting at no charge.

The Los Angeles Pediatric Society presents the

ANNUAL SPRING MEETING AND PARMELEE LECTURE

DIABESITY

Wednesday May 18, 2011
6:00 pm - 9:30 pm

Place: Pickwick Gardens
1001 West Riverside Dr.
Burbank, CA 91506

INFORMATION:
meosborne@lapedsoc.org
eseaman@lapedsoc.org
310-347-8087 • Fax: 310-782-9856
www.lapedsoc.org

***2 Category 1 Credits*™ awarded**

Program Objectives

At the completion of the presentation the attendee will:

1. Illustrate risk factors for childhood obesity.
2. Compare obesity and type 2 diabetes rates, and risk factors.
3. Analyze the socioecological model.
4. Design strategies to reduce risk factors for obesity and type 2 diabetes.

Target Audience – Pediatricians
Lay persons, counselors, teachers, parents are welcome to attend.

Accreditation

This activity has been planned and implemented in accordance with the Institute for Medical Quality and the California Medical Association's CME Accreditation Standards (IMQ/CMA) through the Joint Sponsorship of CME Consultants and Los Angeles Pediatric Society. CME Consultants is accredited by IMQ/CMA to provide continuing medical education for physicians. CME Consultants takes responsibility for the content, quality and scientific integrity of this CME activity. CME Consultants designates this educational activity for a maximum of 2 *AMA PRA Category 1 Credits*™. Physicians should claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education.

In accordance with the Americans with Disability Act (ADA), please call the Los Angeles Pediatric Society at 310-347-8087 should you require special assistance.

SPEAKERS

FRANCINE R. KAUFMAN, M.D.

Francine Ratner Kaufman, M.D. is Chief Medical Officer and VP of Global Clinical, Medical and Health affairs at Medtronic Diabetes (Northridge, CA) and a Distinguished Professor Emerita of Pediatrics and Communications at the Keck School of Medicine and the Annenberg School of Communications of the University of Southern California, and an attending physician at Childrens Hospital Los Angeles. Dr. Kaufman has authored more than 200 peer-reviewed and invited publications, and 30 books or book chapters, including the 5th edition of the ADA's the Medical Management of Type 1 Diabetes and Diabesity (Bantam). Dr. Kaufman was chair of the National Institutes of Health funded Studies to Treat (the TODAY Trial) or Prevent (the HEALTHY Trial) Type 2 Diabetes in Youth (STOPP-T2). Dr. Kaufman was president of the American Diabetes Association (2002-03), chair of the National Diabetes Education Program, and chair of the Youth Consultative Section of the International Diabetes Federation. She is a member of the Institute of Medicine and serves on the Advisory Council of the Diabetes Branch of the NIH.

ADVANCE REGISTRATION ONLINE OR BY MAIL

ONLINE: You may register online and pay with a credit card. Go to our website www.lapedsoc.org and click on "Parmelee Lecture 2011" under Meeting Registration

MAIL IN: Make Check Payable to LAPS and mail to:
LAPS, PO Box 4198, Torrance, CA 90510-4198

The Los Angeles Pediatric Society ANNUAL SPRING MEETING AND PARMELEE LECTURE
Thursday, May 18, 2011, Pickwick Gardens, Burbank, CA 95106
For directions to Pickwick Gardens see website: www.pickwickgardens.com

Name_____ Date_____

Address_____

City_____ State_____ Zip_____

Phone ( ) _____ Fax ( ) _____

Email_____

If Pediatric Resident, Hospital Name:_____

Advanced registration is required. Late Fee after May 2, 2011: Add $20 to each category

	BANQUET AND LECTURE Early Tuition Fee on or before Wednesday May 2, 2011		**LECTURE ONLY**	
Physician, Member of LAPS	$65	$ _____	$30	$ _____
Emeritus, Member of LAPS	$45	$ _____	$30	$ _____
Emeritus/Retired, Non-member	$55	$ _____	$30	$ _____
Physician, Non-member	$75	$ _____	$35	$ _____
Allied Health/Lay Person/ Parent/Teacher/Counselor	$65	$ _____	$30	$ _____
Residents	$45	$ _____	$25	$ _____

DO NOT FORGET TO MAKE YOUR DINNER CHOICE:
❑ Chicken Bruschetta ❑ Vegetable Kebobs

2010 EVE AND GENE BLACK SUMMER MEDICAL CAREER PROGRAM REFLECTIONS

King Center staff and participants, kneeling Program Coordinator Lorraine Grey.

