As the fall sporting season gears up and children don their football helmets, grab their soccer cleats and suit up for fall ball, one thing is certain: the emergency department at Goryeb Children’s Hospital will see more pediatric injuries.

“There’s a rise in injuries and a spike in Emergency Department volumes after the summer, which is quieter with fewer organized sports,” says Michael Gerardi, MD, director of pediatric emergency medicine at Morristown Memorial. “Seventy-five percent of injuries occur daily after the final school bell goes off — the busiest time in the Emergency Department is between 6 and 9 pm.” The Gagnon Children’s Emergency Department sees 21,000 children a year, with most visits stemming from fractures, lacerations and cuts.

When playing organized sports, injuries are bound to happen, yet two ways to minimize harm are cross-training and wearing the proper equipment, says Barbara Minkowitz, MD, pediatric orthopedic surgeon for Atlantic Health. Most alarming to Dr. Minkowitz is the trend of children playing one sport year-round and seeking special training from professional sports gurus. “Kids’ bodies are going to give up,” she says. “Some parents are sure their kids will be serious athletes, but it would be a shame to push them past the point of no return.” Playing a variety of sports helps discipline a child’s mind and gives specific muscles a rest between seasons.

Many childhood sports injuries that Dr. Minkowitz sees could easily be prevented with the proper equipment. In lacrosse, for example, children’s pads are inadequate because they’re merely a smaller version of adult gear, leaving vulnerable areas of a child’s knee exposed. “I
Goryeb Children’s Hospital purchased a pediatric ambulance specially equipped to provide the best medical care while catering to patients’ emotional needs with features, such as a DVD player and a stash of teddy bears for cuddling. The $198,000 critical care rig, which is manned by an expert pediatric team, was purchased through the donations of New Vernon residents Robert and Susan Sameth and Mendham residents Norman San Agustin, MD, and his wife, Bida.

For the Sameths, donating money for the ambulance was a natural fit, given Mrs. Sameth’s service as an EMT in New Vernon. “It’s heartbreaking when a child is sick, and we wanted to help make a difficult situation better,” she says.

By helping to fund the ambulance, the San Agustins are commemorating their beloved daughter, Nikki. While on a seventh grade ski club trip in 1988, she was struck in the head by an airborne skier and knocked unconscious. One of the contributing factors in her death, says Dr. San Agustin, was the lack of a proper transport vehicle. He also believes that, had she been wearing a helmet and had the ski resort had a triage protocol, his daughter may have lived. “Since then, we’ve been lobbying for a ski helmet bill for children 13 years and younger, as well as a protocol to effectively evacuate injured skiers,” he says. “We’re working to perpetuate the memory of our daughter and to avoid further unnecessary tragedy.”

Pediatric Care Goes Mobile

Excited by the fresh snow that mild December morning, Karen Lakoma bundled her children up for sledding in the yard. At the top of the hill, she put Leah, 4, first in the sled, and Adin, 3, behind.

“I explained everything: ‘if you go toward a tree, roll out of the sled,’” she says. She gave them a push. To her horror, the sled careened toward a tree but the children remained rooted in place. As it slammed into the tree’s trunk, Leah took the brunt of the impact.

Adin got up, but Leah lay screaming. Mrs. Lakoma, nine months pregnant, scooted down the slope, dragged Leah to the house and called her husband, Peter, and an ambulance.

“There was no bleeding, but she was crying so much, and she couldn’t tell me where it was hurting,” says Mrs. Lakoma. The ambulance took Leah to the Gagnon Children’s Emergency Department at Goryeb Children’s Hospital.

“Everyone helped us immediately,” says the Wantage mother. “The nurses came with dolls and stuffed animals. They took Leah for x-rays. She was screaming, and everyone was trying to make her smile. It made me cry, seeing people taking care of her.”

Leah had broken her right femur and Barbara Minkowitz, MD, pediatric orthopedic surgeon for Atlantic Health, set the bone with a one-and-a half spica cast that extended down her entire right leg, to her knee on the left leg and around her waist to connect the legs and keep the femur immobilized.

