



Pedia Tracks



Tracking What's New For You!

Spring 2013

On the Road Again

Spring is the time of year when bicycles and roller blades come out of the garage, eager for action. Adding wheels to your activities can make exercising more fun but it can also make the activity more dangerous. Bicycles, roller blades, and skate boards increase your velocity thus making you more vulnerable should you fall. In fact, 50 percent of head injuries sustained in sports or recreational activities occur during bicycling, skateboarding, or skating incidents.

Remember, brain injuries can be for life.

Keeping your equipment in good working order is one way to prevent accidents. The providers at PYAM also urge you to use the correct helmets and to follow simple safety rules.



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Child's Play

Sometime in March, the snow pack starts to dwindle, baring sections of lawn, sidewalk and driveways. As the sun creeps farther north more and more surfaces open up, putting an end to sliding and snow forts. The lawn that emerges is too fragile for heavy traffic, so what can kids do for outdoor big muscle activity? How about going retro with jump ropes and hula hoops?

There is much to be said for these simple childhood pastimes: they can be performed in a limited amount of space; they can be solitary or group activities; the required equipment is inexpensive and readily available; and the fun can move indoors on rainy days. And best of all using a jump rope or hula hoop is fat-burning, core-building exercise disguised as fun.

One great method to get kids into an activity is to do it with them; maybe not every time, but it certainly helps with younger kids, or to introduce something new. Most boys can be talked into jump rope when you explain that boxers and wrestlers rely on this exercise for stamina and agility. If you as a parent are interested in toning up there is a new generation of jump ropes and hula hoops available that will ramp up the exercise aspect for you.

Kite flying is a time-honored springtime activity that requires big space, like a public park or open field. The seasonal changes in the jet stream provide the windy days needed to get kites aloft and keep them there. Even if you and your kids don't win any competitions (some of us lack the kite-flying gene) you will all be getting a good workout running around outside. **Celebrate National Kite Month during April.** Whatever your skill level, remember that the best time for flying kites is during a steady, moderate wind. If your gang tries to convince you there is nothing to do except watch TV—tell them to go fly a kite and mean it.

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Bicycle maintenance check

1. Always check tire pressure before use—under-inflated and over-inflated tires cause accidents
2. Check the chain, it should be clean and well-lubricated; dry chains wear out drive train parts. Keep lubricants off your rear brake.
3. Check your brakes. This one is a no-brainer. If you think there is something wrong with the brakes and you are not sure, take the bike to a bike mechanic.
4. Make sure handle bars and seats are adjusted to the right height for the rider, and then be certain that all bolts are tightened.
5. Listen for unusual noises and look for loose parts. Both can indicate a problem with the bike that could result in an accident.

Helmet and clothing safety

- Make sure your child's helmet has a CPSC or Snell sticker inside. These certify that the helmet meets safety standards. It should be ventilated, fit correctly and be adjustable.
- Bright-colored or fluorescent clothing makes your child more visible to motorists and other cyclists.
- Choose lightweight clothing for comfort and no baggy or long garments that could get caught in the chain
- Use shoes that grip the pedals—no flip flops or bare feet.
- If the child is wearing a backpack, keep it light and make sure all straps are tied and won't get tangled in the spokes.

Teach kids the rules

- Stop at all stop signs and obey traffic lights just like cars do. Yield to pedestrians.
- Always ride in the same direction as cars do.
- Never ride at dusk or in the dark.
- Kids under 10 years should ride on the sidewalk. Older kids should try to use bike lanes.
- Watch traffic closely for turning cars or cars leaving driveways.
- Don't ride too close to parked cars.
- Always walk a bike across busy intersections using crosswalk and signals.
- Always ride single file in a group.
- Don't wear headphones while biking; you need to be aware of your surroundings.
- One person per bike; never give rides.
- Look behind you before changing lanes or directions.
- Pass other bikers or people on the left and call out 'On your left!' so they'll watch for you.
- Never try to hitch a ride from a moving vehicle.
- Learn and use hand signals.



