THE BEST BRAIN
HEALTH FOR KIDS

School Snackdown
Shakes Up Goodies

Pediatric Neurology Reimagined

Meet Our Gastro Hero
DEAR FRIENDS,

The fall is here, and so are we, bringing you relevant health topics you can share with your friends and family. There are seasonal articles on the flu, pertussis and changes to your body clock that follow daylight savings, along with stories that know no season.

We share one patient’s experiences during and after his own battle with gastrointestinal issues — a fight he wins. There’s also a lively discussion about how pediatric neurology is working to combine developmental and neurological approaches to conditions like epilepsy and concussions. And because joint pain can affect children of any age, we also explain how to tell the difference between simple growing pains and something like pediatric arthritis.

On a lighter note, we’re bringing you a “school snackdown” so you can learn new ways to make snack time as delicious as it is healthy — something parents will surely think about during the holidays. Now let’s celebrate the upcoming change of seasons together.

Walter D. Rosenfeld, MD
Chair of Pediatrics
Goryeb Children’s Hospital/
Morristown Medical Center
Goryeb Children's Center/
Overlook Medical Center

DISCLAIMER: The information contained within this magazine and website is not intended as a substitute for professional medical advice, for which your physician is your best choice. The information in the articles, website or on the sites to which it links should not be used as the basis for diagnosing or treating any medical condition. Reproduction of Well Aware Kids in whole or in part without written permission from the publisher is prohibited. Copyright ©2014. All rights reserved.
Stay eHealthy With Our New App

According to research from the Internet & American Life Project, an initiative of the Pew Research Center, one in five smartphone owners has downloaded a health app — so get on board with the new Be Well app from Atlantic Health System. The free app, available for both Apple and Android smartphones and tablets, lets users research health information, track their health and fitness and stay connected with our medical centers, from finding a doctor to managing their medications.

The Goryeb Children’s Hospital Be Well app includes many innovative features and functions:

• The interactive Track Your Health feature monitors all of your vital stats.
• Syncing directly with Fitbit activity trackers helps you keep track of daily exercise information.
• The Medications function is your electronic pharmacy.
• The Find a Doctor tool allows you to check current wait times in the ER.

It also streams updates from social media channels and the Well Aware — Your Way blog so you can stay connected with the Atlantic Health System community.

Download the Goryeb Children’s Hospital Be Well app from Atlantic Health System.

A Second Home in Flemington, NJ for Local Pediatricians

This summer, pediatric subspecialists from Goryeb Children’s Hospital were given an exciting new opportunity: to bring innovative, high-quality care to families who might not live near the hospital. As part of the alliance between Atlantic Health System and Hunterdon Healthcare, the new satellite office of Goryeb Children’s Hospital was recently opened in Flemington, giving families in the community greater access to pediatric specialty services.

The Goryeb team in Flemington specializes in newborns, children and young adults, and offers a collaborative approach to health. To accommodate their unique needs, the offices are equipped with the latest pediatric technology in a facility that is bright, spacious and designed to be child-, adolescent- and parent-friendly. Specialties include:

• Cardiology
• Endocrinology/Diabetes
• Gastroenterology
• Physical Medicine and Rehabilitation
• Pulmonology
• Neurology/Epilepsy

“It’s an ideal way for us to extend our specialized care beyond the walls of Goryeb Children’s Hospital into the larger community,” observes Walter Rosenfeld, MD, chair of pediatrics for Goryeb Children’s Hospital. “The results have been promising: Our new patients are delighted to have our expertise at their disposal and are definitely taking advantage of it.”

The Morris Museum Arrives at Goryeb Children’s Hospital

This past year, patients at Goryeb Children’s Hospital have been enjoying community programs brought in by the Morris Museum, a leading cultural and educational institution based in Morristown, NJ. A representative from the museum comes to the hospital twice a month to run programs that encourage active participation and learning.

