American Academy of Pediatrics

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Healthy Children

Back to School 2007

A Good Night's Sleep
It's More Important for Children

Getting to School Safely
What You Need to Know

Your Child's Friends
How You Can Help Them Choose Wisely

ADHD
It's Different for Girls

Waiting Room Copy

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Safety First

In July, the American Academy of Pediatrics (AAP) issued what we believe is a very important set of safety guidelines about how our children travel to and from school. Now that the school year has started, we encourage all parents to be especially aware of this issue.

Sadly, 815 students die and 152,250 are injured each year during regular travel between school and home. The revised AAP policy statement issued in July, titled "School Transportation Safety," provides new information and recommendations related to safe transportation of children who walk, ride bikes, or travel by car or bus. You can read more about why we consider this topic so important, starting on page 19.

This special back-to-school issue of *Healthy Children* also includes information for parents on a range of other subjects related to how our children experience the learning environment. On the topic of attention deficit/hyperactivity disorder (ADHD), for example, pediatrician Dr. Michael Reiff points out that girls are under-diagnosed, compared to ADHD diagnoses for boys. Since girls' ADHD behavior is different from that of boys' behavior, parents and teachers have traditionally not been as aware of it among girls. That is rapidly changing today, as you will see starting on page 16.

There are many things that parents can do to help their children be ready for school each day — from kindergarten through high school. In this issue, you will find tips on how to help students develop healthy sleep habits (page 8), how to prepare the home environment for school success (page 10), how to help your child develop healthy friendships and handle the problem of bullying (page 24), and why it's good to have your child get an annual physical exam.

We hope that you will find this issue informative and useful.

Jay E. Berkelhamer, M.D., FAAP
President
American Academy of Pediatrics

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Back to School 2007

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The American Academy of Pediatrics would like to thank Shire for their sponsorship of this issue of *Healthy Children*.

This Just In…

The latest parenting news, research, and health tips from our experts

Take Vitamins Before and During Pregnancy: It's Important

If you are pregnant or hope to become pregnant, your doctor may have recommended taking a prenatal (before birth) vitamin supplement to help make sure your body receives all the nutrients it needs for a healthy pregnancy.

Taking prenatal vitamins before or during pregnancy can also reduce the development of the most common childhood cancers by nearly 50 percent, according to research conducted by Toronto's Hospital for Sick Children.

The study found that pregnant women who took a multivitamin fortified with folic acid "lowered the chance a child would develop a brain tumor by 27 percent, leukemia by 39 percent, and neuroblastoma by 49 percent." Researchers discovered years ago that taking prenatal vitamins reduced the risk of another problem, spina bifida, by as much as 80 percent.

Folic acid is a B-complex vitamin that helps generate new cells and prevent major birth defects of the brain and spine. Folic acid is naturally found in leafy green vegetables, fruits, dried beans, peas, nuts, enriched breads, cereals, and other grain products.

The Good, the Bad, and the Ugly of Tooth Decay

Tooth decay among children ages 2 to 5 years old is on the rise, based on data from the U.S. Centers for Disease Control and Prevention's National Center for Health Statistics. In fact, toddlers' tooth decay increased from 24 percent during 1988 to 1994 to 28 percent during 1999 to 2004.

The study also revealed the differences in dental health along racial, ethnic, and economic lines. About 31 percent of Hispanic children ages 6 to 11 years old had decay in their permanent teeth, compared to 19 percent of white children. Twelve percent of children ages 6 to 11 from families with incomes below the federal poverty line had untreated tooth decay. That compared with just 4 percent among children from families with incomes above the poverty line.

The oral health news is not all bad for American children. The percentage of tooth decay in the permanent teeth of children ages 6 to 11 years went down from about 25 to 21 percent. Among adolescents ages 12 to 19 years, the percentages went down from 68 to 59 percent. Also, the use of dental sealants, a plastic coating applied to teeth that protects against decay, increased from 22 to 30 percent among children ages 6 to 11 years and from 18 to 38 percent among adolescents aged 12 to 19 years.

Lyme Disease Rates Bite Hardest in 10 States

Lyme disease is a bacterial infection that is transmitted to people most often by bites from deer ticks. The number of reported cases of potentially deadly Lyme disease has more than doubled since 1991, according to a report by the U.S. Centers for Disease Control and Prevention (CDC).

"This increase in cases is most likely the result of both a true increase in the frequency of the disease as well as better recognition and reporting due to enhanced detection of cases," said Paul Mead, MD, a medical epidemiologist with the CDC's Division of Vector-Borne Infectious Diseases.

The report noted that 93 percent of reported cases were in just 10 states: Connecticut, Delaware, Maryland, Massachusetts, Minnesota, New Jersey, New York, Pennsylvania, Rhode Island, and Wisconsin. During 2003–2005, a total of 64,382 Lyme disease cases were reported to CDC from 46 states and the District of Columbia. In 1991 fewer than 10,000 cases of Lyme disease were reported.

Those rates were higher in two age groups — children ages 5 to 14 years (10 cases per 100,000 population per year) and adults ages 55 to 64 years (9.9 cases per 100,000 population per year). Most illnesses occurred in the summer, when disease-carrying ticks are most active.

The best ways to help protect your children against deer ticks and Lyme disease are:

- Encourage your children to wear light-colored long-sleeve shirts and long pants tucked into the socks, and check your children daily for ticks.
- Use an insect repellent with 30 percent or less of the active ingredient DEET. (Do not use DEET on infants under 2 months.)
- Apply an insecticide that targets ticks (such as permethrin) to clothing, tents, and other gear, but not on the skin.
- Avoid tick-infested areas.

Tick populations around homes and in recreational areas can be reduced 50 to 90 percent through simple landscaping. This includes removing brush and dried leaves, and creating a buffer zone of wood chips or gravel between forest and lawn or recreational areas.

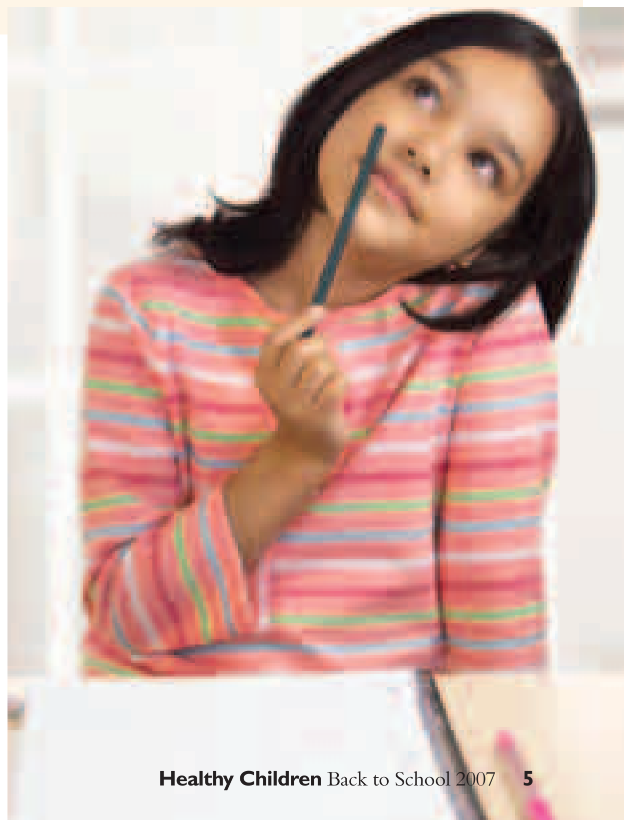
Removing ticks within 24 hours of attachment greatly reduces the risks of catching the disease. Early symptoms of Lyme disease infection include fever, headache, fatigue, and a skin rash. Left untreated, infection can spread to joints, the heart, and the nervous system. See a health care provider if these symptoms develop.