Advice from a Provider:

Dr. Skar on Earaches



Doctor Skar examines a youngster's ear canal

Like you, I am very familiar with the way that earaches usually strike—a child wakes frequently throughout the night crying, tugging on her ears or complaining of ear pain. She might have a fever and a cough, as well. The next day, when you see your child's provider you get the diagnosis you had expected, otitis media, or middle ear infection. So if you already know what the problem is do you really need to leave work and school to get antibiotics for your child? Why not just call and talk to your doctor?

There is an approach that we providers prefer over either of those two options. This protocol is known as '**Watchful Waiting**' which means treating the pain but monitoring the child's progress for a couple of days before seeing your doctor and considering the use of antibiotics. We recommend this because quite simply, 80% to 90% of all ear infections are resolved by the body's own immune system, usually within two to three days. Antibiotics don't decrease healing time significantly. As a parent myself, I realize how very important it is to keep the child's pain under control, they need their sleep and so do you. More on pain control in a minute.

Another reason to use watchful waiting is that antibiotics are now so overused that many strains of bacteria have become resistant to them. This is why it makes sense to use them only when necessary.

When do we recommend treating with antibiotics?

- If the child is less than 2 years old
- If the child is over the age of 2 years but has both ears infected
- When there is draining from the ear

These are the circumstances that would automatically require use of antibiotics. So, back to pain control. A combination of the following will ease the pain of the ear infection and allow everyone to get some sleep:

- Apply warm (not hot) packs to the outer ear
- Give lots of fluids
- Keep her head propped up when resting
- Give acetaminophen (Tylenol) or ibuprofen (Advil or Motrin) **Never Aspirin!**
- Use antipyrine benzocaine (numbing drops) that your doctor can prescribe IF the child does not have vent tubes in place and there is no drainage present.



Some kids develop repeated or chronic ear infections. When this happens it might be reasonable to speak with an ENT specialist about having PET tubes placed in the child's ears. The tubes allow fluid to drain and help prevent further infections. This is the most common childhood procedure, with one million performed annually. 7% of all children and 30% of all children in daycare have tubes placed in their ears. Children who receive the pneumococcal vaccine (part of the Prevnar 13 multi vaccine that babies get at two, four, six and twelve months) have a 50% LESS CHANCE of needing tubes.

I suggest that you give watchful waiting a try if your child develops ear pain and you suspect a middle ear infection, but by all means, feel free to call us to discuss the plan with you.



Dr Duane Skar cares for kids' ears as well as all other working parts each week in Saint Paul, Maplewood and Eagan. He is the urgent care provider in the Saint Paul office on most Monday and Wednesday evenings with appointments available through 6:30pm.

Prom Night... Planning on Tanning?



Tanning bed blues can include severe burns, skin damage and skin cancers

Dr. Crutchfield explains why you shouldn't

Earlier this week, the "Annual Report to the Nation on the Status of Cancer" was released, showing overall cancer death rates continue to decline in the United States among both men and women, among all major racial and ethnic groups, and for all of the most common cancer sites, including lung, colon and rectum, female breast and prostate. This is good news; however, a closer look at the data also reveals cause for concern. While cancer deaths overall are going down, one form of cancer continues to increase in Minnesota and nationwide—melanoma. In fact, melanoma rates in Minnesota have doubled in the last 24 years, making it one of the most common cancers among 20- to 49-year-olds in the state.

This jump is attributable to increased exposure to UV radiation, including an increased use of tanning beds. Tanning beds greatly increase the risk of melanoma, the most deadly form of skin cancer, as well as squamous and basal cell carcinomas. Using a tanning bed, even once, increases the risk of skin cancer significantly. Using one before the age of 35 increases an individual's risk of melanoma by 75 percent. For this reason, the International Agency for Research on Cancer (IARC), in 2009, labeled tanning beds Class 1 carcinogens—the same (rating) as cigarettes.

