

Better Together

A parenting resource from the hospitals you trust

beverlyhospital.org/kids



Children's Hospital Physicians
at Beverly Hospital



Better Together

Beverly Hospital and Children's Hospital Boston physicians

Some of the best things in life come in pairs. Like cookies and milk. Or spaghetti and meatballs. That's especially true when it comes to health. Take proper nutrition and exercise, or fruits and vegetables. As good for you as each one is alone, they're better together.

Just like Children's Hospital Boston physicians and Beverly Hospital.

For more than 10 years, Beverly and Children's have worked side by side with local primary care providers to offer complete and unsurpassed pediatric care to thousands of kids. Beverly Hospital is the only hospital on the North Shore where you'll find Children's specialists in the pediatric inpatient unit and in the Level II Special Care Nursery. And if two things that don't mix should come together, like bare knees and pavement, you'll even find Children's specialists in our expanded Emergency Room and Level III Trauma Center.

For more information about our programs and services call 978-922-3000 extension 5437 or visit beverlyhospital.org/kids.

Our Services

Cardiology

The Cardiovascular Program at Children's Hospital Boston has pioneered treatments that have dramatically improved the survival rate for fetuses, infants, children, teens and adults with congenital or acquired heart defects. Despite treating some of the toughest cases in the world, the program at Children's has the highest success rate for cardiac surgery among large pediatric cardiac centers. The partnership between Beverly Hospital and Children's Hospital Boston means that your child will be cared for by one of the world's leading pediatric cardiologists—just minutes from your home.

Emergency/Inpatient Services

The newly expanded ER at Beverly Hospital features Children's Hospital Boston pediatricians and Beverly emergency specialists to care for your child. So not only can we provide expert care to children, they'll feel more comfortable here too. And so will you. If a child requires admission, there are Children's Hospital Boston physicians to take care of them while a patient at Beverly Hospital. Or, if the situation requires intensive sub-specialty care, we will consult with you and your child's primary care provider to streamline the transfer to Children's or the hospital of choice, via ambulance, the Children's transport team, or even helicopter.

Neonatology/Level II Special Care Nursery

While we always expect the birth of a baby to be without complications, sometimes the unexpected happens. It is comforting to know that Beverly Hospital has a Level II Special Care Nursery (SCN) staffed by Children's Hospital Boston neonatologists. In very special circumstances, a baby born here is transferred to Children's for more specialized care. Once stabilized, the baby can be transferred back to our SCN for care until they are ready to go home. At other times, a baby born at another hospital may be transferred to our SCN allowing parents and family to be part of the care giving without adding the strain of a long commute.

Table of contents

- 4** **Can kids with asthma play sports?**
No child should be left out of sports because of asthma. Get your kid back into the game with a few of these helpful tips.
- 5** **Avoiding and handling children's head injuries**
Kids are at risk for head injury, whether they're in the car or skateboarding. You can prevent some and we'll help you manage the rest.
- 6** **Eating healthy at school**
Lunches account for 1/3 of a child's daily nutritional needs. Battling unhealthy school lunches and healthy snacking tips.
- 7** **The next generation of bullies**
How the technological evolution of text messaging and social media networks has advanced playground bullying to new heights.
- 8** **How loud is too loud?**
In a world full of new technology like the iPod, it's easier than ever for your child to damage his/her ears. What you can do to prevent noise-induced hearing loss.
- 9** **Are active video games good for kids?**
Not just joysticks and couch potatoes anymore. The new era of video games can get kids off the couch and exercising!
- 10** **The mystery of the teenage brain—*unraveled***
You're not the only parent confused by your teen's moods and behaviors. New research helps explain the inner workings of their developing minds.
- 12** **Allergic to lunch**
More and more our kids are allergic to the foods we eat. Get the 411 on food allergies, when to call 911 and tips to decrease the possibility of developing a food allergy.
- 14** **The rise of overuse injuries in young athletes**
Shedding light on this disturbing new trend in youth sports and how you can help protect your child from long-term issues.

