MOMENTS THAT MATTER:
INTENSIVE CANCER CARE, INTENSIVE CARING
Read Juliet’s Story on Page 6
Understanding the LGBTQ Adolescent
Ask the Orthopedist
Greetings,

In this issue of AtlanticView Kids, you’ll read several exciting and informative stories from Goryeb Children’s Hospital, including our Ask the Orthopedist section, who answers common questions parents have, such as the reason most children are brought in for evaluation and which is the most frequent children’s injury requiring surgery. You’ll learn how a multidisciplinary team of specialists treats patients from ages eight to 21 for all aspects of eating disorders. You’ll also gain an understanding of issues affecting LGBTQ teens, and the support system that our Transgender Health Program provides, including patient care, education and advocacy for this vulnerable group of children and adolescents. And, you’ll discover that our inpatient Liam’s Room, at both Morristown and Overlook medical centers, provides palliative care for families with seriously or chronically ill children, making it easier for families to stay together.

In our Moments That Matter feature, you’ll get to know Juliet and her family who credit both the pediatric cancer care team and support services team at Goryeb and the Valerie Fund Children’s Center to help them through Juliet’s intensive treatment for leukemia, receiving all the care and support they needed through this trying time.

You’ll also read about baby Harper who was transferred to our Neonatal ICU when she was only a few hours old due to breathing problems and possible brain injury resulting from a difficult birth. After intensive testing and days of around-the-clock specialized care, she was able to go home and is now meeting every development milestone.

In addition, you’ll learn about our research into pediatric diabetes, cystic fibrosis, cancer, neuromuscular diseases and inflammatory bowel disease, and how children’s participation in these studies can advance our understanding of diseases to help not only themselves but those who come after.

We always want to hear from our readers, so please contact us at atlanticview@atlantichealth.org if you have a story idea or want to share a comment.

WALTER D. ROSENFELD, MD
Chair of Pediatrics,
Atlantic Health System Children’s Health
and Goryeb Children’s Hospital

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Understanding the LGBTQ Adolescent

Talk to us
Tell us what you want to read about in AtlanticView Kids. Email us at atlanticview@atlantichealth.org. Or write us at Atlantic Health System, Attn: AtlanticView Kids, P.O. Box 1905, Morristown, NJ 07962.

AtlanticView Kids
Twice a year, Atlantic Health System publishes AtlanticView Kids, which includes informative articles on many different health-related topics and events. Issues are available online at atlantichealth.org/atlanticview or email atlanticview@atlantichealth.org to receive a hard copy.

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Atlantic Health System, an integrated health care network in New Jersey, is comprised of Morristown Medical Center, Overlook Medical Center, Newton Medical Center, Chilton Medical Center, Hackettstown Medical Center, Goryeb Children’s Hospital and Atlantic Rehabilitation. The six medical centers have a combined total of 1,747 licensed beds and more than 4,000 affiliated physicians providing a wide array of health care services to the residents of northern and central New Jersey. The medical centers, and Goryeb Children’s Hospital as part of Morristown Medical Center, are accredited by The Joint Commission. Specialty service areas include advanced cardiovascular care, pediatric medical and surgical specialties, neurology, orthopedics and sports medicine. Each of these programs has earned top ratings and recognitions in its respective field.

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CEO’s corner

Care on Consumers’ Terms

When I joined Atlantic Health System, one of my highest priorities was to deliver a more convenient, seamless experience for every patient. Our team has worked tirelessly to make that goal a reality.

Harnessing technology and innovation, we are making it easier to find the care you need, schedule time with your physicians, and navigate our growing network of health and wellness services.

Our most recent advancement toward more convenient care puts you in the driver’s seat. The easy-to-use Atlantic Anywhere mobile app lets you connect with us anytime, anywhere – right from your smartphone. Use it to access your medical records and test results through MyChart, book appointments with participating physicians, and even schedule a virtual visit to speak with a doctor 24/7 from the convenience of your phone or computer.