Many people believe the UV rays of tanning beds are harmless. This is simply not true. Tanning beds give out UVA and often UVB rays, both of which cause long-term skin damage and are linked to skin cancer. Most dermatologists and health groups advise against using tanning beds and sun lamps. This year alone, an estimated 1,130 new melanoma cases are expected and nearly 120 Minnesotans will die from the disease. These cancer diagnoses are avoidable if Minnesota takes steps to protect residents from UV rays, including prohibiting youths from using tanning beds. Currently, 42 percent of Twin Cities' girls ages 14 to 17 report using tanning beds. If we don't change this, we will continue to see rising melanoma rates.

As a dermatologist, I see firsthand the devastating toll that skin cancer takes on Minnesotans. It's time to take a tangible step toward protecting health through preventing melanoma.

Charles E. Crutchfield III, M.D.

Mother's Day: A Walk in the Woods

This year, instead of celebrating Mothers Day with brunch and a movie, how about heading into the woods to watch the world awaking from winter? Spring's first blooms are found in forests and wooded areas because woodland plants have evolved to bloom before the trees leaf out, and block the light needed to produce flowers.



Along with spring flowers like Trillium, dog-tooth lilies, Virginia Bluebells, Hepatica, Uvularia and Anemone, look for bright green Jack-in-the-pulpits hiding in the leaves on the forest floor. Serviceberry trees will be blooming; ferns will be sending up fiddleheads; birds have returned, singing their many songs. This can be a delightful time of year when the weather cooperates.

Researching ahead of time for a site that best meets your family's needs is the first step in a successful hike (pun intended). If you have babies or toddlers look for a site that has amenities like paved paths (off-roading with strollers is not recommended) and toilets. Use school backpacks to carry necessities like water bottles; diapers and wipes; and perhaps band-aids



and first aid cream. As parents, you know there are limitations on the distances that kids can walk. An easy rule of thumb is one half mile per each year of the child's age, so plan your hike accordingly.

It is easy to download trail maps and other information

off the Internet. State parks are open year round and their websites will tell you about any fees, which flowers are in bloom, and offer great directions.

Apps are now available for bird and flower identification, at little or no cost. But if you prefer, throw some field guides into the backpack and don't forget a camera. You can bring mini-journals and crayons or colored pencils to keep the kiddos busy sketching and recording their finds. And don't leave home without baggies for collecting specimens of everything from bark and rocks to bugs. Speaking of bugs, most of them will be dormant but ticks could be active, so come prepared.*

“Spring has returned. The Earth is like a child that knows poems.” ~Rainer Maria Rilke

Because springtime weather can be fickle, dress everybody in layers; wear thick socks and shoes that offer enough support for traipsing around in the woods. No crocs allowed on

this field trip. After being cooped up all winter, 'unplug' your family and celebrate Mothers Day with Mother Nature. If the weather doesn't cooperate, reschedule your woodland outing, and go out for brunch and bowling.

Suggested Sites:

Eloise Butler Wildflower and Bird Sanctuary

O'Brian State Park

Afton State Park

University of Minnesota Landscape Arboretum

Interstate Park of Minnesota and Wisconsin

Kinnickinnick State Park

Willow River State Park

Link to all Wisconsin State Parks:

DNRWisconsinParks@wisconsin.gov

Link to all Minnesota State Parks:

www.dnr.state.mn.us/stateparks/map.html

*Review Dr Balfanz' article on insect repellents on our website www.pyam.com

THE **Kid's** ACTIVITY PYRAMID

Each week you can have fun and be active by trying the following things...

With Friends

- Dance to music
- Play games like tag and hopscotch
- Join a sports team at school or the park