Can kids with asthma play sports?

yes!

There was a time when kids who had asthma were discouraged from playing sports. That is no longer the case. Being active and playing sports will not only help your asthmatic child stay healthy, fit in with their friends and have fun, but it can actually strengthen a child's breathing muscles and help their lungs work better. Kids who are overweight also have more asthma symptoms and their asthma tends to be more difficult to control. An active lifestyle helps to maintain a healthy weight and control asthma.

Some tips to consider

Control the asthma first. When your child's asthma is well controlled, he or she can—and should—be active and play sports just like anyone else.

Keep preventative tips in mind. Skipping medication can make symptoms worse, and forgetting to take a prescribed medication before exercise can lead to severe flare-ups and even emergency department visits. Your child should carry rescue medication at all times, even during workouts, in case of a flare-up.

Avoid flare-ups

Always warm up and cool down. Breathing through your nose warms and humidifies the air before it enters the airways.

Pay attention to environmental conditions. Cold temperatures, poor air quality and high concentrations of pollen in the air make conditions right for an asthma attack. When the weather is cold, wearing a scarf or mask to warm the air before it enters the lungs may help.




Exercise only when healthy. Wait a few days after cold symptoms subside before resuming physical activity.

Stay well hydrated. Make sure your child has enough water available, and the opportunity to take breaks from an activity to take a drink.

Involve the coach

You should also make sure that your child's coach has a copy of your child's asthma treatment plan. Most importantly, your child and your child's coach need to understand when it's time for your child to take a break from a practice or game so that flare-ups can be managed before they become emergencies.

[MORE AT CHILDRENSHOSPITAL.ORG/BEVERLY](https://www.childrenshospital.org/beverly)

-  [Exercise-induced asthma](#)
-  [Asthma FAQs, triggers and management](#)
-  [When asthma is an emergency](#)



Avoiding and handling children's head injuries

Children of all ages are at risk for head injury. Taking steps to avoid head injury is important, but active children are likely to sustain a bump, bruise or blow at some point in their lives.

Common sense steps to avoid children's head injuries

So how can parents decrease the chance of their child sustaining a head injury? There are different precautions for different age groups. Here are some tips:

Properly restrain children when traveling in a motor vehicle. Use approved car seats for infants, booster seats for toddlers and seat belts for older children. Be a good role model by buckling up yourself. Car accidents are a common cause of head injury for children and adults.

Never leave an infant unattended. Head injuries to infants are often the result of falling from surfaces such as beds, changing tables or other pieces of furniture. Even very young infants have the ability to move to the edge of high surfaces and fall off.

Safeguard doors and windows.

Parents of toddlers should equip stairs with safety gates, secure screens on windows and supervise toddlers on porches or balconies.

Always wear a helmet. Be sure children always wear a safety-approved, well-fitting helmet when bicycling and participating in activities that put them at risk for head injury, such as in-line skating, skateboarding, skiing and contact sports.

Signs and symptoms of concussion or serious injury

Of course, children who lose consciousness or have a seizure after a blow to the head need to be brought to the emergency room immediately. Parents also need to be on the lookout for other symptoms that indicate the need for medical care. These include, but are not limited to:




- swelling or bruising
- excessive sleepiness
- trouble walking
- vision problems
- slurred or incoherent speech
- confusion
- irritability

At Beverly Hospital's emergency room, Children's Hospital Boston physicians will put your mind at ease

It may be difficult for parents to know if a head injury requires medical attention. If there is any question, or if a parent just feels that something is not quite right, it is best to seek medical attention. Beverly Hospital recognizes that children are a unique patient population. As such, they require specialized emergency care when they are sick or injured. Children's Hospital Boston pediatricians can help to care for your child.

If a child requires admission, there are Children's Hospital Boston physicians to take care of the child while a patient at Beverly Hospital. Or, if the situation requires intensive sub-specialty care, we will consult with you and your child's primary care provider to streamline the transfer to Children's Hospital Boston or the hospital of choice. Together, Beverly Hospital and Children's Hospital Boston have been taking care of kids for ten years now.