Combined Valley Program

"The two weeks that I spent in this program were life-changing. I gained such significant insight into the world of medicine and came out of the program with a solid understanding of the medical path I want to follow. I sincerely believe that this program has made my dreams and interests become realistic, tangible goals. I am eagerly awaiting my journey into the progressive, captivating world of medicine."

Chelsea D.

"My hope is that one day, I can be the doctor to show LAPS students around the hospital and get them to love the program as much as I did."

Meredith B.

Department Rotation at Cedars-Sinai

Working in the Lab at St. Mary

UCLA participants with pediatric therapy dog

LAC-USC

"…by engaging in this educational and informational experience, I have now decided that I would like to pursue a career in the pediatrics department of medicine. With the help of the Eve and Gene Black Summer Medical Career Program, I have now discovered that the medical field is where I'm destined to be."

Cynthia A.

"Finishing this program has opened my eyes to new possibilities of a health care profession and helped me realize that I do want to be a doctor."

Monica M.

Surgery Obeservation at White Memorial

Harbor UCLA

"Keep your mind open" was what the presenting doctor said during one of my first Grand Rounds.

Johana M.

"The program meant more than just learning what goes on in the hospital. I learned how much effort and teamwork it takes to not just solve problems in the hospital but in the rest of the world as well."

Marshall C.

Olive View

"If anyone wants to go into medicine, they should definitely apply for this program."

Kee-Hwan K.

Childrens

"From the outpatient rooms, to the clinics, and the laboratories, everything was laid out for us to see: raw and uncensored. It is truly an experience that you cannot gain from reading a textbook. To the professionals who readily welcomed clueless high school students into their days, I thank you sincerely."

Shalisa P.

St. Johns

"The Eve and Gene Black Summer Program is completely different in every way from other summer programs. Not only do the interns experience the hospital environment, they also shadow various fields of medicine, ranging from general pediatrics to dentistry. If it was possible for me to do this program again next year, I would sign up in a heartbeat."

Jessica C.

Tarzana

"I was able to see three cesarean sections performed and an arthroscopic surgery and both were very exciting to watch."

Jessica L.

"I wore scrubs, stood next to surgeons as they performed amazing procedures, and circulated through almost all of the departments. I entered the hospital as an ignorant student dazzled by the hospital's complexity and vastness and left enlightened and confident about pursuing a career in medicine."

Monica C.

Thank you to the participating hospitals, their counselors, and all those that generously donate to the Summer Medical Career Program; your support positively influences future generations of medical professionals. Additional information about the **2011 Summer Program** can be found in this newsletter or on our website: www.lapedsoc.org

42nd ANNUAL EVE AND GENE BLACK SUMMER MEDICAL CAREER PROGRAM
July 5 –29, 2011 (2, 3 and 4 Week Programs Available)

Applicants must in 11th or 12th grade <u>when they fill out this application</u> and at least 16 years old by the start of program. *This program is best described as a medical mentor program. Students work under the supervision of a health care educator, shadowing various medical professionals (nurse, nutritionist, pharmacist, lab technician and/or physician etc.) who together provide a range of patient care and services. All programs are run Monday through Friday for about 8 hours a day, no nights or weekends; the exact hours are determined by the coordinator of each program. If there is a financial need, a participant may request a stipend.*

FOR APPLICATION INSTRUCTIONS SEE OUR WEBSITE www.lapedsoc.org *Type your application from website (highly recommended) or print clearly in black ink. There is no online submission; print your application and mail with other required docs.*

A. Name _____ Birth Date (Must be 16 by Program start) _____
First Middle Initial Last

Address _____ City _____ Zip _____

Home Phone _____ Cell _____

Email _____ **Current** Grade When Applying (Mark with "x") _____11 _____ 12

B. Extracurricular Activities, Community Service/Work Experience (If needed attach 1 additional sheet) _____

_____

Honors and/or Awards (If needed attach 1 additional sheet) _____

_____

Academic and Future Career Plans _____

C. Hospital Program Selection – Indicate your #1 choice. Marking a #2 choice is optional, but allows you to <u>possibly</u> be considered by another hospital in the event that your #2 choice needs more applications or if your #1 choice can't participate (rare occurrence).