The full CDC report is available online at www.cdc.gov/mmwr. ●

Healthy Homework Is a Matter of Habit

Make sure your children are off to a good start this school year by building consistent and healthy habits for completing homework. Here are a few tips to help:

- Create a space at home that helps your child do homework. Youngsters need a permanent workspace in their bedroom or another part of the home that offers privacy.
- Set aside enough regular time for homework.
- Make it a firm rule that the TV, radio, and computer stay off during homework time.
- Be there to answer questions and offer help, but never do your children's homework for them.
- To help reduce eye, neck, and brain fatigue while studying, students should take a break for 10 minutes every hour.
- If your child is having a hard time with a particular subject and you can't help, consider hiring a tutor. Talk it over with your child's teacher first.



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Ask the Pediatrician

Solving the Riddles of Parenthood

1. Ready, Set, Go!

Q: How will I know when my child is ready to start kindergarten?

A: First, get to know your state and local requirements. Each U.S. state has its own laws that govern what age a child must be to attend kindergarten that year. Check school immunization requirements as well, since they vary from state to state.

Also, assess how ready your child is for school. Many parents believe their children's thinking skills, such as counting, writing, and reading, are the only key factors in deciding whether or not they are ready to start kindergarten. While these abilities are important, teachers have said that children with the following social skills and emotional maturity are easier to teach:

1. **Talks to and plays with others.**
2. **Follows directions — listens, asks questions, and finishes tasks.**
3. **Identifies and talks about feelings.**
4. **Handles a problem with others.**
5. **Asks for help when needed.**

2. Separate Ways

Q: How should I handle my son's separation anxiety when he starts school?

A: Many children are anxious about and even fearful of unknown places. Starting a school year or transferring to a new school is often a main source of separation anxiety for a child. Usually, settling in to a routine and getting comfortable with classmates and teachers will make the anxiety go away. In some extreme cases, though, professional counseling is needed.

What can parents do to ease their child's fears? Here are a few tips from New York University's Child Study Center:

- **If your child is worried about starting school, visit the school with him, show him around, and introduce him to his teacher before the school year starts.**
- **Let the school personnel, especially teachers, know that your child suffers from separation anxiety and ask them to be aware of her fears.**
- **Let your child know that you understand he's anxious, and reassure him that you will see each other at the end of the day. Let him know that you look forward to hearing all about his day at school.**
- **Don't get angry, lecture, or drill her about the causes of her anxiety. Instead, encourage your child. Tell her what she can expect from school, and listen to what your child has to say.**
- **Prepare yourself: Leaving your child at school as he's crying and miserable will break your heart. Resist the temptation to give in; that will only make the situation worse.**

3. Roller Derby

Q: My 10-year-old daughter is begging me to buy her a pair of roller shoes for her birthday. They don't seem very safe to me; are they? How can I prevent her from getting injured?

A: You are right to be concerned. The popular sneakers with wheels in the heel can be extremely dangerous, especially for an inexperienced child. The Temple Street Children's University Hospital in Dublin, Ireland, conducted a study of injuries sustained over 10 weeks in the summer of 2006. Researchers found that roller shoes are hazardous, especially when children are climbing the "steep learning curve" involved in learning how to use them.

Girls were much more likely than boys to be injured from using roller shoes. The ages of injured children ranged from approximately 6 to 15 years, with injuries to the wrists, arms, and shoulders being the most common — including fractures and dislocations. More than half of the injuries occurred the first time children used roller shoes or while learning to use them. None of the children were wearing protective gear when injured, and most said they would "roll on" after their injuries healed.

The study recommends close supervision during the learning curve and use of protective gear at all times. Because these shoes are similar to roller skates and roller blades, the same precautions should apply. Wrist guards and helmets are particularly important. "Special attention should be paid to the needs of novice skaters to avoid injuries," the report noted. "We recommend that a safe-use guide be provided with each pair of roller shoes."

4. Guns Around Children

Q: My family lives in a rural area and my husband keeps a gun in our house for protection. I am terrified, however, that our 9-year-old and 11-year-old sons are going to find it and hurt themselves or someone else. What is the best way to handle this?

A: Inadequate and improper storage of firearms is certainly a frighteningly real problem in the United States. There are between 192 and 200 million privately owned guns in the United States, and 33 percent to 40 percent of U.S. homes keep at least one gun inside. A new survey of parents of children aged 2 to 11 years bringing their children to the pediatrician for well-child care indicated that 23 percent of families reported firearm ownership, but only one-third of these reported safe firearm storage. Families were more likely to report safe storage if they owned long guns rather than handguns, if they had not been raised with firearms in the home, and if their children were 2 to 5 years old.

The study, published in the June 2007 issue of the medical journal *Pediatrics*, suggests pediatricians ask parents about gun ownership and review safety practices. "For pediatricians to inquire about guns in the home," says Dr. Shari Barkin, one of the study's authors, "is the same as reviewing other safety measures such as storing medications out of the reach of children."

"It's right to be concerned," Dr. Barkin says. "Children are curious even if they've had some sort of firearm training. That's why parents taking responsibility for safe gun storage is so essential." The important step parents can take is to make sure firearms are safely stored, which includes unloading them; locking them in cabinet, gun case, or safe, or with a trigger lock; and storing the ammunition in a separate location.

A Lullaby for Good Health

By Tracy A. Mozingo

Many times, we adults deprive ourselves of the one thing that can help refresh our bodies and minds overnight: sleep. And as adults, we sometimes make choices that cause our sleep patterns to get out of whack.

But do your children have a choice when it comes to the amount of sleep they get? It is our duty to help them adopt healthy sleep habits while they're young so they can grow into happy, energetic, and healthy adults.

Healthy Sleep

Because their bodies are growing, children need more sleep than adults. An important part of a child's healthy sleep is a steady bedtime routine, says Judith Owens, M.D., FAAP, co-author of *Take Charge of Your Child's Sleep: The All-in-One Resource for Solving Sleep Problems in Kids and Teens.* "At the end of the day, both the body and mind need to wind down, relax, and prepare physically and mentally for sleep," she says. "A bedtime routine is the best way to make sure that there is enough time to make that transition."