• Happy Birthday, New Jersey! allows children to explore Thomas Edison’s electric lightbulb, Samuel Morse’s telegraph and other creations of local inventors.
• Dinosaurs gives them the chance to examine fossils and models.
• Investigating Insects lets them get up close and personal with actual specimens of beetles, butterflies and other insects.
• The LEGO® Exhibit teaches fun facts about the popular plastic blocks and invites them to go ahead and build something.

“Our goal is to normalize the environment for hospitalized children through hands-on play, exploration and education. It’s a wonderful way for children to engage in everyday activities that they would not be otherwise able to experience in a hospital setting,” says Kristin Holtzman, CCLs, child life specialist for Goryeb Children’s Hospital.
Fighting the Flu ... With Spices?

Believe it or not, adding some spice to your diet can help improve some of the symptoms associated with colds or the flu. You are what you eat — especially when you’re feeling under the weather.

**Chicken soup** is not just for the soul. Black pepper and garlic — even hot curry powder — thin out the mucus in your mouth, throat and lungs, while keeping your white blood cells, or the ones that fight infections, moving.

**Ginger** is an exotic treat perfect for hot teas that also boasts some surprising pluses. Ginger stimulates mucus production, while demonstrating an anti-inflammatory effect. It also gets your body to make more of the immune protein interferon, so it can battle viruses more effectively.

**Chili pepper** makes tacos tasty, but it’s good for more than just flavor. These hot peppers contain capsaicin, an antioxidant that is also a nasal decongestant and expectorant (it makes you cough).

Try these natural home remedies for your family this flu season and see which work for you. While they will not make your illness vanish, they can help you feel better quicker and will definitely perk up your diet.

---

THE FACTS ABOUT PERTUSSIS

Sometimes, a cough is just a cough — but other times, it’s something more serious, especially in children. Pertussis, commonly known as whooping cough, is not your typical cough, and needs to be treated differently by your pediatrician. Adults can develop it, too, but it’s most common in children.

Pertussis is caused by a bacterium and is highly contagious, passing from child to child through their coughs, which propel the bacteria through the air. Babies younger than a year old are most at risk, so parents need to react quickly when symptoms develop.

The surest sign that there is trouble is the presence of thick mucus that blocks airways and makes it difficult to breathe. Between coughing spells, a child with whooping cough often makes a “whooping” sound, but not always. A persistent, hacking cough lasting more than a week or two is the best indication that it’s time to see a physician.

---

UNWINDING BODY CLOCK CONFUSION

Spring forward, fall back: You’ve heard it said countless times. But what you might not have heard is that all these gained and lost hours can have an effect on you psychologically, explains Ashish R. Shah, MD, pediatric pulmonologist and director, Pediatric Sleep Medicine Center’s Respiratory Center for Children, Goryeb Children’s Hospital.

That’s because sunlight may also play a role in your mood and sleep cycles, according to Dr. Shah. “Exposure to too much light in the evening may inhibit the release of melatonin from your pineal gland. Sunlight may also stimulate the release of serotonin, which helps keep you awake.”

Even though we all gain an extra hour this fall, studies show that a week later, people can suffer from things like insomnia or disrupted sleep cycles. The best thing to do is have your children maintain their regular sleep schedule despite the seemingly advantageous of gaining an hour, he advises.

If a problem persists, see your primary care physician to help determine what the problem could be, and to see if an evaluation with a pediatric sleep specialist would be helpful.

---

Fighting Pertussis

- Immunization is the strongest defense against this disease.
- Pertussis is treatable with simple antibiotics.
- There are normally no lasting effects of the disease once it clears up.
It’s a difficult scenario to imagine, but would your kids know what to do if you needed an ambulance? “It depends on the child and his or her level of understanding, but when you start teaching your children about your home phone number and address, you also need to teach them when to call 911 — and how to do it,” says Christopher S. Amato, MD, an emergency physician for Goryeb Children’s Hospital. “Tell them that it’s a skill, just like tying their shoes — it’s something they need to know how to do.”