MORE AT CHILDRENSHOSPITAL.ORG/BEVERLY

-  [Summer safety tips](#)
-  [Winter safety tips](#)
-  [Preventing and treating head injuries](#)

Eating healthy at school

One of our main responsibilities as parents is to teach our children the importance of eating healthy. Yet, obesity rates have doubled in children and tripled in adolescents over the last 20 years. More and more, our children suffer with high blood pressure, high serum cholesterol and Type 2, or adult-onset, diabetes—conditions that used to be considered “adult diseases.” Nutritious meals and snacks are important for a child’s growth, energy level and metabolism rate.





What your child eats at school accounts for a third of his/her daily vitamin, mineral and calorie requirements. So it is well worth your while to take steps to ensure that these needs are met.

While school cafeteria menus are beginning to offer healthier meals, not-so-healthy options are still available. If your child participates in the school’s lunch program, remember a little education goes a long way. Review the cafeteria menu together. Talk about what foods your child

thinks are the best choices and teach him/her which ones really are the best and why.

While not always easier, packing your child’s lunch and snack is the best way to ensure that your little one is eating well. Involve your child in purchasing and preparing lunch foods and snacks. By getting creative together, your child is more likely to enjoy what has been prepared.

[MORE AT CHILDRENSHOSPITAL.ORG/BEVERLY](https://www.childrenshospital.org/beverly)

-  [Genetics and your weight](#)
-  [Foods you should never buy](#)
-  [5 simple changes you can make to have an immediate impact on your health](#)
-  [Too young to diet?](#)

Tips for packing healthy snacks

- Keep ready-to-eat foods such as raw vegetables and fresh fruits handy in serving-sized packages. Don’t forget to wash them!
- Avoid the morning rush by preparing ahead of time, either the night before or by preparing a couple of days of snacks at a time.
- Make lunches and snacks interesting and appealing. Color, texture and overall presentation all influence food’s appeal. For example, slices of red, green, yellow and orange peppers in your snack container increase the visual appeal for your child.
- Packing small amounts of a variety of foods not only helps make sure your children get the nutrients they need, it also ensures that something will appeal to them. A healthy snack is only useful if it gets eaten.
- Avoid packing sodas and juices because they contain a lot of sugar. Water and low-fat milk are the best beverage choices.
- Involve your child in purchasing and preparing lunch foods and snacks. Get creative together! If your child is involved in the preparation, he/she is more likely to enjoy what has been prepared.
- Don’t forget about last night’s dinner. Healthy leftovers make excellent lunch choices.
- Beware of the “100 calorie” snack packs. Take a second look. Sure, some of these products may offer nutritional value, but many are just empty calories.



The next generation of bullies

Cyber bullying happens when someone harasses or repeatedly threatens one of their peers through email, instant messages, blogging, text messages or a web site. With evolving technology, cell phones and computers give cyber bullies 24-hour access to their victims, making it more pervasive and harmful than traditional bullying. More than 40 percent of 18-to-24-year-olds said that they had been cyber bullied at some point, and alarming studies reveal that cyber bullying can start as early as the fourth grade. Cyber bullying is considered harassment, but parents, their children and the school system struggle to find ways to stop it. Below is some information we hope will help.

Who is the typical cyber bully?

It could be anyone, from a kid at school, a teammate, or even a stranger that doesn't like something about you and your blog or profile. Cyber bullies like to control the person they are bullying; they look for people with low self-esteem and those who are weak or different.

They are usually the same as bullies in school. Sometimes the quiet kid who gets bullied in school takes his frustration out by bullying other kids online. Bullies may think that because they bully on the Internet and not at school, they are more likely to get away with it. Sometimes the person being bullied might not even know who made the web site or sent the messages.

How are cyber bullying and regular bullying similar? Different?