Recuperating at home, Leah colored, made jewelry and watched videos from the rented hospital bed set up in the living room. Fourteen weeks after the accident and two months after Mrs. Lakoma gave birth to Sarah, she finally got her cast off.

“Little by little she was walking,” says Mrs. Lakoma. “Today she’s running around like everybody else. The experience wasn’t so bad thanks to God’s grace in our lives, Leah’s easy-going nature and the hospital’s care.

“Morristown Memorial was wonderful; the staff communicated with us and the case managers gave us direction,” she says. “Each trip to the hospital, Leah was showered with stuffed animals, stickers and little gifts to cheer her up. She now has quite a collection.”

Pediatric Ambassador Program

Leah Lakoma

Every year we are honored to have patients who are willing to tell their stories. Please contact us at 973-593-2428 if you have a story to tell.
expected with the rise in children playing lacrosse we will have a ‘lacrosse knee,’ which happens when kids’ legs grow at odd angles because they got hit with a stick above or below the knee joint, injuring growth plate areas,” she says. Lacrosse should take its cues from ice hockey, which provides its slashers with proper padding, she adds.

Even though young football players do wear adequate padding, this sport creates the most dramatic fractures, including femur, clavicle and shoulder breaks, says Dr. Minkowitz. “It’s amazing how much force young boys are exerting on each other; it’s no longer considered a contact sport but a collision sport,” she says. That’s no surprise to Dr. Gerardi, who notes an increase in football injuries on Friday nights and Saturdays around game time.

When playing soccer, to protect against wrist and forearm injuries during falls, Dr. Minkowitz suggests little kickers wear wrist and forearm guards. In the Emergency Department, Dr. Gerardi frequently sees soccer players with concussions from having banged heads. Symptoms include nausea, headache, lethargy or vomiting, and they require treatment. If a child has a concussion, sports and any activity with a risk of head injury must be avoided for up to 10 days. “Patients can die if they get a second concussion within a week of the initial injury,” he says.

Samara Friedman, MD, pediatric orthopedic surgeon for Atlantic Health, has noted that girls who play soccer and basketball are four times more likely than boys to tear their knee ligaments. Contributing factors include a female’s increased estrogen levels, which cause ligament laxity that is more prone to injury, and a girl’s tendency to land from a jump knock-kneed. To reduce these numbers, national studies are underway on neuromuscular education, and Dr. Friedman believes the early research looks promising.

With Little Leaguers, Dr. Friedman has seen a rise in chronic elbow and shoulder injuries from excessive pitching. “They’re wearing out their elbows and injuring their growth plates,” she says. “We’re seeing boys 8 and 9 being super star pitchers, and by the time they’ve reached high school, they’ve worn out their arms.” Young pitchers should never throw curve balls, and coaches need to adhere to pitch count guidelines set forth by the American Academy of Pediatrics, she says, noting that no major league baseball pitcher throwing today started pitching before age 14.

For athletes with asthma, sports bring even greater challenges. Sprinting around the track or dribbling a basketball down court can be breathtaking endeavors, literally. David Cooper, MD, director of the Pediatric Exercise and Extreme Environments Lab at Goryeb Children’s Hospital, helps children with respiratory issues succeed at sports.

“A lot of athletes with asthma and respiratory issues compete at the highest levels,” he says. “We make sure they maintain those high levels and are not limited by their condition by optimizing a treatment plan.”

The lab provides sophisticated testing: children run on a treadmill or pedal a stationary bike while wearing a snorkel-like mask that analyzes their breathing or delivers cold air to potentially trigger symptoms. Levels of oxygen and carbon dioxide can be measured, and heart rate is monitored. “We test these children in the lab to make sure medication is necessary or given in the right amounts,” says Dr. Cooper. In cases where a child has difficulty running, but their physician has been unable to detect a respiratory issue, the child can undergo testing. The advanced technology helps doctors diagnose exercise-induced asthma or other conditions and design a treatment plan.