FOUR WEEK PROGRAMS - JULY 5 - 29, 2011		THREE WEEK PROGRAM	TWO WEEK PROGRAMS
___ *Cedars-Sinai Hospital, Los Angeles (LA)	___ Olive View UCLA Med. Ctr, Sylmar		†Combined Valley (See list below)
___ Childrens Hospital Los Angeles	___ St. Johns /Santa Monica Hospitals	July 11 - 29, 2011	___ July 5-15 - 1st Session
___ Harbor UCLA Medical Center, Torrance	___ *St Mary Hospital, Long Beach	___ UCLA Medical Center, LA	___ July 18-29 - 2nd Session
___ King Multi-Serv. Ambulatory Care Ctr, LA	___ Tarzana Medical Center, Tarzana		
___ LAC/USC Medical Center, LA	___ White Memorial Medical Ctr, LA		___ Huntington Memorial, Pasadena July 5-15
*MUST be 18 by the Start of this Program			

†Combined Valley Program is all of the following: Kaiser Panorama City, Simi Valley Hospital, Thousand Oaks Surgery Ctr and Los Robles Med Ctr, Thousand Oaks

D. Have your parent/guardian read, sign and complete the "The Consent and Agreement Form for Student Participation."

E. High School _____ City _____ Phone _____

Name of Career Advisor/Counselor (Print) _____ Date _____

Career Advisor/Counselor Signature _____ Email _____

F. Essay Questions – Answer **ALL 3** of the following questions. Answer each question separately; start by typing question, then give your answer. Do NOT use more than 2 typed pages to answer <u>all</u> 3 questions. Pages can be single or doubled spaced, using any size margins and any 12 pt. font.

1. *What person or event in your life initiated/prompted/inspired your interest in the medical field?*
2. *What do you hope to learn from this program? How do you plan to utilize this experience?*
3. *Hundreds of qualified students apply for approximately 55 positions. What qualities do you possess that make you a good candidate for this program?*

G. Include at least 1, but no more than 3 letters of recommendation. Letters mailed separately will NOT be accepted.

H. Include a cumulative high school grade report or transcript (doesn't need to be official/sealed.) Do NOT send this doc separately.

I. The original set of ALL required documents AND 1 copy (which is complete set of ALL original documents) must be sent. Paperclip each set in this order: application, consent form, extracurricular/honor/award page(s), essay page(s), letter(s) of recommendation and grade report/transcript.

J. Send by **US Mail** only; no Certified or Express mail. You can use "Delivery Confirmation" Service. Send both copies in the same envelope. Mail to:

Los Angeles Pediatric Society
PO Box 4198
Torrance CA 90510-4198

K. DEADLINE: Postmarked by February 25, 2011. Applicants will be notified by April 11, if accepted or not.

L. Questions? See FAQs on website www.lapedsoc.org or contact Mary Ellen Osborne meosborne@lapedsoc.org or 310-347-8087.

los angeles pediatric society

42nd ANNUAL EVE AND GENE BLACK SUMMER MEDICAL CAREER PROGRAM

Consent and Agreement Form for Student Participation in the Eve and Gene Black Summer Medical Career Program

As the parent or legal guardian of (Student Name) _____

(Even if a student is 18, this form must be read and signed by a parent or guardian.)

I agree as follows:

1. I give my unqualified, unconditional, and express consent for Student to participate in the Eve and Gene Black Summer Medical Career Program sponsored by the Los Angeles Pediatric Society ("LAPS").
2. On behalf of Student and myself, I waive and release all claims of every type against LAPS, its members, and any persons associated with it regardless of whether any claim is based on intentional conduct, negligence, or any other type of act or failure to act by any person or entity, known or unknown.
3. On behalf of Student and myself, I agree to indemnify LAPS and all persons or entities associated with LAPS including participating hospitals and other healthcare providers, and to hold them harmless from any liability of Student, including but not limited to all costs, expenses, and attorneys' fees.
4. On behalf of Student and myself, I agree to maintain the privacy and confidentiality of patient medical information as required by law.
5. In the event of an emergency and I cannot be reached, I consent to any medical care, treatment, or surgery necessary to the student if there is an accident, injury, or sickness of any kind. This consent does not mean that LAPS or any person or entity associated with LAPS is under any obligation to provide medical care, treatment, or surgery.
6. If any part of this consent and agreement is held by a court to be invalid or otherwise unenforceable, the remaining portions of this consent and agreement shall remain in full force.
7. Prior to the start of the Program, LAPS may require proof of immunizations plus tuberculosis test and a disclosure of medical/health problems and a list of any medication(s) currently being used. Sponsoring hospitals may require a medical release from a student's doctor before being accepted into the program. Students with medical conditions that put them at risk in a hospital setting will not be accepted into the program.
8. Upon selection, a student's Social Security number *may* be required for participation.
9. Upon selection, a student and his/her guardian may be required to sign an acceptable behavior contract.
10. I have read and understood this consent and agreement in its entirety. (If any clarification is needed, please contact a representative of LAPS.) By signing this consent and agreement, I intend to be bound by it in its entirety. I acknowledge that neither LAPS nor any person or entity associated with LAPS is obligated to allow a Student to participate in the Eve and Gene Back Summer Medical Career Program and that my signing of this consent and agreement is a condition of any such participation.

Parent/Guardian Signature _____ *Date* _____

Parent/Guardian Printed Name _____

Home Phone _____ *Cell* _____ *Work* _____

Email _____

Emergency Contact ***(Not** a parent/guardian)* _____ *Relation*_____

Home Phone _____*Cell* _____ *Work* _____

LAPS WITH L.A.P.S.: THE SPORTS MEDICINE CORNER

Tracy Zaslow, MD
Secretary-Treasurer
Pediatric Sports Medicine Specialist

We may have just rung in the New Year, but believe it or not, 2011 Spring Training has already begun! With our athletes' participation in baseball and softball in full swing, it's time to educate our patients' families about preventing overuse throwing injuries.

The elbow and shoulder are the two regions where most throwing injuries occur with the medial epicondyle apophysis and proximal humeral physis as the most vulnerable regions of overuse injury; however, as the throwing motion is complex, multiple structures throughout the shoulder and elbow are at risk and a broad differential must be considered for each individual athlete. This differential includes: multidirectional shoulder instability, subacromial impingement, labral tear, ulnar collateral ligament strains/tears, osteochondrositis dessicans and more.

Pitchers (and catchers) are at the highest risk of throwing injuries but injuries can be sustained at any position in the field. Overuse injuries are sustained due to a number of factors:

- Too many throws/Lack of rest and recovery time.
- Incorrect technique.
- Abrupt changes in intensity, duration, or frequency of throwing activity.
- Lack of preseason conditioning.
- Strength and flexibility imbalances.
- Anatomic malalignment and poor core stability.

Increased single-sport participation with year-round training, no rest periods, longer, more intense competitive seasons are all contributing to increased injury rates. In an effort to stem the alarming increase in elbow and shoulder injuries among young baseball pitchers, Little League Baseball adopted important new rules in 2007, now updated annually based on the latest research, to limit the number of pitches a pitcher can throw in a game and how much rest must be taken between pitching appearances. These recommendations apply to baseball AND softball. The simplest way to determine an individual athletes recommended limits is to use the "Little League Age calculator": http://www.littleleague.org/leagueofficers/Determine_League_Age/League_Age_Calculator.htm

And, while counting pitches is great, never forget the "common sense approach" to injury prevention: Don't play through the pain!

Feel free to copy this article and hand to your athletes' families to help them stay safe ☺

LITTLE LEAGUE BASEBALL REGULAR SEASON AND TOURNAMENT PITCHING RULES

League Age (years of age)	Pitches Allowed Per Day
9-10	75
11-12	85
13-16	95
16-18	105

Pitchers league age 14 and under must adhere to the following rest requirements:

- If a player pitches 66 or more pitches in a day, four (4) calendar days of rest must be observed.
- If a player pitches 51 - 65 pitches in a day, three (3) calendar days of rest must be observed.
- If a player pitches 36 - 50 pitches in a day, two (2) calendar days of rest must be observed.
- If a player pitches 21 - 35 pitches in a day, one (1) calendar day of rest must be observed.
- If a player pitches 1-20 pitches in a day, no (0) calendar day of rest is required.