They are both equally harmful. Cyber bullying is still an attack. And, chances are if someone is being cyber bullied, they are being bullied at school, too. Just like regular bullying, other people usually jump on the bandwagon and it evolves into many people against one. With cyber bullying the bully isn't face to face with the person they are targeting, so they are even more encouraged to escalate their personal attacks.

Blogging has made cyber bullying worse because when someone writes a lie or something mean about another person, the person targeted can't erase it, and they don't always have the option to defend themselves. Also, texts, emails, and Facebook or MySpace postings can be instantly sent to many different people. When cyber bullying happens, it happens quickly.

What effect does cyber bullying have on the person targeted?

The slanderous and threatening bullying can lead to serious emotional consequences, including depression and suicide. The bully can be spreading information on the Internet for anyone to see and that can affect someone's social life, especially how other kids at school view them. It can result in low self esteem and even lead to depression. When a person withdraws from their peers, they may start to do the same with their family and become a loner.



Do kids who are cyber bullied seek help?

Not usually, because they are afraid of the consequences, like having their Internet privileges taken away or making the bullying worse by telling. They might not say anything because they are scared, and because no kid wants an adult to force people to be friends with them.

What can young people do to prevent cyber bullying?

If you are being bullied in school or on the Internet, don't be afraid to speak up. You should talk to your parents, a guidance counselor, a teacher or a friend. Just get as much help and advice as possible.

For kids who may not be directly affected, don't jump in and support cyber bullies, even if your friends are doing it. It won't end well and it can really negatively affect people.

What can parents do?

Chances are, your child isn't going to come out and admit they are being bullied or bullying another. Ask questions about what your child is doing online. Make yourself available. If you notice something suspicious about your child, like symptoms of depression or loneliness, address it.

Parents can also teach their child not to use this new media to talk about others. Web postings, emails and texts can easily be forwarded for all in cyberspace to see. Just as you may use it to hurt someone, it can also be used to hurt you.

Another option is to have your Internet service provider block someone who is harassing you.

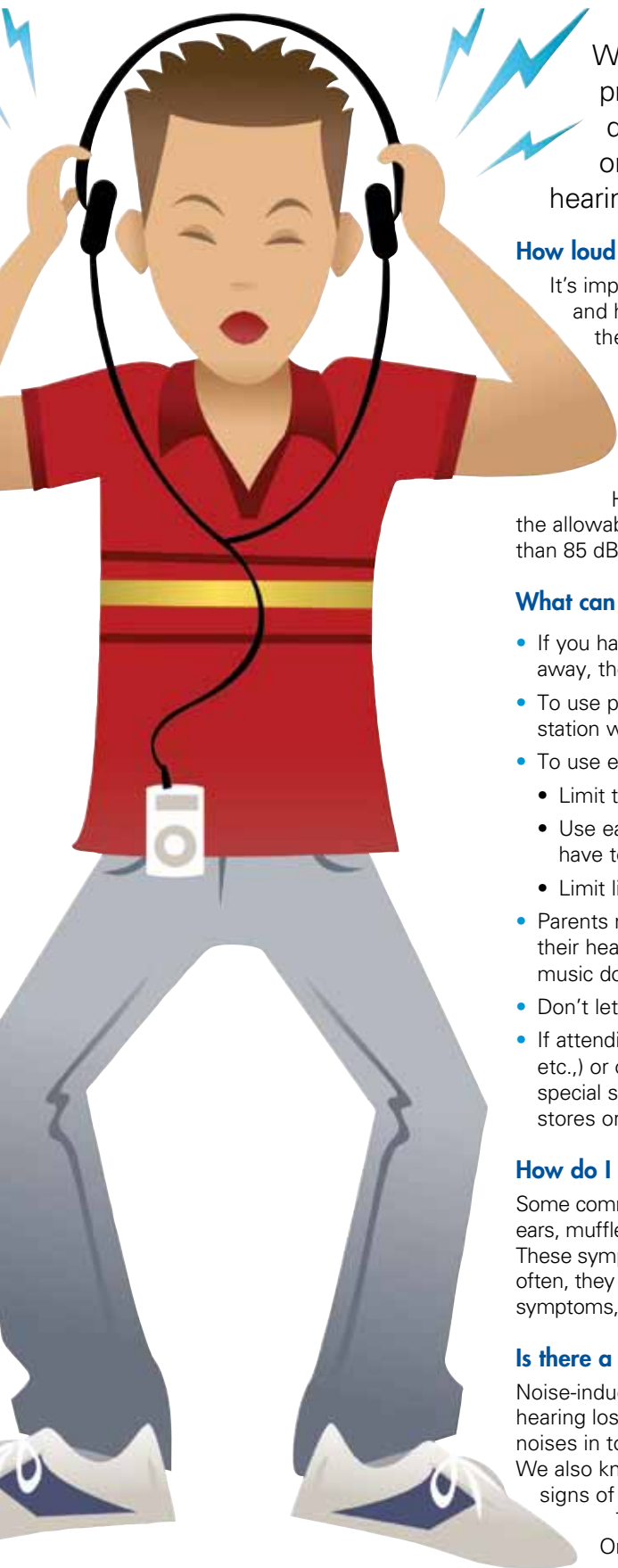
What should kids who are being cyber bullied keep in mind?