The body's natural cycles of sleeping and being awake are sometimes called circadian rhythms. These sleep patterns are regulated by light and dark. Children begin to develop a cycle around six weeks of age, and most have a regular pattern by three to six months.

Troubled Sleeping

What is keeping our children awake? The National Sleep Foundation's (NSF) 2004 Sleep in America poll showed that about 69 percent of children age 10 and under experience some type of sleep problem. Some of the most common include the following conditions and occurrences.

- Insomnia occurs when a child complains of having trouble falling or staying asleep, or of waking up too early in the morning.
- Nightmares occur late at night during REM (rapid-eye movement) sleep and awaken a child.

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Sleep Tips

Here are some important things you can do to help your child get enough sleep.

- **Set a regular bedtime for everyone each night and stick to it.**
- **Establish a relaxing bedtime routine, such as giving your child a warm bath or reading her a story.**
- **Let your child pick a doll, blanket, stuffed animal, or other soft object as a bedtime companion.**
- **Do not allow a TV or computer in your child's bedroom.**
- **Avoid giving children anything with caffeine within six hours of bedtime, and limit the amount of caffeine children consume.**
- **Keep noise levels low, rooms dark, and indoor temperatures slightly cool.**
- **Talk to your pediatrician if your child has symptoms of RLS. There are several options for treating this condition.**
- **Talk to your pediatrician if your child is showing signs of sleep apnea. There are proven treatments for this condition, as well.**

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- Restless Legs Syndrome (RLS) is a movement disorder that includes uncomfortable feelings in the legs, which cause an overwhelming urge to move.
- Sleep terrors (also called night terrors) occur early in the night. A child may scream out and be distressed, although he is neither awake nor aware during a sleep terror. Sleep terrors may be caused by not getting enough sleep, an irregular sleep schedule, stress, or sleeping in a new environment.
- Sleeptalking occurs when the child talks, laughs, or cries out in her sleep. As with sleep terrors, the child is unaware and has no memory of the incident the next day.
- Sleepwalking is experienced by as many as 40 percent of children, usually between ages 3 and 7.
- Snoring occurs when there is a partial blockage in the airway that causes the back of the throat to vibrate, creating the noise we all know. About 10 to 12 percent of normal children habitually snore.
- Sleep apnea occurs when snoring is loud and the child is having trouble breathing. Symptoms include pauses in breathing during sleep caused by blocked airway passages, which can wake the child up repeatedly.

Lack of Sleep = Health Problems

Sleep deprivation in children has been linked with potentially serious health issues. These can include some of the most pressing illnesses facing American children today.

- **Anxiety and Depression:** Insomnia can contribute to anxiety by raising levels of cortisol, the stress hormone. Sleep problems can also make other symptoms of depression worse and are much more common than oversleeping in people with depression.
- **Obesity:** "About two-thirds of the children diagnosed with sleep apnea in our clinic are overweight or obese," says Owens. Obese children tend to have more fat tissue around their neck, which puts more pressure on the airway and further block air from getting through to the lungs.
- **Diabetes:** New research presented at an American Diabetes Association conference showed that inadequate sleep may prompt development of insulin resistance, a well-known risk factor for diabetes.
- **Immunity problems:** Several nights of poor rest can hamper the production of interleukin-1, an important immune booster. A good night's sleep helps your child's body fight off illness and stay healthy.
- **ADHD:** A University of Michigan study published in the March 2002 issue of *Pediatrics* discovered that youngsters who often snore or have sleep problems are almost twice as likely to suffer from ADHD as those who sleep well. Other research has shown that children who don't get enough sleep tend to have more problems concentrating during the day.

What Can Parents Do?

Talk to your pediatrician if you notice any of the following symptoms:

- An infant who is extremely and consistently fussy
- A child having problems breathing
- A child who snores, especially if it's loud
- Unusual awakenings
- Difficulty falling asleep and maintaining sleep, especially if you see daytime sleepiness or behavioral problems

Help your child by following the tips mentioned in the sidebar and set a good example for them, too. ●

Class Act

By Colleen Marble

Help your child succeed in the classroom with these simple acts of support at home.

It should come as no surprise that success — or failure — at school starts at home. Studies have linked poor academic performance to factors such as a lack of sleep, poor nutrition, obesity, and a lack of parental support.

The good news is that those same studies also show higher test scores for students who live in homes where healthy habits, regular routines, and good communication exist.

How can you ensure your child heads off to school this fall with the best possible foundation? Follow these 10 tips and watch your child thrive.

Enforce Healthy Habits

You can't perform well when you don't feel good. To help your child have the best chance at doing well in school, make sure she follows healthy habits at home.

Choose a bedtime that will give your child plenty of sleep, and provide a healthy breakfast each morning. Encourage exercise, and limit the amount of time she spends watching TV, playing video games, listening to music, or using the computer.

Stick to a Routine

Most kids thrive on structure and will respond well to routines that help them organize their days. In our house, for

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example, my son gets dressed, makes his bed, and eats breakfast while I make his lunch and pack his school bag with completed homework and forms. When he gets home in the afternoon, I serve him a snack and he does his homework while I prepare dinner. Your routines may differ, but the key is to make it the same every day so your child knows what to expect.

Create a "Launch Pad"

Veteran parents know it's important to have a single place to put backpacks, jackets, shoes, lunchboxes, and school projects each day. Some call it a "launch pad," while others call it a "staging area." Our area is a hook by the back door.

Whatever you call it, find a place where your child can keep the items he needs for school each day and keep him organized. Then you'll know right where to find everything during the morning rush.

Designate a Space

At school your child has a desk or table where she works. There is plenty of light, lots of supplies, and enough room to work.

Why not provide her with the same type of environment for homework? A designated homework space often makes it easier and more fun for children to complete assignments at home. A desk is great, but a basket of supplies and a stretch of kitchen counter work just as well.

Read, Again and Again

It is often said that children spend the first several years learning to read, and the rest of the lives reading to learn. The written word is a gateway to all kinds of learning, and the more you read to your child, the better chance he has of becoming a proficient and eager reader.

Try to sit down with your child to read a little bit every day, give him plenty of opportunities to read out loud to you, as well, and above all have fun. While the importance of reading with your child cannot be stressed enough, it should not be the cause of stress.

Learn Always

Your child may be past the preschool years, but home education is still a critical part of his overall learning experience. "Some of the attitude recently is that it's up to the schools and teachers to figure it all out, to make sure children are learning and healthy and safe," says Barbara Frankowski, M.D., MPH, FAAP, and member of the AAP Council on School Health. "There's only so much teachers can do. Parents have to fill in with good support at home."

Look for ways to teach your child throughout the day. For example, cooking combines elements of math and science. Use the time when you make dinner as an opportunity to read and follow directions, to discuss fractions, to make hypotheses ("What will happen when I beat the egg whites?"), and to examine results.