Atlantic Health System was built to provide you and your family with the highest quality care. Our entire team is dedicated to designing a more convenient future for health care, where we care for you on your terms.

In this edition, we share stories of real-life health and wellness journeys of people like you in our communities. We hope you enjoy the issue and as always, thank you for entrusting Atlantic Health System with your care.

Brian A. Gragnolati
President & CEO, Atlantic Health System

atlantichealth.org

health briefs

ATLANTIC HEALTH SYSTEM EARNS SPOT FOR 11TH YEAR ON FORTUNE’S ‘100 BEST COMPANIES TO WORK FOR® LIST

Proving that being extraordinary matters, Atlantic Health System, a leading provider of health care in New Jersey, was once again named to Fortune’s “100 Best Companies to Work For®,” for the 11th consecutive year on the prestigious annual list.

“Our culture of innovation, trust and respect drives our success,” says Brian Gragnolati, president and CEO of Atlantic Health System. “Every member of our team is focused on quality and doing what is best for our patients and their families. As a result, we are delivering the best possible care and ensuring an innovative, collaborative workforce that is excited about the impact of their contributions.”

“The strength of our organization is driven by the unique and individualized experiences of our team members and with everything we do, we are focused on providing a culture of inclusion and respect where every person is accepted and appreciated,” says Nikki Sumpter, senior vice president and chief human resources officer, Atlantic Health System. “We have a phenomenal culture fostered by teamwork and camaraderie. I continue to be inspired by the commitment of each and every team member.”

ATLANTIC ANYWHERE: WE’RE HERE WHEN YOU NEED US

Atlantic Anywhere allows you to connect to Atlantic Health System anytime, anywhere. Find doctors, manage your personal health information, track important health indicators, schedule a Virtual Visit and much more:

• Easily search and schedule appointments with health care providers in your area.
• Access and securely manage your Atlantic Health System medical information through MyChart: refill medications, communicate with your physician, view lab results and book appointments with participating physicians.
• Get easy directions and maps to any of our locations to help you navigate at Goryeb Children’s Hospital and other select sites.
• Track common health indicators, including weight, blood pressure, sleep patterns, pregnancy and more.
• See a doctor 24/7 through a Virtual Visit.
• View information that can help you prepare for your visit.
• Connect to many activity devices and apps, including Nike+, Runkeeper, Fitbit and more.
• Keep track of your medications and dosing schedule.
• Access insurance information and/or pay your bill online.

And do not forget, you can easily share all this data with your doctors, family and friends. Download Atlantic Anywhere by searching “Atlantic Anywhere” in the iTunes Store or Google Play Store.

ATLANTIC HEALTH SYSTEM RECOGNIZED FOR HAVING THE ‘CLEANEST HANDS IN HEALTHCARE’

DebMed has awarded Atlantic Health System the 2018 Hand Hygiene Excellence Award for having the “cleanest hands in healthcare” due to its high level of sustained hand hygiene compliance.


Atlantic Health System expanded use of the DebMed program to its six hospitals, achieving a sustained 57 percent improvement over baseline during a 12-month period.

The DebMed Electronic Hand Hygiene Compliance Monitoring System is the only research-based, badge-free system able to track compliance based on the World Health Organization’s “5 Moments” and the CDC’s hand hygiene standards.

For more information, please visit debmed.com.
Adolescence is a time of many challenges but for the 1.3 million children who are lesbian, gay, or bisexual, it can be especially difficult. According to the Human Rights Campaign (HRC), the largest national LGBTQ (lesbian, gay, bisexual, transgender, queer) civil rights organization, four in 10 LGBTQ youth, or nearly 42 percent, say the community in which they live is not accepting of LGBTQ people.

“These children are at a crossroads,” says Tyree Winters, DO, a pediatrician for Goryeb Children’s Hospital. “They fear that people will find out about them before they truly understand and accept themselves.”