When to call: Teach your kids that if you are not responding to them, or you are injured and cannot get to the phone, they need to dial 911. That’s especially important if you have a chronic medical condition, Dr. Amato adds. “I have severe asthma and allergies, and if I have a reaction, my children know to call 911 or to get me my EpiPen®, he says. “You don’t want to scare them, but you want to make it clear what they should do if the situation arises.” In his own case, “I talked with my kids and told them, ‘Daddy has issues with his breathing, and when that happens he can’t speak clearly, so I need you to understand what to do to help.’”

When to speak, when to listen: “You want them to know that this isn’t something to do all the time, but that it’s better to err on the side of caution and make that call when it seems necessary,” says K.J. Feury, RN, injury prevention coordinator for Morristown Medical Center. Just making the call is not enough, Feury says. She teaches children what to do when they are on the phone as well: “We teach them to identify themselves, provide an address as best as they can and stay on the phone until the operator tells them to hang up,” she says. “It’s also important to listen for directions; often the dispatcher will need them to supply information and might also ask them to do something to help the person about whom they’re calling.”

Children should also know that it’s more helpful to use the house phone rather than the cellphone, according to Feury. That makes it easier for emergency responders to locate the address if your child cannot give it.

Practice, practice, practice: As with any skill, the best way to learn is to practice, Feury says. “Role-play with your children and have them go through these steps,” she says. Make sure they know your address, and post it near the telephone to help them remember in an emergency. If you only have a cellphone and no landline, practice is especially important: Teach your children the steps they need to turn on your phone and make an emergency call. On most cellphones, you can make an emergency call even if the phone’s screen is “locked”; be sure you know how and teach your child so you’re both prepared.
Goryeb Children’s Hospital
Specialists Lead Derek Back to His Life
Thirteen-year-old Derek Estrada, an eighth grader at New Providence Middle School, is excited to be back at school for what promises to be a fantastic year — finally. For the past three years, he’s spent time in and out of the hospital for a relatively rare and painful condition called ulcerative colitis (UC). He missed many days of school, had to quit his favorite sport of baseball and found it nearly impossible to spend time with his friends and family. It even affected his growth.

“The cramping and need to go to the bathroom so often made it hard to do normal things,” he says. Pain often woke him at night, and kept him from going back to sleep. Symptoms also made it difficult to attend school regularly. “But the hardest part for me was trying so many different treatments and not getting well.” Naturally a happy child, he found his signature smile fading, something that saddened his family.

Dealing With Digestive Distress

UC is a type of inflammatory bowel disease (IBD) that causes ulcers, or sores, in the lining of the large intestine or colon. These ulcers lead to frequent cramping and diarrhea. UC can also cause pain and discomfort in the eyes, mouth, joints and skin. While about half of those with UC can have their disease controlled by conventional medications along with dietary and lifestyle changes, those like Derek require more advanced care.

“Having a chronic condition like Derek’s is serious for both patient and family,” says Peter Wilmot, DO, Derek’s pediatric gastroenterologist at Goryeb Children’s Hospital. “Conditions like this are actually increasing in prevalence, and they can’t be ignored. Here at Goryeb Children’s Hospital, we have the largest pediatric IBD center in New Jersey to care for children like Derek. We have a first-class team here to support both the child and their family. In addition to caring for pediatric IBD, we have the specialists, subspecialists and resources to diagnose and manage a full spectrum of gastrointestinal diseases, including UC and much more.”

A New Treatment Spells Relief

“The staff, doctors and volunteers really take great care of you,” Derek says. “They treat you like family. Even when I was up at midnight, somebody was always right there.”

Throughout treatment, Derek and his mother, Barb, worked closely with a variety of physicians, plus pediatric nurses, social workers, dietitians, psychologists and child life specialists. That level of caring was especially important to Derek’s mother, because she had to continue working, even during his frequent hospital stays.

“The nurses were fabulous, and they knew when Derek just needed cheering up,” she says. “Anytime we had questions, they always made us a priority. I was able to trust him to their care, and Derek felt comfortable with them.”