Asthma aside, the lab also aids young athletes who want to kick their training up a notch but do so safely. The lab tests oxygen uptake levels and determines the most metabolic work a young athlete’s body can perform so that endurance and stamina are increased at comfortable levels. “Most athletes, even high-level competitors, have the ability to improve their conditioning level,” says Dr. Cooper. “We can contribute to how athletes think about their training and give guidelines in how to train safely to their full potential.”
Thinking of Adopting?

In the past decade, international adoption rates have nearly doubled, with 20,679 immigrant visas issued to orphans coming to the United States in 2006. New Jersey is one of five states leading in international adoption. To assist potential adoptive parents with this arduous process, the International Adoption Program at Goryeb Children's Hospital reviews dossiers and videotapes of children to help determine if a child is right for their family.

Elizabeth Baorto, MD, director of pediatric infectious disease for Atlantic Health, offers the following tips:

- Collect as much information as possible, including a medical history with immunization records. Share the child’s dossier with objective professionals; it’s hard for prospective parents to be objective once they’ve seen a child’s picture.
- Find a pediatrician knowledgeable with international adoption to evaluate the child’s dossier and help with the child’s transition after adoption.
- Potential parents should keep immunizations up-to-date and visit their physician and a travel medicine specialist. International adoption can require multiple trips to underdeveloped countries and can take up to a year.
- Examine lab work and growth rate — an indicator of overall health — in a child’s dossier. Videos help to determine if a child is engaged with the outside world, attached to a caregiver or withdrawn.

Tosan Livingstone, MD, a neurodevelopmental pediatrician for Atlantic Health, offers the following observations and suggestions:

- Children in foster care are typically healthier than children in orphanages. The latter may have developmental issues, such as self-stimulating behavior, language difficulties and attachment disorders.
- Keep a journal or a scrapbook of the child’s earlier life, including orphanage or foster family photographs, if possible. Document the adoption trip and celebrate special dates, such as the child’s arrival in the United States.
- Within two weeks of arrival to the United States, visit a pediatrician. Have the child’s vision and hearing screened. After the child and parents have acclimated during the first month, international adoptive experts at Goryeb can examine the child and prepare a detailed report for parents and the pediatrician.

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Deloitte Consulting LLP brought the outdoors in for patients at Goryeb on June 6. As part of the company’s international Impact Day devoted to community volunteering, 20 employees helped young patients plant flowers in keepsake pots. Ronald Goldberg, a partner at Deloitte, helped coordinate the effort out of gratitude for the care his son, Ryan, received from Joel Rosh, MD, director of pediatric gastroenterology, and his team at Goryeb. Coviello’s Flowers & Gifts of Madison graciously donated the marigolds and potting supplies.

The “Great Coin Race” competition, sponsored by the student council of Cedar Hill Elementary School in the Towaco section of Montville, raised $2,262.04 for Goryeb Children’s Hospital. Each of the 18 classes in the kindergarten through fifth grade school competed to fill their classroom jars with the most money. “Goryeb has touched so many lives; people wanted to give back,” says Kathy Klein, physical education teacher and student council advisor.

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Circle Time Live | October 25, 2008, 11am – noon
An interactive band performs for children and families to benefit autism services at the Child Development Center at Goryeb Children’s Hospital.

Malcolm Forbes Amphitheatre, Morristown Memorial
For concert information and tickets, please call 1-800-247-9580.

October 2008 | An annual campaign to promote active lifestyles for kids and raise funds to help member hospitals care for seriously ill children. Sponsord by Together for Kids, a national alliance of more than 30 not-for-profit children’s hospitals. Those interested in representing Goryeb Children’s Hospital in the ‘walk,’ please contact Geraldine Kling, major gifts officer, at 973-593-2414 or visit http://donate.togetherforkids.org/walk.