Dr. Winters says that children become aware of gender roles and identity from three to 12 years of age. It is not uncommon for 75 percent of children to have some type of gender identity dysphoria, or behaviors that do not conform to the cultural perceptions of their biological sex and gender identity. In addition, gender identity does not necessarily determine one’s sexual orientation.”

“We can have many variations and that can be a bit difficult, not only for the parent, but also for the child to understand,” says Dr. Winters. “At Atlantic Health System, we create an environment where we remove all biases and preconceived notions of what it means to be LGBTQ, and then we can start the conversation.”

LGBTQ adolescents are very vulnerable, according to Dr. Winters. “We see higher levels of depression, anxiety, and suicide ideations in youth who identify with a sexual orientation other than heterosexual. They are more prone to try illegal substances and have higher risk factors for sexually transmitted diseases.”

Dr. Winters recommends that parents have open conversations that are unbiased, as well as connecting with support groups. This allows the child to become comfortable with his or her own orientation.

“It’s important to understand that this is not a disease and their child is not damaged,” says Dr. Winters. “How do you think a child would feel to have their parents reject them or not feel love from their parents?”

“LGBTQ teens grapple with gender identity

“These children are at a crossroads. They fear that people will find out about them before they truly understand and accept themselves.”

– Tyree Winters, DO

ATLANTIC MEDICAL GROUP
Dr. Tyree Winters is part of Atlantic Medical Group, a multispecialty network of health care providers. For more information, visit atlanticmedicalgroup.org. Dr. Winters can be reached at 973-992-5588.
Adolescence is a time of discovery and self-expression, when children and teens face physical, emotional, and behavioral changes and challenges. For transgender children, or adolescents who have a gender identity that differs from their assigned sex at birth, the struggles can be even more pronounced. The Transgender Health Program at Goryeb Children’s Hospital is designed to provide medical care and support to help them make the transition.

“Our program recognizes the special needs of transgender children and adolescents,” says Daisy Chin, MD, a pediatric endocrinologist and lead physician of the Goryeb Transgender Health Program. “Our goals are to provide up-to-date patient care, education to families and providers, and advocacy for this vulnerable group within our hospital system and the community at large.”

The program has seen more than 130 children and teens since starting in 2016. “We’ve seen kids ranging in age from 6 to 18 years,” says Dr. Chin. We aim to assist in their social transition (i.e., use of preferred names and pronouns and connecting families with community support groups), medical or hormone transition, and surgical transition (providing the family with appropriate providers and resources).

About 150,000 youth ages 13 to 17 in the United States identify as transgender. “If you’re assigned female at birth and you strongly identify as female, that is called cisgender. If you are assigned male at birth, but you strongly identify as male, then you are a transgender male. And there are those who do not identify explicitly as male or female. This third group are sometimes referred to as gender non-binary, gender expansive, gender creative or agender.”

Children and families undergo a rigorous assessment by a qualified mental health provider or gender specialist. Transgender kids have a higher risk of depression and anxiety which requires intervention. As part of the program, Dr. Chin provides medical transition, which includes hormone treatments.

“The first therapy can be a pubertal blocker. If the child is just starting puberty, then this will stop changes that don’t align with how they’re identifying. For transgender girls (assigned male at birth), pubertal blockers effectively shut down testosterone production and its unwanted effects on the body, such as voice changes and facial hair. For transgender boys (assigned female at birth), pubertal blockers stop estrogen production and thereby breast growth and menstruation, which typically are unwanted and a great sense of dysphoria in boys,” explains Dr. Chin. “For children in their midteens, we add gender-affirming hormones for a hormone transition. This would be estrogen for transgender girls or testosterone for transgender boys. These hormones induce the changes to the body that align them with their gender identity.”

The response from parents has been positive, says Dr. Chin. “Before having this program here, families had to travel to New York City or Philadelphia. The success of a child to live freely and openly as their true selves is the ultimate goal. Acceptance and minimization of rejection and intolerance is critical for the transgender community. We hope to support every child, transgender or cisgender, to thrive without constraints of a gender label.”