Pitchers league age 15-18 must adhere to the following rest requirements:

- If a player pitches 76 or more pitches in a day, four (4) calendar days of rest must be observed.
- If a player pitches 61 - 75 pitches in a day, three (3) calendar days of rest must be observed.
- If a player pitches 46 - 60 pitches in a day, two (2) calendar days of rest must be observed.
- If a player pitches 31 -45 pitches in a day, one (1) calendar day of rest must be observed.
- If a player pitches 1-30 pitches in a day, no (0) calendar day of rest is required.

Additional associated rules:

- Any player, who has played the position of catcher in 4 or more innings in a game, is not eligible to pitch on that calendar day.
- A player may pitch in up to two games per day unless the player has thrown >30 pitches in the 1st game.
- A pitcher who throws 41 or more pitches in a game cannot play the position of catcher for the remainder of the day.

Source: Little League Baseball, www.littleleague.org, 2010 Regular Season and Tournament Changes, revised 6/29/2010.

Continued from Pg. 3

What about flexible flatfeet with shortened tendo-Achilles complex?

Patients who have a flexible flatfoot associated with a tight tendo Achilles complex are more at risk for developing symptoms as their talus cannot dorsiflex normally due to the tight Achilles complex.[9] With a short achilles tendon, the only way the foot can contact the floor fully is by pronating through the subtalar joint, resulting in a flatfoot deformity. If symptoms develop, they are usually due to pain and callosity under the talar head and occasionally also have lateral sinus tarsi type pain. For the same reason, these patients do not do well with inserts and orthotics as the device puts pressure under the talar head and produces more pain. The first line of treatment for this group of people focuses on heel cord stretching in an attempt to convert a FFF-STA patient into a FFF patient. The patient and parent should be taught a home stretching program. If compliance is poor then a short course of physical therapy can be ordered. A night-time bracing program to stretch the shortened heel cord may be a useful adjunct. Stretching casts may be used for 2-4 weeks if the aforementioned methods are unsuccessful.

If prolonged conservative measures fail then surgical intervention is warranted. Multiple options are available for surgical correction including soft tissue reconstruction alone or in combination with osteotomies, arthrodesis of one or more joints, and interposition of bone or synthetic material into the sinus tarsi termed "athroeresis". We prefer to perform a calcaneal osteotomy associated with soft tissue reconstruction as these procedures have been well-described and demonstrated excellent long- term outcomes in the literature.[16-17] In the long run, arthrodesis is not a good option as the adjacent joints have demonstrated early degenerative changes.[18-24] The complication rate with the synthetic implants used in arthroeresis procedures range from 3.5-30%.[25-33] These complications include synovitis, implant induced pain, impingement pain, ganglion cyst within the talus, osteonecrosis of the talus, and calcaneal fracture. We have encountered many children in our practice that ended up with rigid, painful flatfeet after treatment of FFF with arthroeresis. Further there are no adequate long-term outcome studies on these procedures as most include a follow up of less than two years. [25-33] Given these myriad issues, arthroeresis cannot be recommended in children at this time.

What about treatment of rigid flatfoot deformities?

Rigid forms of flatfeet can cause significant pain and disability. Causes of a rigid flatfoot include vertical talus deformity, tarsal coalition, and neuromuscular flatfeet (associated with Cerebral Palsy and Myelomeningocele). Vertical talus deformity is a rare congenital condition that affects 1 in 150,000 children and results in a severe rigid flatfoot. Congenital vertical talus (CVT) is evident at birth and presents as a foot with a convex arch and extremely limited (or no) passive plantar flexion past neutral. Up to 50% of children with CVT have associated anomalies and/or syndromes. CVT rarely responds to conservative measures and operative treatment is almost always required. Tarsal coalitions are defined as abnormal connections between bones of the feet (most typically between the talus and calcaneus, or the calcaneus and navicular). Tarsal coalitions are estimated to occur in 2-6% of the population. An estimated 25% of patients with a rigid flatfoot due to tarsal coalition will become symptomatic in early adolescence.[34] Symptoms can include pain and recurrent ankle sprains. Cast immobilization for a brief period of time (typically 2-4 weeks), and/or the use of orthotics can be effective in relieving symptoms. Surgical treatment (excision of the coalition, with or without a hind-foot osteotomy) is reserved for those who fail non-operative therapy.