As is the case for twenty-five percent of children with UC, even advanced medical therapies could not control Derek’s UC and he ultimately required surgical removal of his colon, which was also performed right here by Goryeb’s pediatric surgeons. Led by Eric Lazar, MD, the surgery was performed close to Derek’s home with the nursing and support staff he knew so well at his side. Now, he happily reports that his condition is under control.

“I’m not hurting inside anymore,” he says. “I don’t have to run to the bathroom every 30 minutes; I’m able to sleep through the night, and now I won’t miss so much school. Plus, I can eat baked beans, bacon and corn on the cob for the first time in years!” He’s also started to grow normally.

“It’s a blessing to have such a facility like this so close by,” Barb says. “I don’t think there’s one thing they don’t do well. For anyone who needs their child treated for UC or anything else, this is a fabulous place to heal.”

“I wouldn’t want to go anywhere else,” Derek adds, flashing his signature smile, which is back in a big way.
The Best Brain Health for Kids
A five-year-old’s brain does not know the difference between a neurologist and a developmentalist. For too long, medicine has seen them as separate fields — but now, things are finally changing.

“For many kids, their health is both developmental and neurological,” says Bernard Maria, MD, MBA, the new director of child neurology and developmental medicine for Goryeb Children’s Hospital. For instance, children with autism are usually seen by specialists in developmental medicine, while children with epilepsy are mostly seen by neurologists. “But up to a third of children with autism also have seizures, so they need a neurologist, too,” Dr. Maria notes.

That’s why there is such close coordination between child neurology and developmental specialists at Goryeb Children’s Hospital. “Families don’t care which department you belong to,” Dr. Maria says, “as much as they want to be sure they’re getting the best treatment possible. That’s what we can offer at Goryeb Children’s Hospital.”

Expertise is of little use if patients cannot access it. “And across the country, the average wait to get in to see a pediatric neurologist is two to four months,” Dr. Maria says. “We think that’s unacceptable.” But First Visit, a new program at Goryeb Children’s Hospital currently being implemented by Dr. Maria, “allows new patients to be seen in 7 to 10 days” by working with advanced nurse practitioners in ongoing follow-up care.

**Dedicated Tumor Teams**

Dr. Maria specializes in neuro-oncology, or the treatment of children’s brain tumors. In fact, he is the only pediatric neuro-oncologist currently practicing in the state of New Jersey. “The tumors that occur in children are very different from those that occur in adults. They require a special team of people huddling together to provide the very best therapy,” observes Dr. Maria.

Current treatment options for brain tumors are surgery, radiation therapy and chemotherapy, Dr. Maria says. “Some children need only one of the three and some need combinations, depending on the tumor type, its location, the child’s age and overall health status. Treatment has to be customized to them.”

Renowned pediatric neurosurgeons and Dr. Maria discuss treatment plans for each patient together.
“Then they meet with the family and explain what will happen and answer their questions,” explains Dr. Maria. “That’s very reassuring for a family, to get the big picture and to know there is a full team of specialists working jointly so early on.”

Another benefit for patients is access to the latest clinical trials and state-of-the-art therapies, Dr. Maria adds. “Goryeb is a part of the national Children’s Oncology Group, so our patients have access to the best therapies, as well as the opportunity to try novel treatments developed by members of the team.”

**The Latest Epilepsy Treatments**

Clinical trials are also available for patients with epilepsy, Dr. Maria notes. For example, one of Dr. Maria’s colleagues, pediatric neurologist Rajeshwari Mahalingam, MD, “is testing a new type of seizure medicine for children who are still having seizures despite the best available therapies,” Dr. Maria says.