For more information on the Transgender Health Program at Goryeb Children’s Hospital, call 973-971-4340.

ATLANTIC MEDICAL GROUP
Dr. Daisy Chin is part of Atlantic Medical Group, a multispecialty network of health care providers. For more information, visit atlanticmedicalgroup.org. Dr. Chin can be reached at 973-971-4340.
INTENSIVE CANCER CARE, INTENSE CARING
Until age five, Juliet Nigara, of Mountain Lakes, had never stayed overnight in a hospital. But three years ago, doctors found the kindergartner had leukemia. She and her family turned to the staff of Goryeb Children’s Hospital and Valerie Fund Children’s Center to help them through an intense period of treatment.

“During those first 10 months, we were there at least once or twice every week for surgery, tests, chemotherapy, blood transfusions and doctor visits,” her mother, Gina says. Sometimes, visits lasted from 8:00am until four in the afternoon. “We went from knowing nothing about Goryeb to knowing everything. Because of the care and compassion they showed us, they created a great environment during a very tough time.”

Even at home, the Nigaras found they were not alone. “If Juliet had symptoms, even in the wee hours of the morning, I knew I could call and get help right away,” Gina says. “I felt we had care 24/7.”

For every patient at Goryeb, the entire team meets every morning, to make sure patients and their families get all the support they need, says Steven L. Halpern, MD, a specialist in hematology (blood disorders like leukemia) and pediatric cancer care. He led Juliet’s team.

“We understand that cancer impacts a child’s life and a family’s life,” he says. “So in addition to the medical treatment, we offer a full range of support services.”

These include assistance from social workers, dietitians, child life specialists and financial counselors. And Hug-a-me the clown, one of Juliet’s fondest memories, performed magic tricks and gave gifts of “cool stickers.”

“They made me comfortable, and they made Juliet comfortable,” Gina says. “That’s two very different audiences, but they dealt amazingly with us both.”

An education liaison also helps patients to keep their education on track. “I didn’t get to go back to kindergarten that year,” says Juliet. “But they got me a robot that did!”

“They kind of have a way of making sure children are being taken care of and are happy about being there. After treatments ended, I kind of missed being at the hospital.”

– Juliet Nigara

The Valerie Center provided a VGo telepresence robot to allow Juliet to remotely attend school, socialize with friends and occasionally have lunch with them.

Over the two plus years of treatment and as Juliet improved, she and her family – including mom, dad Anthony and little brother Theodore – gained a strong connection to those involved in her care. Juliet says, “They kind of have a way of making sure children are being taken care of and are happy about being there at the same time. After treatments ended, I kind of missed being at the hospital.”

Today, the animated third grader is back to a busy schedule of school, plus classes in singing, acting and performance. She’s looking forward to an upcoming recital and to celebrating her ninth birthday.

“The Valerie Center was a big part of our lives for over two and a half years during Juliet’s treatment. And they definitely still are! Goryeb continues to monitor her progress through monthly tests, with promising results,” Gina says.

“Dr. Halpern asked me recently if I worry about leukemia,” she says. “I told him that I do think about it, but I don’t worry. Because we now know what he and everyone at Goryeb can do.”

PEDIATRIC SERVICES EXPANSION
While other area hospitals are shutting down their pediatric services, Goryeb Children’s Hospital is set to ramp up care.

“In 2010, we saw 3,000 children for outpatient care, for example,” says Steven L. Halpern, MD, a specialist in pediatric cancer care. “Now, we see 4,200 children every year. We are expanding our footprint by 50 percent to ensure children and their families can remain close to home for even serious health conditions like cancer.”
A Decade of Comfort for the Critically Ill

Specially designed rooms, combined with pediatric palliative care programs, have helped hundreds of families through their children’s toughest times

Children who are seriously ill or facing end-of-life care decisions spend long periods of time in the hospital, and their families require new routines while their loved one is away from home. Liam’s Room, a not-for-profit organization dedicated to providing pediatric palliative care resources and support for families of young patients who spend great lengths of time in the hospital, provides a “home away from home” for these families.