It is not your fault and there is nothing wrong with being different and original. Cyber bullies are insecure and malicious. They attack others because they are unsure of themselves.

MOREREATCHILDRENSHOSPITAL.ORG/BEVERLY

 **Ways to deal with traditional and cyber bullying**

How loud is too loud?



We live in a noisy world. If sufficiently loud and prolonged, some of the noises we encounter during our average day—whether from your iPod or your neighborhood—can cause permanent hearing loss. So, use your ears responsibly.

How loud is too loud?

It's important to understand that hearing is damaged by how loud and how long you listen. So, the higher you turn up the volume, the shorter the time it takes to do damage.

How long is too long?

It takes a pretty long time—approximately 8 hours—to find yourself at risk for hearing loss if the noise level is 85 dBA (the volume of the average ringing telephone).

However, just a slight increase (for instance, to 88 dBA) cuts the allowable time in half—down to 4 hours. So with sounds louder than 85 dBA, you should only stay in earshot for a few minutes.

What can I do to protect my child or myself?

- If you have to raise your voice to be heard from more than 3 feet away, then the noise is too loud.
- To use personal stereo systems, like iPods, safely use a docking station with external speakers whenever possible.
- To use earphones safely:
 - Limit the volume level to “6” (that is, if “10” is the loudest).
 - Use earphones that block out background noise, so you don't have to turn the sound up as loud to hear it.
 - Limit listening time to one hour or less.
- Parents may believe, “If I can hear it across the room, then I know their headphones are too loud!” Just because you can't hear the music doesn't mean the music levels are safe.
- Don't let children hold toys that make loud sounds close to their ears.
- If attending loud-noise events (concerts, fireworks displays, car races, etc.) or operating a lawn mower or snow blower, use earplugs or special sound-blocking earmuffs. You can buy these at hardware stores or drugstores. Cotton in the ears does not work!

How do I know if I've been around noise that is too loud?

Some common warning signs include ringing or buzzing sounds in the ears, muffled hearing, and a feeling of “fullness” in the ears or head. These symptoms tend to be temporary, but if you are around loud noise often, they may become permanent. If you experience any of these symptoms, see an audiologist or your primary care physician immediately.

Is there a cure for noise-induced hearing loss?

Noise-induced hearing loss is the second most common cause of hearing loss, falling behind age-related hearing loss. Because of the noises in today's world, hearing loss is appearing much earlier in life. We also know that today, 5.2 million children and teenagers have early signs of noise-induced hearing loss.

There is no “cure” for noise-induced hearing loss. Once hearing is gone, it will not come back.