“Seizures and epilepsy are among the most common neurological concerns in childhood,” Dr. Maria notes, and Goryeb Children’s Hospital offers a wide range of options for families “tailored to the individual child’s needs.” Although many children outgrow their epilepsy, “they can go through phases where seizures are more frequent, and sometimes require medication and even surgery,” Dr. Mahalingam says. “Other times, diet can be an important treatment.” Lorraine Lazar, MD, and Dr. Mahalingam are widely recognized experts in epilepsy care, Dr. Maria notes, and pediatric neurosurgery teams led by Amo Fried, MD, or Catherine Mazzola, MD, specialize in epilepsy surgery. “We have the largest number of highly qualified neurosurgeons of any children’s hospital in the nation,” says Dr. Maria.

“Treating — and Preventing — Concussions”

“We also offer a wide variety of concussion services. We treat concussions that occur on and off the field, those that occur in sports as well as in accidental mild traumatic brain injury,” says Dr. Maria. “We provide a baseline assessment, a treatment plan and education about concussions.”

Michelle Sirak, MD, director of the division of pediatric physical medicine and rehabilitation; Harvey Bennett, MD, child neurologist; and Damion Martins, MD, director of sports medicine for Atlantic Health System, often use the Immediate Post Concussion Assessment and Cognitive Testing test (ImPACT) to collect baseline information and to monitor recovery from concussion. ImPACT is preferably administered on-site and measures symptoms along with memory, reaction time and processing speed.

“The main treatment is rest and avoiding triggers such as TV, computer screens, loud noises and bright lights,” observes Dr. Sirak. The outlook for most patients with concussion is excellent. In fact, most children with mild traumatic brain injury recover in five to 14 days. Often children with other risk factors like migraine, depression, ADHD, learning disorders and anxiety disorders take longer to recover. Neurologists are specially trained to sort out those conditions from concussions and use a “graded return to play” protocol.

Having access to these specialized services so close to home should be reassuring to area residents, Dr. Maria adds. “In the event that something is not right — whether it’s headaches, seizures, neurodevelopmental issues or something more — it’s nice to be in the right place where you can see the right expert. At Goryeb Children’s Hospital, we make that happen every time.”

“In the event that something is not right — whether it’s headaches, seizures, neurodevelopmental issues or something more — it’s nice to be in the right place where you can see the right expert.”

— Bernard Maria, MD, MBA
Making a Difference Locally

Who can help a three-year-old patient transform into her favorite storybook character during treatment? The pediatric experts at Goryeb Children’s Hospital do it every day.

“We always try to reduce children’s fears through preparation and play,” says Lisa Ciarrocca, certified child life specialist and coordinator of the Child Life Program for Atlantic Health System. “We find ways to make sure treatments aren’t so scary for them.”

For younger patients, they make the hospital visit into an adventure. Meet tiny Queen Elsa, for example. Known as Mikaela Santos to those outside Goryeb Children’s Hospital, she received a diagnosis of malignant cancer at age three just before Christmas last year.

“People used to think they needed to take their children to New York City or Philadelphia to be treated. Goryeb Children’s Hospital and Valerie Fund Children’s Center have changed all that. “We offer the full breadth of services in addition to more individualized care closer to home,” says Steven Halpern, MD, medical director, pediatric hematology/oncology, Valerie Fund Children’s Center, Goryeb Children’s Hospital — and most importantly, Mikaela’s physician.

Like any normal preschooler, Mikaela resisted treatments and unfamiliar staff ... until Goryeb Children’s Hospital child life experts found common ground: the hero of the Disney movie Frozen. Through play, it was the queen who had treatments, not Mikaela. She even arrived in costume.

From a Parent’s Perspective

“The family’s role in treatment is pivotal — and Mikaela’s family played a critical role,” observes Dr. Halpern. “They were a central part of the team and worked perfectly with the physicians.”

“Those first days at Goryeb Children’s Hospital were amazing,” remembers Yesica, Mikaela’s mother. “Everyone was so generous and sweet. It became clear very soon that this was the very best place for Mikaela to heal.”

“It was overwhelming at first to learn how sick our daughter was,” says Mikaela’s father, Lewis. “But everyone was always very helpful, sharing information with us and with Mikaela. We were all in it together.”