Take the Lead

Children learn by example. Let your kids "catch" you reading. Take time to learn a new skill and discuss the experience with them. Sit down and pay bills or do other "homework" while your kids do their schoolwork.

If you display a strong work ethic and continually seek out learning opportunities for yourself, your kids will begin to model that same behavior in their own lives.

Talk Often

Do you know how your child feels about her classroom, her teacher, her classmates? If not, ask her. Talk with her about what she likes and doesn't like at school. Give her a chance to express her anxieties, excitements, or disappointments about each day, and continue to support and encourage her by praising her achievements and efforts.

Show Interest

Don't limit your support to your child; extend it to her teachers as well. Meet the teachers and stay in regular contact by phone or e-mail so that you can discuss any concerns as they arise. Not only will it pave the way for you to ask questions, but it will also make the teachers more comfortable with calling you if they have concerns about your child.

Expect Success

Perhaps the most important way you can support your child's efforts at school is to expect him to succeed. That doesn't mean that you demand he be the best student or the best athlete or the best artist. Rather, let him know that you expect him to do "his best" so that he'll be proud of what he can accomplish.

If you make that expectation clear and provide a home environment that promotes learning, then your child will have a greater chance of becoming the best student he can be. ●

Colleen Marble is a freelance writer and editor, and the mother of two boys. She lives with her family near St. Louis.

Help your child avoid common athletic risks and injuries by taking a few basic precautions—and tuning out the pressures.

By Keith Ferrell

Playing sports is a big part of growing up and going to school for many children. But the pursuit of victory in any activity carries with it risks and responsibilities.

Managing the risks to a child's health and safety is a duty shared by coaches, parents, and the student-athletes themselves. That's why it's important that everyone is clear on what those risks and responsibilities are. The issue extends to school-sponsored sports and athletics, and to recreational activities.

Parents should be aware of the training and competitive practices in each area, notes Joel Brenner, M.D., FAAP, lead author of the new AAP clinical report, "Overuse Injuries, Overtraining, and Burnout in Child and Adolescent Athletes." "But non-school recreational sports tend to have fewer guidelines and rules," he says. "Often there are no athletic trainers involved, so parents need to be especially proactive in making sure proper practices are followed."

Along with the obvious concerns over sports-related injuries, there are three general risks that parents of young athletes should be aware of: overuse injuries, overtraining, and burnout.

Overuse Injuries

Overuse is by far the most common type of sports injury, accounting for as many as half of the total in the United States. An overuse injury is damage to bones, muscles, or tendons that results from the body being worked too hard. This type of injury causes stress to these tissues that takes time to heal.

But too often competitive pressures, practice and game schedules, and a sense of duty to the team compel many young athletes to ignore or deny symptoms of overuse injuries. Failing to allow these to heal only adds further stress to the painful areas, risking long-term damage.

Also, the "no pain, no gain" and "play through the pain" approach to ignoring the aches and pains of sports can discourage the healing process. A young person's body is still growing. Bones simply cannot tolerate the high levels of stress common to competitive sports if healing isn't allowed to happen. In more severe cases, continuing to exercise the overuse-injured area can have serious long-term health effects.

Parents should be alert to these common symptoms of overuse injury:

- Pain in the muscle, tendon, or bone after practice or a game
- Pain while playing or during practice (even if the child remains able to play)
- Pain during play that affects the child's ability to perform
- Constant or chronic pain, even when not playing

Overtraining

The drive to succeed — along with the sheer joy many youngsters feel as a result of developing their sports talents — can lead to long hours of practice. That can reach the point of overtraining, and, eventually, overuse injuries.

The best way for parents to address this problem before it occurs is to stay on top of their child's training schedule. Pay attention to the amount of time, energy, and interest the child applies to training for his or her sport.

Some good rules of thumb for keeping training in line include:

- Limit your child to a single sport or team activity per season, and the training schedule to no more than five days per week.
- Be mindful of the weather during summer and winter training seasons. Insist that your child make changes to the schedule if the weather is extreme.
- Encourage your child to vary training exercises from day to day, if possible. For example, she could alternate formal track-and-field training with swimming.

Burnout

Enthusiasm is just as vital as physical skills in keeping children healthy during athletic seasons. Yet the very things that make sports participation so rewarding can also become overwhelming. When that happens, your child can lose interest in the sport that once gave so much pleasure. This is called burnout.

"Families need to be open in their communications about athletics," Brenner says. "Parents should understand what the child's goals are — and make sure the activity is driven by the child's, not the parents', goals."

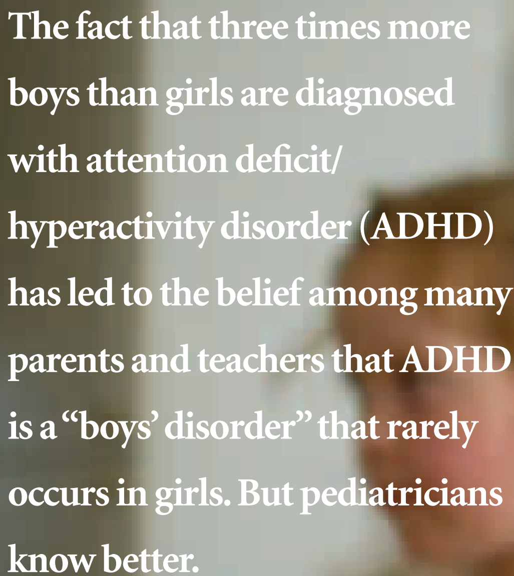
On a day-to-day level, burnout can produce moodiness, a loss of interest that spreads to other activities, such as academics, and a drop in performance in the sport. But there are physical consequences to burnout as well. These can include:

- Constant or chronic muscle and joint pain
- Fatigue
- Increased resting heart rate

Keeping It All in Focus

The rewards — and lessons — of sports participation are a vital part of growing up for many students. The National Sporting Goods Association reports that every year, more than 45 million children and adolescents take to the fields, tracks, pools, and gym floors.

Many kids dream of athletic glory beyond their present level. But it's crucial that they understand that less than 1 percent of student athletes reach the professional leagues. Taking on more than the body can handle can put a premature end to the fun of sports. ●



The fact that three times more boys than girls are diagnosed with attention deficit/hyperactivity disorder (ADHD) has led to the belief among many parents and teachers that ADHD is a "boys' disorder" that rarely occurs in girls. But pediatricians know better.

Here's what you need to know.

Hidden in Plain Sight
Girls and ADHD

By Selby Bateman

Scotty's parents and teachers could see symptoms of his ADHD as early as the first grade. The 6-year-old constantly chattered and asked questions. He couldn't seem to stay in one place. And his play with other children was often too intense for them. He was, said one teacher, a "handful."

Scotty's 10-year-old sister Jane, however, seemed to be the perfect child and student. She was quiet, respectful, and never caused a problem. But suddenly, in the fifth grade, Jane began to have problems. She seemed to have trouble concentrating. She didn't finish simple assignments. And her teachers said that she always appeared to be daydreaming.