Are active video games good for kids?

Researchers are busy working to find out if the new generation of video games actually encourage physical activity. To get an idea of what researchers are likely to find, we can turn to studies of video games that are capable of getting players up off the sofa.

Dance Dance Revolution (DDR), where players step on a special mat in response to on-screen prompts, has been successfully used in schools, homes and after-school programs to encourage exercise. Playing DDR for 45 minutes has been found to raise heart rates to a level indicating increased metabolism and calorie burning. For other active video games to be equally successful, they must require consistent and relatively strenuous movements-not just simple arm swings and wrist movements.

With the power of the new generation systems like the Nintendo Wii, there is the potential to have games that synthesize the appealing qualities of video games with controls that demand high levels of physical activity. However, if the active games rely on the novelty of the movement instead of on good game design, young people will revert quickly to the sedentary games.

Because of the potential benefits of active video games, we shouldn't group all video games into a category of unhealthy behavior. The content of the games as well as the type of interface will determine the health outcomes. Encouraging overweight kids to reduce their overall time with video games may no longer be as advantageous as it had been in the past. With the advent of high quality, active video games comes the potential to use them in the treatment of obesity, rather than simply blaming them for contributing to the epidemic.

It's still useful to keep in mind, though, that some video games give

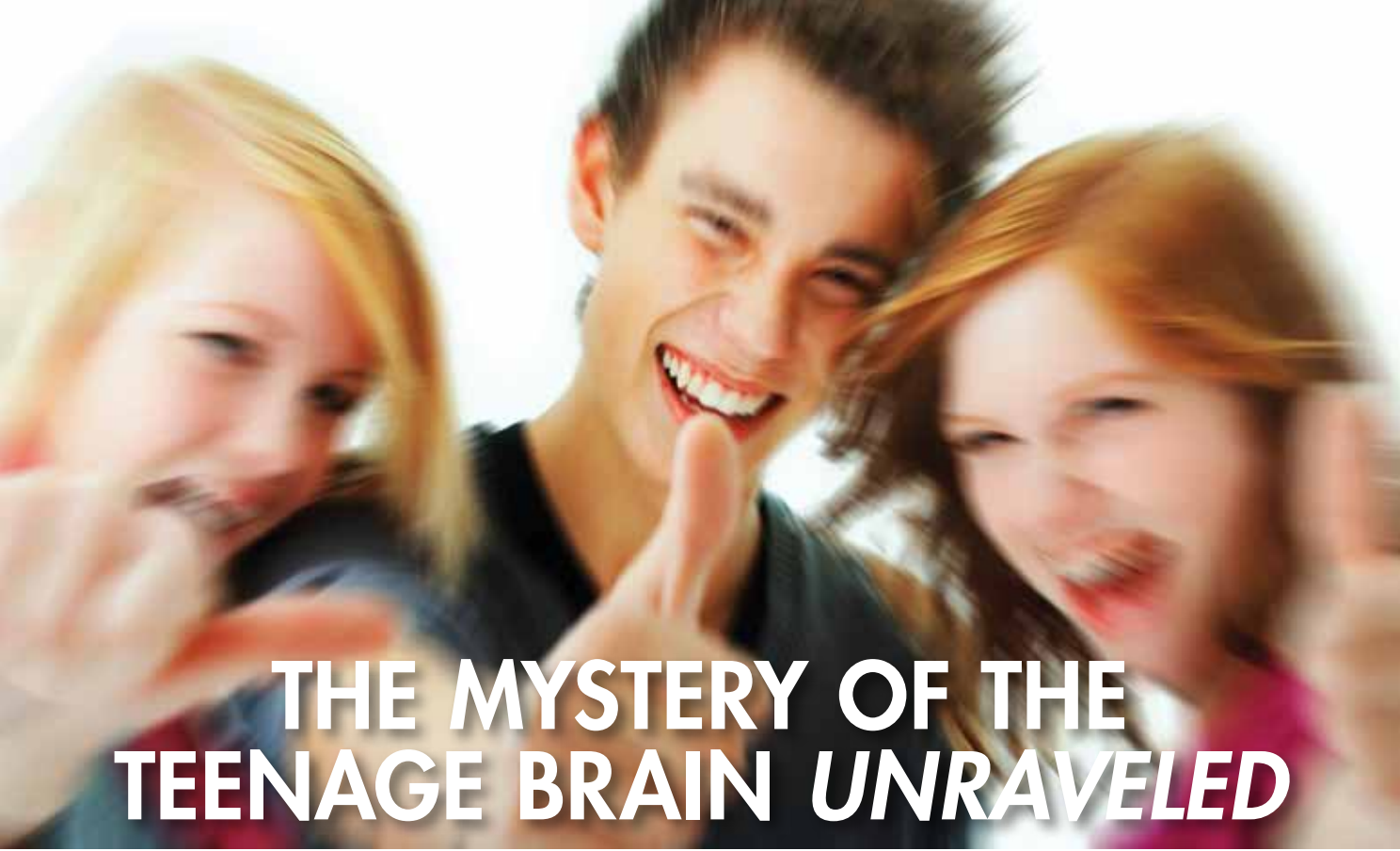


kids a chance to act out extremely violent scenarios. Research has repeatedly demonstrated that playing violent video games increases young people's aggressive thoughts and behaviors. On the Wii, actual stabbing and punching motions replace simple button presses. Going through the

motions of the violence may have a stronger influence on later behaviors than traditional violent video games, but research is necessary before we can conclude that violent games presented in this manner have such severe negative consequences.

[MORE AT CHILDRENSHOSPITAL.ORG/BEVERLY](http://CHILDRENSHOSPITAL.ORG/BEVERLY)

 **Learn how to use different media in safe and healthy ways, including tips for TVs, computers, cell phones and video games**



THE MYSTERY OF THE TEENAGE BRAIN UNRAVELED