Neuromuscular feet are assessed on a case-by-case basis. The use of orthotics for the treatment of neuromuscular foot deformities may be helpful in individual cases. The typical indications for orthotic use in these children include: 1) foot deformity interfering with function, and 2) progressive foot deformity.

In conclusion then

Rigid flatfoot deformities warrant an evaluation and treatment by an orthopaedic surgeon. The real challenge is the evaluation of the flexible flatfoot and determining which of these feet needs intervention. An orthopaedic referral is warranted for any child who is having symptoms due to flexible flatfeet. Orthotics and heel cord stretching play a role in providing symptomatic relief but do not alter the growth or shape of the foot. Unnecessary bracing or corrective shoes are expensive and may have a detrimental psychological effect on the child in the long term. Surgery is reserved for flexible flatfeet that have pain and discomfort and have failed prolonged conservative therapy.

(References are available on request to the LAPS Office)

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LAPS LOG – NEWS FROM OUR MEMBERS

- Life Member and Summer Medical Career Program Counselor, **Alvin Miller, MD** was honored by the Los Angeles Pediatric Society at the 67th Brennemann Lectures in Anaheim in October. LAPS recognized Dr. Miller's continued contributions to the Summer Program and congratulated him on expanding his 2010 program to handle 12 deserving students and four different facilities. The schedules he designed for his 12 participants would put the efforts of NASA to shame!

- Members **Wilbert Mason, MD** and **Allan Lieberthal, MD** were featured in an article on antibiotics trials in the treatment of ear infections in children under age 2, in the *Los Angeles Times* on January 13.

- The Eve and Gene Black Summer Medical Career Program was front page news in the July 29, 2010 issue of *Progress Notes: Simi Valley Hospital Employee Newsletter.* Life member and Program Counselor **Alvin Miller, MD**, was quoted, "This is an excellent program and it gives Simi Valley Hospital the opportunity to do something that has a big impact on the kids in our community and on future needs in health care professions."

For more information or to send us your posting, contact us at: eseaman@lapedsoc.org or 310-347-8087.
We look forward to hearing from YOU!

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The Los Angeles Pediatric Society established the Eve and Gene Black Summer Medical Career Program in 1969. The purpose of the program is to encourage high school students to choose careers in the health professions. This program is best described as a medical mentor program. Students work under the supervision of a health care educator, shadowing various medical professionals such as nurse, nutritionist, pharmacist, lab technician and/or physician etc., who together provide a range of patient care and services.

A stipend is available upon request for any student with financial need. A certificate of completion will be awarded at the end of the program as well as two $500 scholarships from the Rissman/Seidel Scholarship Fund. Funding is provided by contributions from individuals and groups. The Executive Board of the Los Angeles Pediatric Society gratefully acknowledges the contributors listed below. The generosity of these donors allows LAPS to continue to offer educational programs such as the Eve and Gene Black Summer Medical Career Program.

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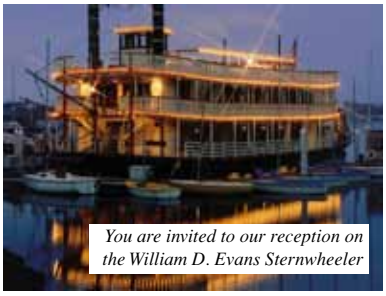
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FOR MORE INFORMATION: Email: meosborne@lapedsoc.org
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FUTURE EVENTS

MAY 18, 2011
Parmelee Lecture and Spring Meeting
DIABESITY – Francine Kaufman, MD
Pickwick Gardens
1001 West Riverside Drive
Burbank, CA 91506
See Page 5

PICKWICK GARDENS

SEPTEMBER 22-25, 2011
68th Brenneman Lectures
Bahia Resort Hotel
San Diego, CA 92109
See Page 15

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Don't Forget Membership is FREE to all Graduating Residents!

Member application on Pg 14