How Girls Get Missed

That is exactly the problem, says Michael Reiff, M.D., FAAP, pediatrician and editor-

Treating ADHD — It Takes a Team

Parents, you are not alone. When it comes to effectively treating boys and girls with ADHD, it's important for parents to know that they are part of a team approach — parents, pediatrician, and teachers.

"Pediatricians don't usually spot ADHD behavior in children during office checkups," says pediatrician Michael Reiff , M.D., of the University of Minnesota School of Medicine. "We first hear about ADHD from parents who may have observed the behavior or may have heard it from teachers. Pediatricians are, however, very conscious that ADHD is a widespread problem and, once alerted, can ask the right questions and work with parents and teachers to treat it successfully."

Here are some of the questions that your child's pediatrician may ask you to help diagnose ADHD:

- **How is your child doing in school?**
- **Are there any problems with learning that you or the teachers have seen?**
- **Is your child happy in school?**
- **Are you concerned with any behavioral problems in school, at home, or when your child is playing with friends?**
- **Is your child having problems completing classroom work or homework?**

Evaluating and treating ADHD is not an automatic or one-size-fits-all process. But when parents, pediatricians, and teachers work together, the likelihood for a healthy outcome is greatly improved.

in-chief of the parents' handbook, *ADHD: A Complete and Authoritative Guide*. "People notice boys' behavior because it disrupts classes, but girls exhibit [ADHD as] inattention that goes undetected," he says.

ADHD is the most commonly diagnosed behavioral condition in children, affecting 6 to 9 percent of school-age youngsters, according to Dr. Reiff. But diagnosing ADHD is neither simple nor always the same.

"Boys' ADHD behavior typically begins to be observed in kindergarten and the first two grades, when they are learning to read," he says. "For girls, however, ADHD inattention is more observable when they have to begin to get content out of books and are reading to learn. That means that girls are less likely to be referred for evaluation and to receive the treatment they need until later."

Even with correct diagnosis and treatment, girls with ADHD are at a further disadvantage because most ADHD research to date has focused on boys. Little is known about potential differences between boys and girls in ADHD development and treatment.

As noted in *ADHD: A Complete and Authoritative Guide*, girls with ADHD have been found to have:

- Problems in academic achievement and grade retention
- An increased incidence of special-education placement
- Significant rejection by their fellow students
- A tendency for their parents to adopt authoritarian discipline styles

Help for Your ADHD Daughter

For parents, it is important not to discount the prospect of ADHD just because their child is a girl. Be aware of these factors that may make it harder to notice symptoms, say the experts:

- Some general myths about girls — that they tend to daydream, that they just are not interested in school work — may mask a real problem in a girl's ability to function.
- Teachers tend not to refer girls for evaluation as often as boys, even when girls' symptoms are the same as boys'.
- Girls are less likely than boys to receive enough treatment once they have been diagnosed.

If your daughter is diagnosed with ADHD, ask your pediatrician to keep you updated on research about the development of ADHD in girls, as well as the challenges girls with ADHD may confront and the different ways they may respond to treatment.

For more information, talk to your pediatrician, visit the AAP Web site (www.aap.org), and consult *ADHD: A Complete and Authoritative Guide* (Michael I. Reiff, M.D., FAAP, Editor-in-Chief, with Sherill Tippins, American Academy of Pediatrics). ●

Six ADHD Myths and Misconceptions

There is a considerable amount of misinformation about ADHD, ranging from its causes and diagnosis to long-term treatment. ADHD expert Reiff and his colleagues note that some of the most prevalent misconceptions are these:

- **"He's just lazy and unmotivated." A child who finds it almost impossible to stay focused at school or complete long tasks may try to "save face" by acting as if he or she doesn't care or doesn't want to do the task. That is masking a serious difficulty in his ability to function.**
- **"He's a handful (or "She's a daydreamer…") but that's normal. They just don't let kids be kids." All children are impulsive, active, and inattentive at times. But a child with ADHD has a serious problem fitting into family routines, keeping friends, avoiding injuries, and following rules.**
- **"Treatment for ADHD will cure it. The goal is to get off medication as soon as possible." ADHD is a chronic condition. It does not just go away. From childhood to adolescence to adulthood, ADHD evolves and treatment may need to evolve with it. Getting off ADHD medications is not the goal; dealing with the problem effectively is.**
- **"He focuses on his video games for hours. He can't have ADHD." A child with ADHD may stay focused on the stimulating visuals, sounds, and physical activity of video games, but have real problems dealing with situations where his senses aren't as stimulated. These can include sitting for long periods in a classroom, organizing complex projects over a long time, and dealing with people in ways that require frequent and subtle changes.**
- **"ADHD is caused by poor parental discipline." Poor parenting does not cause ADHD. But it can be made worse by inconsistent limits and other lapses that can confuse the child. There are proven techniques that parents can use to help their ADHD children. Your pediatrician can help you understand these.**
- **"If a child doesn't receive the ADHD diagnosis after being examined, she doesn't need help." A child may not meet the clinical requirements for an ADHD diagnosis, but still need help through counseling and extra help with her behavior. Remember, too, that ADHD can manifest itself in different ways over many years. The key is to continue helping your child learn to function better at every age.**

For a complete exploration of ADHD myths and realities, see *ADHD: A Complete and Authoritative Guide*, edited by Dr. Michael Reiff.

The Route of Safety

Getting children to and from school safely is every parent's concern. Keeping a few guidelines in mind can take a lot of the worry out of the journey for you and your children.

By Sam Gaines

School safety begins before children arrive at school, and it doesn't end until they arrive safely back home.

"Congress said back in 1974 that school transportation should be held to the highest level of safety," says Phyllis F. Agran, M.D., MPH, FAAP, lead author of the American Academy of Pediatrics' newly updated policy on school transportation safety. "It is very important that parents, pediatricians, and school districts work together to ensure that all children can get to school safely."

One fact adds some urgency to that need: 815 students die annually and 152,250 are injured during regular travel between school and home, figures that do not include special activity trips and other school-related journeys.

But what steps can parents take to make sure the journey is a safe one for a student? A good place to start is to consider how your child gets to school — from the moment she walks out the front door of your home to the moment she sets foot inside the front door of her school and vice versa on the way home. Even children who live within walking or biking distance of school need to learn how to avoid hazards along the way, whether on foot or in the bicycle seat.

Many children take the school bus to school. What may come as more of a surprise is that this has been shown to be the safest way to get to school. That's not to say that there aren't important steps to take to make sure your kids stay safe while boarding, leaving, or riding the bus.

Of course, students who take a car to school — as passengers or, even more so, as drivers — face the common dangers of the American road. Teen drivers,

in particular, cause a disproportionately large number of crashes across the country each year.

Regardless of how the students in your home get to school, there are steps you should take to help them make their safety their priority, whether coming or going.