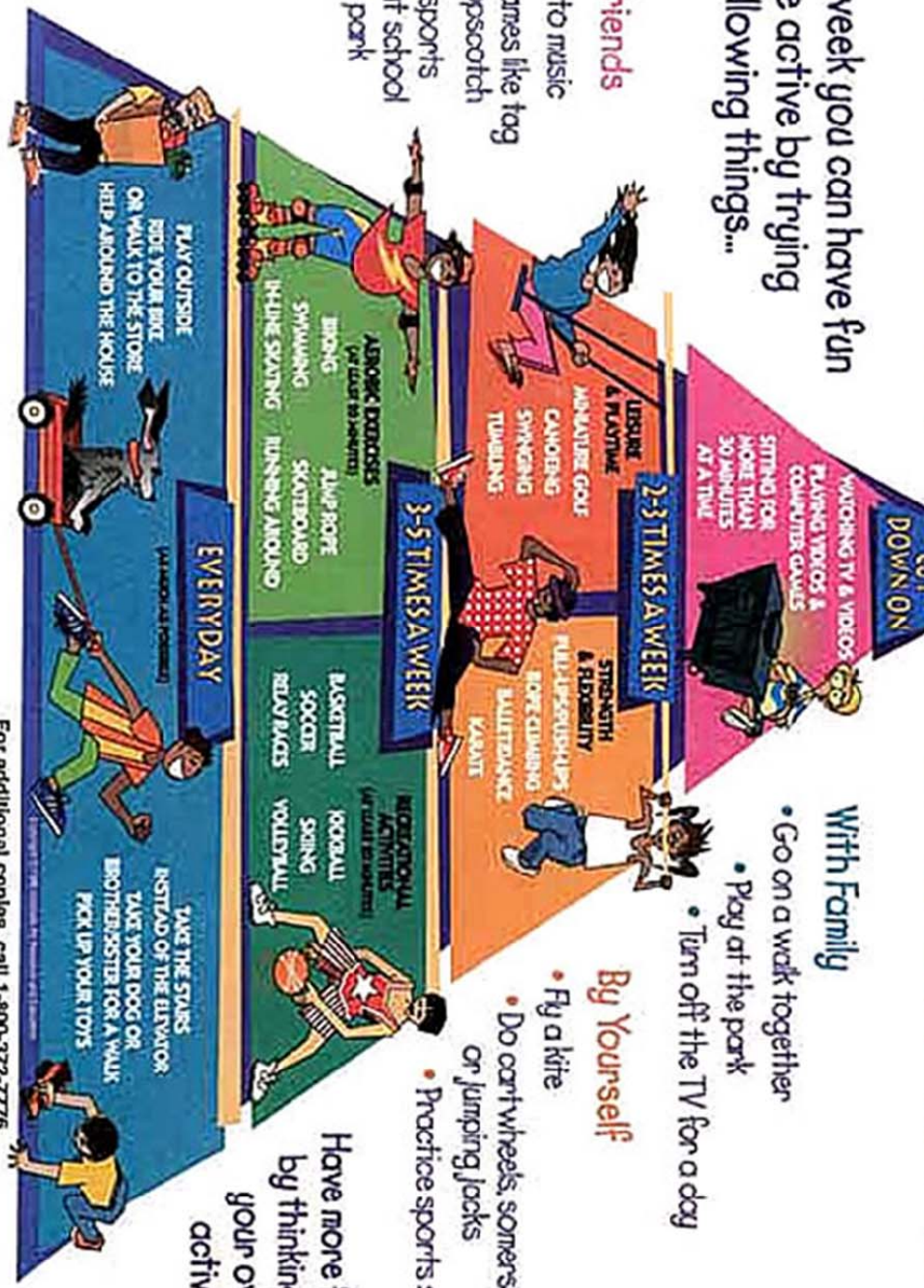
With Family

- Go on a walk together
- Play at the park
- Turn off the TV for a day

By Yourself

- Fly a kite
- Do cartwheels, somersaults or jumping jacks
- Practice sports skills

Have more fun by thinking up your own activities!



For additional copies, call 1-800-372-7776.

What is a Nurse Practitioner?

Many of you have met our pediatric nurse practitioner, but some of you have questions because PYAM has not had a PNP before. We would like to take the time to answer some of those questions.

What is a PNP?

A Pediatric Nurse Practitioner (PNP) is an advanced practice nurse who provides comprehensive, accurate health care to all children, birth to 21 years of age. PNP's enhance health care by adhering to high standards of care and collaborating with pediatricians and other health care providers.

Education

A Master's Degree in Nursing is now the minimum education required to certify a PNP.

Certification

PNPs must be board certified by the Pediatric Nursing Certification Board.

What Does a PNP Do?