Have you ever looked at your teenager and thought, “Where is your common sense?” Or wondered why they stay up all night and sleep all day? It’s the mystery of mysteries—especially to parents—the unpredictable and sometimes incomprehensible moods and behaviors of our teenage children. Generations of adults have pondered their causes and often blamed hormones, drugs or the media.

It turns out the answer to this mystery actually lies within the teenage brain. Research shows that the teenage brain is truly unique and only about 80 percent fully developed. We now know that brain development isn’t complete until people reach their 20s or even 30s—more than a decade later than experts had originally thought.

Learning curve

Because an adolescent brain is still developing, it retains much of its plasticity, allowing it to be molded by the environment. This malleability boosts teenagers’ abilities to learn, make memories and retain information. While they’re not learning quite as fast as young children, who can learn three new languages flawlessly because of plasticity, they still have quite a bit of that skill set left over, and have more than adults.

While all teens have turbocharged learning skills and fantastic memories, girls’ and boys’ brains develop at different rates; girls peak at age 12 to 14, about two years before boys. Schools may be missing a window for each gender. Things like high-level physics are being taught to teens when they’re 16, but girls may be better able to learn it earlier. With this new neuroscience information, we could address such gaps with the next generation.

Bad behavior

Although teens’ brains are superior in some ways, they’re distinctly immature in one key area. The last part of the brain to fully connect up—well past the teenage years—is the frontal lobe, which houses judgment, insight, dampening of emotions and impulse control. Since the frontal lobe isn’t fully developed, there’s a cognitive chasm between

coming up with an idea and being able to decide whether or not it’s actually a good one. This disconnect begins to explain why an adolescent who otherwise is very smart, often takes unnecessary risks or acts irrationally.

Interestingly, the faculty of insight—the ability to judge one’s own actions and predict consequences—develops in the frontal lobe in stages. First they develop the ability to be objective and judge others’ actions. They later develop the ability for subjective analysis. Only then are they able to consistently think, ‘If I do this, something bad might happen.’ This

accounts for how a teen can see their friend about to do the wrong thing and say, ‘Don’t do that!,’ whereas they can’t yet recognize their own behavior as dangerous.