“We can’t erase the hard times,” Ciarrocca says, “but these generous efforts make all the difference.” As living proof, Mikaela is in remission and back at home with her parents and little sister, Vivienne. She recalls the highlights of her stay: “I liked the doggies [pet therapy dogs], toys, Play-Doh and the parties. I really liked the parties!” she recalls.

She also fondly remembers the staff. “They are my friends,” she says simply. “Friends forever.”

See Mikaela belt out the theme song from the movie Frozen “Let It Go” in her Goryeb Children’s Hospital room on Goryeb’s YouTube channel: GoryebChildrensNJ.
School foods have received a makeover. It’s more like a *snackdown*, actually. Out with high-fat, high-salt, high-calorie foods. And in with more whole grains in the form of brown rice and whole-wheat breads, healthy proteins like baked chicken or bean dishes, plus more fruits and vegetables.

“We’ve already heard parents say their kids are talking about the changes to school menus,” says Aimee Goyette, a registered dietitian for Goryeb Children’s Hospital. “With federal guidelines now in place, parents should expect to hear even more.”

The U.S. Department of Agriculture outlines the healthy changes in the new “Smart Snacks in Schools” guidelines. Fully in place this past summer, they require schools to offer kids healthier breakfasts and lunches. The goal is to help them develop better eating habits and avoid weight-related health risks like diabetes and heart disease that can affect them for life.

The changes might be significant, depending on your child. For example, under the old guidelines, school lunches might include only half a cup of fruits and vegetables in total. New guidelines push that up to as much as two cups. For meats and grains, the new standards change depending on the child’s age, so high schoolers might see serving sizes of healthier options that are twice the size of last year’s meal. And the meats will be lower in fat — not a lot of fried foods, for example. The guidelines also cover vending machines.

Perhaps good news: The guidelines give schools leeway to say “OK” to special birthday or holiday treats, bake sales and after-school snacks sold at school. And kids can bring their own foods, of course.

---

**The New Lunch Tray**

What you and your kids need to know about this year’s school menu changes
Changes at School Mean You Have Some Healthy Homework

though the new guidelines affect children’s food at school, parents and guardians are really the key to helping their kids become healthier,” says David Scott, exercise physiologist and coordinator for the Kid-FIT™ Program at Goryeb Children’s Hospital at Morristown Medical Center. “They can do a lot at home to prepare their kids to choose healthier foods — and even to prefer them over time.”

1 Talk with your kids. Explain what menu changes to expect, and look at the week’s menu together. Explain that healthier foods like whole grains, vegetables and fruits keep you feeling fuller longer, have more nutrition and less of the bad stuff like sodium (or salt), fats and cholesterol.

2 Be a model at home. If the healthy foods at school are the opposite of what they’re seeing at home, new habits are not likely to stick. At meals, fruits and vegetables should be the stars, and meats only a side dish. “I even encourage families to make fruit part of the main meal,” Goyette says.

3 Make small changes, gradually. By doing so, you can actually train your family to like different flavors, tastes and textures. And it’s very important to introduce new foods along with foods they already accept and like, Goyette says.

4 Try, try again. It takes 10 to 15 times of trying a new food, prepared in different ways, before a child can truly say he or she does or does not like it.

“Making changes to the way we eat is a challenge at first, no matter what your age,” Scott says. “But the long-term health benefits are worth the effort for your family.”

Tips for Smart Eaters

Healthy foods will help you do your best in school, in sports and in life. So choose wisely. Here’s how:

• Go grocery shopping with your family. Pick out lunch foods and snacks that are high in fiber and low in sugar and salt, for example.
• Plan ahead. A little advance preparation will let you have healthy snacks on hand, so you can make it through the afternoon and maybe through sports practice without feeling starved.
• Read food labels. You can also use the smartphone app from Fooducate (fooducate.com) to learn which foods are best.