In 2019, Overlook Medical Center in Summit, NJ, will celebrate the 10th anniversary of the opening of its Liam’s Room, the first of its kind in the state, and Goryeb Children’s Hospital in Morristown, NJ, celebrated its five-year anniversary in 2018.

The rooms memorialize the life of Liam Hayden McNamara, who died at age 16 months, and were inspired by the experiences of his parents, former Westfield residents Lisa and Peter McNamara, as they sought care for their child at a time when pediatric palliative care was not often discussed.

In an effort to enhance comfort and create access to these services, they founded Liam’s Room Inc., which designs and funds custom-designed, inpatient pediatric hospital rooms that provide a more welcoming environment for the entire family, and include the amenities of home. They include sleep sofas, recliners, refrigerators, homework spaces, full-length closets, in-room video games, family eating spaces, and help create a homelike atmosphere that eases the difficulties of a child’s prolonged hospital stay and promote family-centered care.

In addition to the rooms, Liam’s Room is committed to pediatric palliative care through education and provider training. In 2017, the organization funded registration and accommodations for nurses from Goryeb Children’s Hospital and Overlook Medical Center at the Pediatric Palliative Care Coalition’s Third Annual State Conference. The organization also made accommodations for Goryeb Children’s Hospital’s Sheryl Vassallo, MD, a pediatric hospice and palliative care physician, and Toah Alafita, DO, director of pediatric intensive care, to attend a palliative care clinical education course at Harvard University.

“In partnership with Liam’s Room Inc., Atlantic Health System is changing the experience for families with seriously or chronically ill children in hospitals,” says Walter D. Rosenfeld, MD, chair of pediatrics, Atlantic Health System. “We are providing the comforts of home, or making it easier for families to stay together and provide true family-centered care, which is healing in and of itself.”

“Trying to balance our family life with caring for Liam and spending so much time in and out of the hospital, we knew there needed to be a more supportive system, and an improved, family-centered environment when in the hospital,” says Lisa McNamara, Liam’s mother and co-founder of Liam’s Room Inc. “We wanted to create a space where a family could shut the door and feel as though they might be at home in their child’s bedroom, while also receiving the support and care that their family and their child needs – that is the heart of what pediatric palliative care is all about. It is about improving the quality of life of both the child and the family.”

Following the success of the Liam’s Room at Overlook Medical Center, Liam’s Room Inc. opened a nautical “deep sea”-themed room at Goryeb Children’s Hospital, which has been almost full since it opened. Children facing end of life are given priority use of the room. But it has also been used by young patients who are undergoing care for chronic conditions like cancer, inflammatory bowel disease and neurologic disorders.

Learn more about Liam’s Room at liamsroom.org.
Over the years, medical care has seen major advancements, many times because of clinical research studies that look at new drugs, new treatments and new devices. At the Atlantic Center for Research, pediatric clinical trials “have uncovered very important basic science as well as clinical findings for a variety of diseases,” says pediatric gastroenterologist Joel Rosh, MD, vice chairman, Pediatric Clinical Development and Research Affairs.

“There is a lot of research happening at Goryeb Children’s Hospital, and our experience has been that we have a very engaged patient population,” says Dr. Rosh. “There are safeguards in place to make sure that subjects in human trials are protected. In pediatrics, we not only get consent from the parents but assent from the child as well.”

The program has been involved in research trials for pediatric diabetes, cystic fibrosis, cancer, neuromuscular diseases, and inflammatory bowel disease, to name a few. “We’ve had close to 500 children whom we’ve studied with inflammatory bowel disease, and this has led to important and clinically impactful findings,” says Dr. Rosh. “There are other medical conditions, such as pediatric neuromuscular disease, where there were never any treatments and, because of research, there are now therapies that are actually approved and available to our patients and the children in our community.”