The Bus

Of all the vehicles that travel on our nation's highways, none are safer than the school bus, according to the National Highway Traffic Safety Administration (NHTSA). But that doesn't mean school buses don't have risks all their own.

The most dangerous part of the school bus ride for a student is not actually the time spent on the bus, but getting on and off the bus, reports NHTSA. This "danger zone" accounts for about three times as many school bus-related deaths as the ride itself does, even though there are more non-fatal injuries during the ride than there are during the loading and unloading of students.

These serious injuries and fatalities during loading and unloading can occur when children:

- Are in a hurry getting on and off the bus
- Don't pay attention to surrounding traffic
- Move out of the bus driver's sight

To avoid these potential dangers, you should teach your child to make safe habits a priority by teaching them to take the following simple yet potentially life-saving precautions:

- Walk to and from the bus stop with a friend or family member.
- Get to the bus stop five minutes early, so you don't have to hurry.
- Never move toward the bus until it has come to a complete stop, the door has opened, and its safety lights are flashing.
- Never cross a street without checking both ways for traffic, looking left, then right, then left again.
- Always stay within the bus driver's view.
- Walk in front of the bus only.
- If you drop something near the bus, tell the driver. Don't try to pick it up until the driver knows you've dropped something.
- Never move around on the bus. Take a seat and stay there. If the bus has seat belts, always wear one.
- Obey the driver, and speak quietly so the driver can concentrate.
- Never stick anything out of a bus window.

How Safe is School Transportation in Your Community?

As a parent and citizen, it is important to learn more about school transportation safety where you live. The AAP issued revised recommendations for safer transportation to and from school in July of this year. Get to know these recommendations (available for free download at http://pediatrics.aappublications.org/cgi/content/full/120/1/213) and compare them to existing requirements in your community. Among the key recommendations are:

- **All new school buses should have lap/shoulder seat belts that can also accommodate car safety seats, booster seats, and harness systems.**
- **National standards for school bus driver selection, training, and regulation should be developed.**
- **All states should adopt and enforce graduated driver licensing laws to reduce fatal crashes.**
- **School zones should be improved for child safety with tougher speed limit enforcement and safer routes to school, including bike and walking paths.**

On Foot

For children who live close enough to walk to school, going on foot offers some real benefits. At a time when childhood obesity (and the serious diseases linked with obesity) is at an epidemic level, walking to school helps to ensure that children regularly get some form of exercise on a daily basis. Indeed, walking to school can become a healthy activity parents can share with their children, time permitting. "Communities need to look at their local areas and see what issues are keeping kids from walking to school, where that's feasible," Agran says. "We're looking at the first generation of children in the U.S. who aren't expected to outlive their parents because of obesity-related illnesses. Walking is a great way to combat this epidemic, but it must be done safely."

Make sure your child has a safe route before allowing him to walk to school. Also:

- Consider whether your child has the skills necessary to walk safely to school. Can he stay alert to the dangers of traffic? Can she stay focused on getting to school without getting distracted and delayed?
- Walk the route yourself before taking your child along. Be sure that the route she will take offers good visibility, is relatively free of hazards, has plenty of pedestrian room at a safe distance from traffic, and involves no dangerous crossings.
- Make sure there are well-trained crossing guards at every intersection your child must cross.
- Consider available daylight when your child will be walking. Regardless of visibility, be sure your child is wearing brightly colored clothing.
- If extremely hot or cold weather or bad weather conditions are a concern, have a backup transportation plan. For hot days, pack a water bottle for your child to take with him. For cold days, make sure she's wearing warm clothing.
- See if there are other neighborhood children your child can walk with. There is safety in numbers.

If you live close to your child's school and are interested in organizing a regular school-walking group, there are plenty of resources to help you do just that:

- The Federal Highway Administration has a program, **Safe Routes to School**, which offers plenty of guidance for starting your own community walk or bike to school program. Find out more at www.saferoutesinfo.org.
- The U.S. Centers for Disease Control and Prevention has its own program, **KidsWalk-to-School**, that also offers materials to help you organize your own community program: www.cdc.gov/nccdphp/dnpa/kidswalk/.
- Wednesday, October 3, 2007 is **International Walk to School Day**. You can learn more about using this day to kick-start a school-walking program where you live at their Web site: www.walktoschool.org.

By Bicycle

As with walking, riding a bicycle to school offers wonderful health benefits for your child. Cycling to school is another way that you can share the trip to school and good exercise with your child, as well.

In addition to being exposed to traffic, bicycles present some specific safety concerns. But taking basic safety steps can help lessen the risks that bicycles present to students who ride them to school.

- A bicycle helmet is a must. Make sure your child always wears one to ride a bicycle, no matter how short the ride may be. The helmet should be approved by the Consumer Product Safety Commission.
- Brightly colored clothing helps drivers see cyclists more clearly. Be sure your child's clothing makes her more visible.
- Children should only be allowed to ride when there is plenty of daylight. Riding at dusk or at night should never be allowed.
- Young children (up to age 9) should only ride with adult supervision, and never on the street.
- Use your judgment about allowing older children to ride in traffic, depending on how heavy road traffic is where they'll be riding; how mature the children are; and how able they are to follow the rules of the road.
- All bicycle riders should follow the basic rules of the road:
  - Ride with traffic.
  - Stop and look both ways before entering the street.
  - Stop at all intersections, whether marked or unmarked.
  - Before turning, use hand signals and look in every direction.
- Teach your children to check their bike's condition on a routine basis. Tires, brakes, and seat and handlebar height should be checked annually.

In a Vehicle

Many teens drive to school or ride along with a sibling or peer who does. This is by far the riskiest way to get to school. Teens driving other teens account for 55 percent of school travel-related deaths and 51 percent of injuries, according to figures from the National Research Council. Agran is blunt about teens driving teens: "This is the least safe option, and it is important for parents to put strong restrictions in place," she says. At least, parents should take care to decide how appropriate this is for each adolescent, mindful of the risks involved with teen drivers.

That said, many parents opt to drive their children to school. Taking the time to be a safe driver is all the more important when children are in the vehicle, especially during the morning and evening rush hours, when traffic is often at its heaviest. Here are more helpful tips:

- If your state has a graduated driver's license (GDL) law, find out what it is and be sure your teen is obeying the law.
- Discourage your teen from driving other teens to school, or riding with a teen driver, especially in the first six months after licensure even if your state licensing laws allow this. After six months your teen may be ready to start driving with one passenger.
- Insist on seatbelt use at all times. No exceptions.
- Be clear with your child about your policies for safe driving, and make sure you model those policies yourself. Keeping distractions (loud music, cell phones, conversation, food and drink) to a minimum is a must.
- Consider creating a written agreement with your teen about the rules of safe driving, and be clear and firm about enforcing it. (See sample contract as part of the AAP Teen Driver statement at www.aappolicy.org.)
- If you're driving children to school, be sure to follow safe practices for your young passengers:
  - All passengers should wear seat belts, or the age- and size-appropriate car safety seat or booster seat.
  - All children under 13 years of age should ride in the rear seats. ●

The yellow color

seen in the skin of many newborns is called jaundice. While common, it can sometimes become a serious condition if not promptly treated.