- Provide guidance to patients and families on common childhood health concerns, diagnose, manage and treat acute and chronic illnesses.
- Promote health maintenance by performing well care exams including sport/school physicals.
- Order and interpret diagnostic tests to confirm health or further investigate a potential illness.
- Help to facilitate long-term medical care with all specialty providers for patients suffering from acute or terminal illnesses.
- Consult with patients/caregivers on physical, emotional, behavioral and developmental concerns.

Can PNPs Prescribe Medication?

YES, in the state of Minnesota, certified PNP's have complete prescriptive authority outlined by the Minnesota Board of Nursing. Like any prescribing health care professional, PNP's have the responsibility to understand the uses and side effects of all medications they are prescribing.

Do PNPs have their own license to practice or do they practice under a physician's license?

PNP's practice under their own state RN licenses and national certification. They have the responsibility of understanding and delivering the highest quality medical care.



PYAM's Nurse Practitioner, Caylynn Wallace-Marcelle, at the 'still-friends' stage of a well exam.

How Does a PNP Differ from a Pediatrician?

The relationship between PYAM pediatricians and PYAM PNP's is strong and mutually supportive so that we can provide the best care for patients, families and staff. PNP's are trained to diagnose and treat problems. Together, we collaborate to bring different ideas, treatment strategies and education to patients that enhance the experience and opportunities the patients and families have at PYAM

Physical and forms Season

As we drift closer and closer to milder weather many kids will need sports physical forms; camp forms or field trip forms completed and signed by PYAM providers. We are happy to perform this service for our patients!

Your child will need a physical within the last two years for our providers to sign off on forms. It is also advisable that you plan ahead for spring sports—baseball, track, soccer or whatever your super star plays—call us early enough to schedule an appointment if one is needed.

Dr. Cindy Garr Wins the Blanton Bessinger Child Advocacy and Policy Award for 2012



Whoever you are, whatever you do, you have a better chance of achieving your full human potential with proper nutrition and exercise. There is too much science to think otherwise.

But what do you do if you are confined to a wheelchair from a genetic disorder or birth defect? What if you are mentally challenged and have poor coordination? Until recently, children and adults with these and other problems received physical therapy and occupational therapy. There really was no way for them to exercise.

Equally left out are youngsters who might already be struggling with weight issues or lack athletic ability. Very often these kids avoid peer pressure by sitting on the sidelines. Sadly they are the ones who need the activity and socialization most. It is sad to see kids give up and drop out at an early age. Many children and teens might find working one-on-one easier and more productive if a program was available for them.

PYAM's Dr. Cindy Garr, and her husband, cardiologist Dr. Michael Garr, developed a 501c3 non-profit organization that would provide individualized nutrition and exercise regimens for everyone, no matter what their age, situation, or disability. Not only did they dream of such a program but they turned it into a reality and named it, *The Institute for Exercise Medicine and Prevention*, also known as I.EM.PHIT®.

It was for this effort and all of the countless volunteer hours as medical supervisor and President of I.EM.PHIT, that Dr. Cindy Garr received the much-deserved recognition and award.

It took persistence and passion to fight through the legal maze of establishing a non-profit organization. Harder still was convincing insurance carriers to cover the services offered at I.EM.PHIT®. The insurance issue is still not

entirely resolved, which is why the organization accepts tax-deductible donations; that and the fact that over 60% of the patients served at the Institute are at or below the poverty level.

Dr Garr describes the I.EM.PHIT® protocol as an individualized program that emphasizes balanced treatment and personal discipline.

When starting at the Institute, each patient has a thorough intake assessment that evaluates endurance, strength, flexibility, health, medical condition(s), dietary and lifestyle issues. Metabolic testing determines the most efficient heart rate for a patient to be exercising at and provides a resting metabolic rate which determines how many calories that person uses while at rest. All patients are given a customized nutrition plan and personalized fitness training program that includes one-on-one sessions with an exercise physiologist and licensed dietician. In addition, patients receive ongoing feedback and support and are given strategies that they can take home to incorporate into their personal routines.