Key members of the team include clinical research nurses who work with families to make sure they understand everything involved in a study. “Our research nurses are critical to the success of every research project,” says Dr. Rosh.

Last year, more than 100 children treated at Goryeb were enrolled in research protocols and more than two dozen entered into drug trials. Such trials provided access to treatments that would otherwise not have been available to them. Some of the protocols are treatment-based, so many patients have been helped as a result of participating in a trial. “In addition, many of our research projects are investigating the actual causes of disease and we make sure to give feedback to the family as we make discoveries and report findings. In performing this type of research on chronic diseases, we may not get answers applicable to every child participating in the study today, but their participation may help others so that when today’s research participants have children, they will not have to worry about the same disease.”

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**ATLANTIC MEDICAL GROUP**

Dr. Joel Rosh is part of Atlantic Medical Group, a multispecialty network of health care providers. For more information, visit atlanticmedicalgroup.org. Dr. Rosh can be reached at 973-971-5676.

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See other clinical trials at our newly redesigned atlantichealth.org/research site for clinical trials across Atlantic Health System that focus on various medical conditions.
A CHANCE FOR A NORMAL LIFE
Just moments before his daughter was born, first-time dad Lee Steneken of Green Pond, NJ, and his wife, Amanda, were high-fiving the hospital delivery room staff.

But within minutes, the tone shifted. The unborn baby was in trouble, and Lee found himself fumbling to put on a sterile jumpsuit while running after the gurney holding his wife and child.

“She was having an emergency C-section,” he says, “and I had to wait outside the operating room, listening.” He heard the words, “baby extracted,” meaning born through C-section. “But I didn’t hear Harper crying.”

In those minutes, and over the next hours and days, the young family’s story went “from happy to heart-wrenching and to happy again,” Lee says.

Staff quickly helped Harper begin breathing. But she started having seizures, and stopped breathing again. They suspected a possible brain injury and they immediately started treatments to prevent further potential damage.

So Harper, barely a few hours old, was transferred to Goryeb Children’s Hospital at Morristown Medical Center, where the practiced team of the Level 3 Sam’s Neonatal Intensive Care Unit was ready. Lee went with her. Amanda had to stay behind.

“We have babies like Harper transferred to us every month,” says John Ladino, MD, a specialist in newborn care for Morristown Medical Center. “We began immediately with tests to confirm any injury to the skull and brain and to begin treatment.”

Dr. Ladino also met with Lee within that first hour, and he talked to Amanda, too.

“He called me and told me to ask as many questions as I wanted,” Amanda says. “I’ve never had a doctor do that.”

“In addition to medical care for babies, we also pay close attention to the family,” Dr. Ladino says. “This is a big deal for them, and we want them to be as knowledgeable and as involved as possible.”

For three days, specialty trained registered nurses stayed at Harper’s side 24/7, performing tests every hour.

“It was gut-wrenching for me,” Amanda says. “But everyone was so calm, the nurses and doctors so comforting.”

After an MRI showed a dark spot on Harper’s brain, Arno Fried, MD, a pediatric neurosurgeon for Morristown, evaluated her. Harper was fortunate to have this high level of expertise, because there are only about 240 pediatric neurosurgeons in the entire country, and only three in New Jersey.

“For these babies, we have the experience and confidence to evaluate which ones need surgery and which ones can recover without it,” Dr. Fried says. “I was grateful to be able to tell the Stenekens that Harper’s condition would likely resolve on its own over time – no brain surgery needed.”

Harper recovered and went home with the young parents. Weeks later, a second MRI confirmed she was fine.

Now 8 months old, their firstborn is meeting every development milestone, Amanda says, including smiling, rolling over and blowing raspberries.

“We’re over the moon with the care she received at Morristown. Looking at her today, you’d never know how she started her life off.”