Here's what you need to know.

Newborns and Jaundice

By Cari Jackson

New parents may notice a yellowish tint in the skin of their infants shortly after birth. That is called jaundice, and it is quite common among newborns of any race or color. In fact, infant jaundice affects more than half of all healthy babies born after a full nine-month pregnancy and four out of five infants born prematurely.

Everyone's blood contains a chemical called bilirubin, which is normally removed from the body by the liver. Within a few days of birth, a newborn's liver may not be mature enough to break down bilirubin. Jaundice occurs when bilirubin builds up in a baby's blood. That buildup turns a baby's skin (and sometimes the whites of his or her eyes) yellow. For most babies, this occurs when they are two or three days old.

These days, a mother and her newborn will most likely leave the hospital within 48 hours of birth. As a result, pediatricians now must more quickly identify and treat newborn jaundice, and new parents need to know how to keep an eye out for this condition at home.

Jaundice is usually mild and harmless, points out Ann Stark, M.D., FAAP, and chair of the AAP Committee on Fetus and Newborn. "In almost all cases, [jaundice] won't cause your baby discomfort, and usually it disappears in one to two weeks."

But if it is left untreated, extremely high levels of bilirubin can lead to brain damage or other serious conditions. "If severe jaundice is carefully monitored and treated promptly, the outcome is excellent," Dr. Stark says.

Is It Jaundice?

You can look for jaundice by viewing your baby in a good light, such as daylight or under a bright indoor light. Gently press your finger on the baby's forehead or nose. If the skin is yellow, jaundice is the likely culprit. Jaundice usually appears on the face first, and then on the chest, stomach, arms, and legs. However, jaundice can be harder to see in babies with darker skin color.

A pediatrician diagnoses jaundice based on a baby's appearance or by taking a blood sample to measure bilirubin levels. Your doctor or hospital may have a special light to measure bilirubin through the skin. Since darker-skinned babies are more difficult to diagnose, the best way to test is with a blood sample or the physician's light test.

Premature Birth and Breastfeeding

Jaundice is more common — and sometimes more severe — in babies born prematurely because their livers are less developed. They may feed less and therefore have fewer bowel movements. Bowel movements help pass bilirubin from the body.

Breastfed babies also experience a higher rate of jaundice, usually because they aren't getting as much milk in the first few days. The cause for this is often poor breastfeeding technique so it's very important to see your doctor or a breast-feeding (lactation) specialist if you are having trouble breastfeeding. Sometimes substances in the mother's milk can raise bilirubin levels, too. Called breast-milk jaundice, this type usually appears at four to seven days of age and can last several weeks. To avoid this, mothers can nurse more than the usual 8 to 12 times daily to encourage more bowel movements.

Treating the Problem

Mild jaundice requires no treatment because your baby's body gets rid of the excess bilirubin naturally. Moderate or severe jaundice is treated with light therapy. The baby is placed under ultraviolet light or wrapped in a fiber-optic blanket. The light changes bilirubin into a form that can be eliminated by the kidneys in the baby's urine. The treatment usually lasts several days and can be done in the hospital or at home.

However, exposing your baby to sunlight is not recommended as a possible cure. A baby must be completely undressed to receive the right treatment, and sunburn is always a danger from direct sun exposure.

When to Call the Doctor

Call your doctor if:

- **Jaundice lasts more than two weeks in formula-fed babies and more than three weeks in breastfed babies.**
- **Baby's skin is bright yellow, indicating severe jaundice, or his chest, trunk, arms, or legs look yellow.**
- **The whites of your baby's eyes are yellow.**
- **Baby is jaundiced and is listless or difficult to wake; is not gaining weight or nursing well; or is fussy.**

Jaundice that lasts longer than two weeks could signal serious conditions and should be evaluated and treated right away.

A Frequently Asked Questions (FAQ) Web page offers the AAP's guidelines about jaundice. Visit www.aap.org/family/jaundicefaq.htm.

Heading Home with Baby

New mothers should always make sure their newborns are checked for jaundice before leaving the hospital. Doctors will give both verbal and written information about jaundice and set a follow-up appointment. It is important that babies be seen by a nurse or doctor when three-to-five-days old. This is usually when bilirubin levels are highest.

If you had high bilirubin as a baby and received light therapy, or if you are the parent of another child who did, it is even more important to schedule a follow-up appointment within a few days of hospital discharge.

Often, pediatricians do not see a newborn before two weeks. "That worked when babies were in the hospital longer," says Dr. Stark. Today, mothers and infants leave the hospital before bilirubin level has peaked and before breastfeeding is established. "All babies who leave the hospital before 72 hours should schedule a follow-up appointment within one or two days of discharge, depending on their risk," she says. "Both families and health care providers need to understand how important this is." ●

Friend or Foe?

By Colleen Marble

Help your child navigate his social world by equipping him with the skills he needs to choose friends wisely.

I came to the realization this past year that the days of handpicking my son's friends are officially over. As a kindergartner, Christian spent the better part of each weekday with 16 other kids, 14 of whom I had never met.

Being a high-energy kid himself, Christian was drawn to the other high-energy kids in class, some of whom didn't always choose the best way to express that energy. After watching these little guys in action, I found myself wondering what I could do to help Christian choose some other friends that would bring out the best in him, rather than the worst.

By reading up on the subject, discussing it with my pediatrician, and talking with parents who've already navigated these waters before, I've discovered there are some ways parents can help encourage healthier relationships in their children's lives.

Educate

The best advice I received was to approach teaching Christian how to recognize a good friend, just as I would teach him about bike safety or stranger danger or any other important subject dealing with his health, safety, and well being. At 6, Christian is just beginning to learn how to build a relationship. The more I can guide him in this process, the better off he'll be.

Talk with your child often about how friends should treat one another. Explain that good friends

respect others, follow the rules, and help those in need. The more children know about what makes a good friend, the easier it will be for them to recognize one when they meet that child — and to be one himself.

Emulate

As you strive to teach your child about healthy friendships, don't forget to model them in your own life. Demonstrating good relationships skills with your spouse or partner, and taking time to nurture close friendships with others, is as important as simply talking about these skills if not more so.

"Children learn how to relate to people outside of their family from relationships within the family," explains Ed Schor, M.D., FAAP, and editor of *Caring for Your School-Age Child, Ages 5 to 12*. "One would hope that the parents would be friends and would get along well, compromise, etc. Children learn from those exchanges."

Communicate

While it's important to talk about what makes a good friend, it's also good to identify which behaviors are not welcome.

Do not focus on specific children and why they are "bad" and others are "good." Instead, explain the values that you live by in your home, such as positive language, respect for others, sharing, and fair play.