And kids, you can tell your parents it’s OK to splurge once in a while. “Once a week or so, pick your favorite lunch item, even if it’s not the healthiest choice,” says Aimee Goyette, a registered dietitian for Goryeb Children’s Hospital. “But make that choice ahead of time so you don’t get in the habit of indulging every day.”

CRANRAISIN OAT CEREAL BARS

Ingredients

- Nonstick cooking spray
- 4 tablespoons Kings organic unsalted butter
- 1 bag marshmallows
- Pinch of salt
- 6 cups toasted oat cereal
- 1 cup dried cranraisins
- 1 cup mini chocolate chips

Preparation

2. In a large saucepan, melt butter over medium heat. Add marshmallows and salt; cook, stirring occasionally, until marshmallows have melted, about 5 minutes. Remove from heat, and stir in cereal and dried cranraisins.
3. Immediately transfer mixture to prepared baking sheet. Using a spatula coated with cooking spray or your fingers, press in quickly and firmly. Top with chocolate chips. Let cool, about 1 hour; cut into 24 bars.

Visit the Kings website for more unique and healthy recipes: kingsfoodmarkets.com/unique-recipes/.
When most of us think of arthritis and joint pain, we picture someone older. “That’s just the image that comes to mind,” says Sivia Lapidus, MD, director of pediatric rheumatology for Goryeb Children’s Hospital. “Unfortunately, a lot of pediatric patients have joint pain,” Dr. Lapidus says. This can often be a shock to parents. “They say, ‘How can this happen to my child?’ But everyone gets headaches and stomach pain. And joint pain is pretty common as well, even in children.”

When parents do see joint pain, often in younger children, many are quick to dismiss it as “growing pains,” Dr. Lapidus says. “Growing pains is a difficult term, because the condition does exist,” she explains. Children with true “growing pains” will have pain in their shins and knees that wakes them up during the night. “The parent will come in and rub it, and they’ll be able to get back to sleep,” Dr. Lapidus says. But if children are limping the next day, and have joint swelling, it’s time to call a doctor.

**Surprising Sources**

Sometimes joint pain is caused by overuse, especially among children who intensely practice multiple sports/activities. Inactivity and obesity can also lead to joint pain, while another common cause is sleep problems, which can lead to generalized pain.

In addition, children can also suffer from joint pain because of disease. For example, there are several types of arthritis that affect children, Dr. Lapidus says, and treatment plans vary depending on the exact type. “One significant cause in children is an inflammatory response to prior infections,” Dr. Lapidus says. “Some get better on their own, some get better with medication, and others become chronic and potentially disabled, without appropriate treatment.” A common cause of joint pain is fifth disease, which happens around age five. “The joint swelling that is a reaction to prior infection can last anywhere from a few days to months, but then it goes away,” Dr. Lapidus notes.

Juvenile idiopathic arthritis, which is ongoing in duration, tends to peak in children between ages two and five, and in the adolescent years. It is treated with a combination of medication and physical and occupational therapies. According to Dr. Lapidus, “If it is arthritis, we really want to get at it early because we’ve seen that treating it early on really reduces severity later.”

**When to Call in a Specialist**

Making the correct diagnosis often requires the expertise of a specialist, who works in conjunction with your child’s primary care physician. “The joint is a very complicated area,” Dr. Lapidus says. “You have the joint itself, the joint lining, the bone surrounding the joint and then the cartilage and tendons. The problem could be anywhere in there. And you really want to find that root cause.”

Lab tests can be helpful in confirming a diagnosis, but “eighty to ninety percent of our work is in analyzing the symptoms, the patient’s history and his or her physical exam,” Dr. Lapidus says. Crohn’s disease and other inflammatory diseases such as lupus can cause arthritis-like symptoms, as can other, rarer diseases such as skin conditions, Dr. Lapidus says. A family history of arthritis, or other diseases such as lupus, can often point the way to a diagnosis.

“The good news is that the majority of children who come to me with joint pain don’t have arthritis,” Dr. Lapidus says. “Usually it’s an issue of mechanics. Kids wear these gigantic backpacks these days, they stay up all night studying, they play multiple sports — any of those very normal things can lead to joint pain.”