– Amanda Steneken

To find out more information about Drs. Ladino and Fried and Atlantic Health System affiliated providers, visit atlantichealth.org/doctors.
Ask the Orthopedist

Ellen Dean Davis, MD

WHAT IS THE SCOPE OF PRACTICE OF A PEDIATRIC ORTHOPEDIC SURGEON?

Pediatric orthopedics encompasses a wide range of congenital and developmental pathologies as well as various injuries. This includes everything from infants with hip dysplasia to adolescents with sports injuries. In an era where most orthopedic surgeons are subspecialty fellowship-trained (e.g., sports, spine, trauma), pediatric orthopedists are unique in the sense that they are not limited to one part of the body or a small subset of procedures. Although interests of practitioners vary, all pediatric orthopedists are trained to treat the growing child, head to toe. Pediatric orthopedics also varies somewhat from adult orthopedics in that it relies heavily on collaboration with pediatricians and pediatric subspecialists, especially when treating children with medical complexities such as cerebral palsy.

WHAT IS THE MOST COMMON BENIGN COMPLAINT THAT IS ENCOUNTERED BY PEDIATRIC ORTHOPEDISTS?

Intoeing, or “pigeon-toed,” is one of the most common reasons that parents bring their children in for evaluation. This is typically an aesthetic concern that does not cause any functional problems. The cause can be divided into three anatomic locations – the femur, tibia and foot. In the femur, it can be due to excessive femoral anteversion (internal rotation of the femur), which improves spontaneously until about eight years of age. Internal tibial torsion is the most common culprit overall because of in utero positioning. This will improve as the child becomes a proficient walker, until about four years of age. The foot is the site of a common foot deformity, which is another result of positioning of the baby’s leg while in the mother’s uterus, which happens in one of 1,000 births. This will usually correct within the first year of life with simple stretching.

Regardless of the cause of intoeing, parents are counseled appropriately. There is no role for physical therapy, orthopedic shoes or braces. With proper explanation, parents are relieved. They are always welcomed to bring the child back in for reevaluation in six to 12 months if they do not see any spontaneous improvement.

WHAT IS THE MOST COMMON OPERATIVE INJURY ENCOUNTERED IN PEDIATRIC ORTHOPEDIC SURGERY?

Far and away, the most frequent injuries that require surgery in young children are elbow fractures. The fracture of the upper arm bone near the elbow is called a supracondylar humerus fracture which is particularly common in children ages three to nine. This occurs after falling onto an outstretched upper extremity, oftentimes a result from a fall off monkey bars, playground equipment or trampolines. Because of the limited ability of the lower part of the upper arm bone to remodel, this requires surgical fixation in all but the absolutely nondisplaced fractures. This requires surgical fixation in all but the absolutely nondisplaced fractures. Usually this can be performed in a minimally invasive fashion. Live intraoperative X-rays and manual manipulation are used in the operating room to realign the fracture while two to three wires are inserted to hold the position. A long-arm cast is applied. The cast and wires are removed as an office procedure in three to four weeks. Kids are back on the playground shortly thereafter.

Atlantic Medical Group

Dr. Ellen Dean Davis is part of Atlantic Medical Group, a multispecialty network of health care providers. For more information, visit atlanticmedicalgroup.org or call 973-971-7830.
Eating disorders can cause serious, long-term damage to children and adolescents — physically and emotionally, and may even cause death. The Pediatric Eating Disorders Center at Atlantic Health System offers a broad range of care, exclusively for patients from ages eight to 21.

“All eating disorders can have a serious impact on bone growth and overall health,” says Stephanie Levine, DO, part of the child and adolescent eating disorders team at Atlantic Health. She brings specialized training and 25 years’ experience in both general pediatrics and adolescent medicine. “Our team specializes in all aspects of eating disorders.”

Having a range of care is important, because eating disorders cover a spectrum that could include obesity, binge eating, bulimia (periods of overeating and then limiting food) and anorexia nervosa (where a child does not see themselves accurately or might not even realize they are ill).