It could be as simple as saying, "In our house, we have certain rules that we follow. When someone comes to visit and refuses to follow those rules, he is not showing respect, and that makes everyone sad." You can balance that by saying, "We have so much more fun when we spend time with friends who do follow the rules."

Facilitate

To encourage healthy relationships, create opportunities for your child to play with kids who you think have a positive influence on her. Set up playdates at your house where you can observe the children playing together, and then encourage repeat dates with the kids that you feel are good role models for your child.

"You ought to play an active role in choosing your children's friends. Who better to do this than the parents?" notes Schor. "Know your children's friends, observe what's going on, and see if they demonstrate the values you desire."

If possible, choose to live in a neighborhood with high-quality schools. An Ohio State University study found a direct correlation between school quality and the types of kids that adolescents choose as friends. Kids in better schools tend to choose friends with more "prosocial" characteristics, such as good grades, good attendance, and involvement in extracurricular activities.

Relate

Finally, focus on your relationship with your child. The Ohio State study found that teens are more likely to report positive friendships when they have a good relationship with their parents. (A "good relationship" was defined as one in which the child and parents get involved in activities together, talk frequently, and express affection for one another.)

The more involved you are in your child's life, the more opportunity you have to help your child develop friendships that can stand the test of time. ●

The Bully Factor

No matter how many good friends your child has, there may still be times when he finds himself the target of a bully. Talk with him about bullying and share these five tips.

1. **Walk away: Bullies are generally looking for a reaction from those they target. When they don't get one, they're likely to move on.**
2. **Speak up: If a bully keeps on bullying, stand tall, look him square in the eye, and say in a clear, loud voice, "I don't like what you're doing. Please stop it now."**
3. **Ask for help: Talk to a trusted adult about the problem. A teacher or parent can help make the situation better.**
4. **Find good friends: A bully is only one person. Concentrate on making strong friendships with people who make you feel good.**
5. **Keep having fun: Don't let a bully stop you from being part of the activities you enjoy.**

For more information on how to deal with bullies, visit www.StopBullyingNow.hrsa.gov.

Back to School, **Back to the Doctor**

By Keith Ferrell

Making your back-to-school to-do list? Whether your child plays school sports or not, don't forget a **physical exam**.

No matter what grade your child is about to enter, there's the yearly back-to-school checklist of to-dos: shopping for school supplies, filling out permission forms, and the pediatric checkup.

While it may not seem as urgent, a yearly physical exam by your family's pediatrician is an important part of your child's health care. The back-to-school season is a convenient time for putting the exam on your family's schedule.

Beyond the Athlete's Physical

"Back-to-school checkups are often the only visit most kids and teenagers have with their doctor every year," says Paul Stricker, M.D., FAAP, and author of *Sports Success Rx! Your Child's Prescription for the Best Experience.* "The annual physical gives the pediatrician a chance to give the child a thorough physical exam. It's also a good chance to address important questions, especially with teenagers, including adolescent issues of drinking, smoking, drugs, sexual activity, and depression."

Children involved in school athletic programs often receive a sports-specific exam through the school. These exams are good at screening for potential athletic health problems. But Stricker points out that the school sports physicals alone tend not to address the child's overall health.

"The mass school physical can certainly provide a quick identification of immediate danger to a child in relation to the child's participation in sports," he says. "But it is not a substitute for a general physical performed by the family pediatrician. Mass physicals are not as detailed or in-depth as a pediatrician's exam. Of course, there's nothing wrong at all with the child having both a pediatric exam with the family doctor and the school-sponsored sports exam."

Building a Medical History

Stricker reminds parents that the school sports exam doesn't get into the detailed medical history that the pediatrician knows. "The continuity of regular physical exams is invaluable," Stricker says. "Having a long-term history with a child or adolescent gives the doctor the awareness of the child's progress and development over time. This helps the doctor detect emerging problems, as well as being informed by the detail of the patient's history, such as important past illnesses or injuries the child may forget to mention on the sports physical questionnaire."

That detail includes immunization records. "A school exam will generally include a check box asking whether all vaccinations are up-to-date, requiring the parents to remember whether or not they are. The family pediatrician will have accurate records."

Total Teen Health

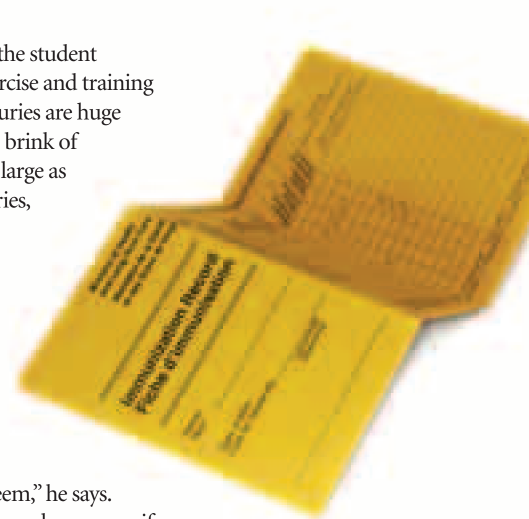
Adolescence is a time when vital changes are taking place. "It's important to have your child see the pediatrician during the transition years from later childhood to puberty," Stricker says. "That is in terms of both development and the aches and pains your child sometimes feels. It also provides the pediatrician a sense of your child's level of self-esteem and emotional balance."

The annual pediatric exam also offers the doctor time to provide wellness guidance and advice. This has become critical as the nation wrestles with the childhood obesity epidemic. "Certainly pediatricians are paying more attention to obesity and related issues," Stricker says.

In addition to monitoring heart and blood pressure and testing for diabetes, pediatricians can use this annual visit with your child to discuss diet and exercise options. "We can talk with the child and the parents about safe approaches to transitioning from little or no exercise to a sound, achievable exercise program," he says.

Examining the Young Athlete

The other side of the exercise issue is the student athlete who is already involved in an exercise and training program. "Overuse and overtraining injuries are huge problems," Stricker says. "They're on the brink of becoming a national epidemic nearly as large as obesity." (See the article on overuse injuries, overtraining, and burnout on page 14.)



The doctor's annual exam of a young athlete should be similar to one for any other child, Stricker says. But he adds that most pediatricians will address some sports-specific issues, including injuries, nutrition, training and exercise programs, and even attitudes in the course of the exam.

"Sports can improve a child's self-esteem," he says. "But they can also harm it. If there's too much pressure, if there are brewing emotional issues, if the child is involved in the sport because of parent or peer pressure — anything like this can become an issue that affects the young athlete's well being."

Getting the Balance Right

Stricker is quick to point out that those issues are not limited to children involved in athletics. "Whatever the child's interest — sports, academics, the arts — we want to be sure that the interest is a healthy one, and that it's balanced with the other aspects of the child's life."

A healthy childhood and adolescence calls for balancing home life, school, social activities, sports, and extracurricular pursuits. This is not easy, especially during a time when the child is passing through the years of growth, learning, exploration, and emotional and physical development. Which is all the more reason to set aside one day during each of those years for your child to see the pediatrician. ●