**GIVE YOUR JOINTS A BREAK**

Dr. Lapidus offers three ways kids — and adults — can strengthen joints and ease pain.

- **Rest up:** Poor sleep makes joint pain worse.
- **Get your vitamins:** Vitamin D, which we get from the sun or through food sources like milk, makes joints strong.
- **Stretch before exercise:** If you do not, you will have significantly more injuries and joint pain.
Today, hospitals nationwide are pressured to do more with less. We must keep up with rapid technological changes and maintain quality medical services, despite increasing numbers of patients and decreasing reimbursements. In the face of these challenges, a collaborative process began between the hospital and the Foundation for Morristown Medical Center to uncover exactly where philanthropy could step in and help clinical service lines realize their long-range plans. The result is Campaign 3SIXTY.

Campaign 3SIXTY is a $100 million effort to improve all aspects of Morristown Medical Center, making an organization defined by excellence even better. Our goal is simple and precise: to give members of our community the best care they can get — anywhere in the country.

For Goryeb Children’s Hospital, that means:

- A dedicated Autism Center, where children with autism spectrum disorders (ASD) and their families will find: gold standard testing for diagnosing ASD; expert medical care; individualized instructions on how to proceed after diagnosis and an autism care navigator who will guide them through the complexities of treatment.

- The Farris Family Center for Advanced Medicine in Pediatrics (CAMP) for patients with life-threatening illnesses or complex chronic diseases. At CAMP, pediatric specialists collaborate across disciplines, sharing services and expertise, and patients find psychosocial support, behavioral intervention and integrative medicine along with medical and surgical procedures.

- An expanded Foley Pediatric Intensive Care Unit and expanded Pediatric Inpatient Unit to handle the increasing volume of patients.

To learn more about Campaign 3SIXTY, call 973-593-2400 or visit f4mmc.org.

SPECIALTY REFERRAL INFO

GORYEB CHILDREN’S HOSPITAL

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Medicine</td>
<td>973-971-5199</td>
</tr>
<tr>
<td>Brain Tumor</td>
<td>973-971-5700</td>
</tr>
<tr>
<td>Cardiology</td>
<td>973-971-5996</td>
</tr>
<tr>
<td>Child Development Center</td>
<td>973-971-5227</td>
</tr>
<tr>
<td>Craniofacial Program</td>
<td>973-971-8585</td>
</tr>
<tr>
<td>Eating Disorders Program</td>
<td>908-522-5757</td>
</tr>
<tr>
<td>Endocrinology/Diabetes</td>
<td>973-971-4340</td>
</tr>
<tr>
<td>Gastroenterology and Nutrition</td>
<td>973-971-5676</td>
</tr>
<tr>
<td>Hematology/Oncology — Valerie Center</td>
<td>973-971-6720</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>973-971-6329</td>
</tr>
<tr>
<td>International Adoption</td>
<td>973-971-4252</td>
</tr>
<tr>
<td>Kid-FIT™</td>
<td>973-971-8824</td>
</tr>
<tr>
<td>Nephrology and Hypertension</td>
<td>973-971-5649</td>
</tr>
<tr>
<td>Neurology</td>
<td>973-971-5700</td>
</tr>
<tr>
<td>Physical Medicine and Rehabilitation</td>
<td>973-971-6505</td>
</tr>
<tr>
<td>Pulmonary/Respiratory Center</td>
<td>973-971-4142</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>973-971-4096</td>
</tr>
<tr>
<td>Spasticity and Gait Disorder Center</td>
<td>973-971-5901</td>
</tr>
<tr>
<td>Surgery</td>
<td>908-522-3523</td>
</tr>
</tbody>
</table>

KEY PHONE NUMBERS

ADMISSIONS
973-971-6718

EMERGENCY ROOM
973-971-6102

LABORATORY
973-971-7805

RADIOMETRY
973-971-4163

EEG
973-971-5124