Members of the Pediatric Eating Disorders Center at Atlantic Health System include adolescent medicine physicians — which is rare for eating disorder programs of this type — plus psychologists, psychiatrists, child life specialists, nurses, social workers, therapists and nutritionists. All have specialized training in eating disorders, and Atlantic Health System’s program has become a referral center for the Tri-State Area.

Together with the family, these specialists determine the best treatment options. Services range from outpatient counseling to different levels of intense outpatient care. For patients who need medical care to get them physically stable, Atlantic Health System also offers the option of admitting them for a short-term inpatient stay.

Parents or guardians are an important part of the treatment, too, Dr. Levine says.

“We can’t do it without them,” she says. "We use what is called ‘family-based therapy,’ where the entire family plays a significant and active role in treatment.”

It’s the only type of therapy that scientific research has shown is effective for eating disorders, she says, and it’s up to 84 percent effective.

“It’s very gratifying to see a child or adolescent over time go from depressed or ‘flat’ in emotion due to malnutrition, to smiling and happy,” she says. “It’s equally gratifying to hear parents say, ‘I have my child back.’”

For more information, call 908-522-5757.

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Dr. Stephanie Levine is part of Atlantic Medical Group, a multispecialty network of health care providers. For more information, call 908-522-5757 or visit atlanticmedicalgroup.org.
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OUR FOUNDATIONS

MORRISTOWN MEDICAL CENTER
Kids4Kids, the philanthropy group for Goryeb Children’s Hospital, gave $22,500 to fund a research study to evaluate the effect of the Soothing Paws® Pet Therapy program. The findings, which have just been published in the Journal of Pediatric Nursing, showed Pet Therapy can be an effective additional therapy to reduce anxiety in pediatric patients and promote family satisfaction. “As soon as a therapy dog trotted into the room, faces would light up,” says Principal Investigator Katherine Hinic, PhD, RN. To find out more, visit f4mmc.org or call 973-593-2400.

OVERLOOK MEDICAL CENTER
At Overlook Medical Center, even our youngest grateful patients are making a difference! One teen recently celebrated her Bat Mitzvah by requesting that family and friends donate to the Eating Disorders Program through the foundation’s everydayhero web page. Her compelling story generated nearly $6,000 for the program that helped her recover and spurred her to pay it forward. Now future patients will benefit from art therapy materials that will be purchased with those funds. You, too, can be an everydayhero by setting up a third-party fundraising web page for a cause you love. To find out more, visit overlookfoundation.org or call 908-522-2840.

NEWTON MEDICAL CENTER
The Advanced Care Unit at Newton Medical Center is seeking funds to purchase a pediatric transilluminator and intraosseous device. The transilluminator will allow providers to locate veins using near-infrared light reflection while the intraosseous device will establish immediate vascular access for the delivery of essential medications and fluids in pediatric patients during an emergency. To find out more, visit newtonmedicalcenterfoundation.org or call 973-579-8309.

CHILTON MEDICAL CENTER
The Children’s Center at Chilton Medical Center is pioneering a new approach to pediatric care by combining the hospital’s Pediatric Emergency Department and Pediatric Inpatient Unit in one state-of-the-art facility. Among the first of its kind in New Jersey, the unique, child-friendly space provides a nurturing, comforting environment for kids as well as a single team of pediatric experts to care for all children admitted to Chilton. Philanthropic funding for the Children’s Center continues to help transform the hospital’s delivery of pediatric services for the Chilton community. To find out more, visit atlantichealth.org/chiltonfoundation or call 973-831-5165.

HACKETTSTOWN MEDICAL CENTER
“TC Kids” Atlantic Rehabilitation at Hackettstown Medical Center has a robust Feeding Therapy program that new funding will help expand. Specially trained Occupational Therapists and Speech Language Pathologists evaluate each child and set specific goals, which include parental feedback. If you’re concerned, know that Feeding Therapy services are available here. To find out more, visit atlantichealth.org/hmcf or call 908-850-6876.
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