This personalized professional help not only makes the Institute unique but also keeps their patient numbers growing—from 2,000 visits in 2010 to over 5,000 visits in 2012. Referring providers, parents and patients themselves are surprised and sometimes even overwhelmed by results. What pleases Dr. Garr most is seeing how the children are able to improve dramatically; not only physically, but also with increased self-esteem and the capacity to do things they couldn't do before. "Knowing that we have helped (children) change their lifestyle and helped them to become healthier and happier is wonderful!"

I.Em.Phit is conveniently located midway between St. Paul and Minneapolis. Learn more at their website www.iemphit.org or contact them at 651-605-2320.



Foods that Celebrate Spring

There is just no denying the beauty of the color green to our eyes this time of year. Even more so to our forefathers in the 18th and 19th centuries, who by early spring, found supplies in the root cellars running low and the newly-planted gardens not yet productive. This was a time of year they called “the Six Weeks of Want”. This is when they ate salads of dandelion greens and the tender new shoots of weeds like Lambs-Quarters and Purslane.

It is easy to understand their enthusiasm for the earliest harvestable crops such as garden peas, new potatoes and asparagus. It is easy to connect bright green and early foods to spring.

So what about eggs, what is their connection to spring? Since most of us don't raise our own poultry the reason might come as a surprise: hens laying cycles are largely dependent on sunlight; as the sun moves northward in the spring providing more light, the hens begin to lay again, producing fresh protein for the hungry survivors of winter and the “Six Weeks of Want”.

Here are a couple of recipes showcasing spring foods.

Creamed Peas and New Potatoes

1 lb. baby red potatoes,
Cut into quarters
1 Cup shelled peas
1 Tbsp butter
1 Tbsp flour
1 Cup milk
Salt and pepper to taste



Bring a pot of water to boil over high heat. Boil potatoes for 15-20 minutes, or until tender. Drain.

In a medium saucepan, bring 1 cup water to boil. Simmer peas in boiling water for 6-7 minutes, or until tender (do not overcook). Drain.

Using the same saucepan, melt butter over medium heat. Stir in flour to make a thick paste; gradually whisk in milk, stirring constantly until slightly thickened. Season with salt and pepper to taste. Now add potatoes and peas to the sauce; simmer for about 5 minutes, stirring often. Serve immediately.

Garden peas have been cultivated for over 5,000 years beginning in India. They are an early and easy to grow annual crop. Plant them in late March in full sun and protect the vines from bunnies. Asparagus has likewise been cultivated for at least 3,000 years and was known to the Egyptians. Read up on growing your own asparagus which is a perennial crop but requires some know-how and also protection from rabbits.

Asparagus Egg Bake



This glorious recipe uses eggs, asparagus and chives, another early crop. For breakfast serve with fresh fruit; for supper add a crisp salad.

1 loaf of French bread, cut into 1 ½” slices
1 bunch of asparagus, washed, bottoms snapped off

5 large eggs
2 ½ cups milk (or a mixture of low-fat milk and cream)
2 tsp sea salt or 1 tsp table salt
½ tsp black pepper or to taste
½ tsp chopped fresh tarragon
1 Tbsp snipped chives
½ lb of grated cheese like Swiss, Cheddar, or a combination of both.

Heat oven to 350° and grease a large casserole dish. Place the bread on a large baking sheet and toast for 10 or so minutes, until it is dry to the touch, but not browned.

Meanwhile, bring a small pot of salted water to a boil and cook the asparagus pieces for 3 minutes, then drain, rinse with cold water, and drain again. Whisk together the eggs, milk, salt, pepper, and herbs.

Arrange the bread slices in the casserole dish, overlapping as little as possible, then arrange the asparagus over the bread, sprinkle with the cheese, and pour the custard over all, pressing down any bread pieces that aren't submerged. Allow to sit for half an hour or so, so that the bread can absorb the egg mixture—or else refrigerate it, covered, overnight. Bake it in the middle of the oven for 35-45 minutes, until it is puffed and brown. Let stand 10 minutes before serving.

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Speaking of Pedia Tracks, we would love to hear your thoughts about an article that helped you or one that you liked/disliked or how you rate our recipes. We welcome all questions and comments. Send yours to: anne.pink@pyam.com