Sleep and learning

If you’ve ever seen a teenager who literally can’t keep his eyes open, you might wonder if he’s lazy or



just completely disinterested. Turns out it's neither. Researchers have found that sleep cycles naturally shift forward during adolescence for biologically programmed reasons. These differences in sleep cycles may have big implications for the timing of optimal learning periods, as researchers have discovered that the ideal time for learning starts two hours after a person's biologically set wake-up time. This means that the ideal high school would start in late morning and end in late afternoon. Unfortunately, this isn't the norm. Obviously, it would be much better to present new material to people when they could actually learn it. Early morning isn't the best time for teenagers to conjugate Latin verbs.

In getting up early enough to avoid the tardy slip, teens are struggling to function on a sleep cycle that's out of synch with their internal clocks, and living with a constant sleep deficit. Their bodies rebel and try to get them to catch up with sleep on weekends. This gets their whole sleep cycle even more off-line and the problem goes on and on. It's a huge problem and one that continues, as best we can tell, through college.

Parents can help their teens overcome sleep cycle changes. Encourage routine bedtimes. A consistent daily sleep routine, even on weekends, can help your teen obtain the required 9 hours of sleep. Keep bedrooms for sleeping. Televisions and computers can distract the not-so-sleepy teen. Incoming calls and text messages can wake your teen up and interrupt their sleep cycle.

Drugs, alcohol and addiction

Plasticity is paradoxical: Just as it allows teens to learn and retain a lot of information, it also makes them susceptible to negative influences. If a teen's nervous system sees alcohol or a drug, their synapses have locked onto that drug and form strong connections that underlie their affinity for it. The process of addiction actually uses the same neurochemistry as general learning. Specific neuronal connections readily form from exposure to stimuli, like drugs and alcohol, and become irreversibly imprinted on their brains. That means that when teens drink or smoke, they're laying down a lasting sensitivity that can easily lead to addiction.

Teens also suffer longer-lasting consequences from alcohol; it dampens down learning by blocking synapses from sending any signals, and in excess, kills vastly more brain cells in teens than adults. This is especially problematic when it comes to binge drinking. If a 17-year-old pounds



down Jack Daniels with uncle Joe, uncle Joe will have a wicked hangover, but will function in a few days. But that teenager has a low threshold for brain injury and may not bounce back 100 percent. Similarly, marijuana's negative effects are more long-lasting: Its active chemical blocks learning at the cellular level at multiple points—in the very early and later stages of making lasting memories. What a teenager does on the weekend is actually still with him when he takes a test on Thursday. And in the meantime, he's been trying to study with what's essentially a self-induced learning disability.

Too much information

Since teenagers are so susceptible to their environments, media messaging, especially advertisements, are a big concern. Many companies, including tobacco giants, know that in order to grow their markets they have to reach people who have a vulnerability that adults don't have.

Another area ripe for exploration is how teen brains deal with multi-tasking and sensory overload, since they're constantly interacting with fast-paced, sensory-filled stimulus from computers, TVs, Sidekicks, text messages and video games. Brains, evolutionarily, have never been subjected to the amount of cognitive input at the rate they are today. Modern teenagers have 25 things coming at them all the time, and this overload of stimulus could be altering the way their brains are getting wired. The effects may be mixed, and we may even be developing new abilities, as we do for any newly acquired skill. But we don't yet know if we're sacrificing another skill set to become proficient multi-taskers.

This is the first generation to have access to information about how their own brains are developing. We want to help teens understand their unique status and begin to consider how to manage this increasingly complex environment. It truly is a brave new world.

MORE AT CHILDRENSHOSPITAL.ORG/BEVERLY

-  [Neuroscientist Frances Jensen talks about the teen brain](#)
-  [Alcohol and its harmful effects on your teen's emotional, physical and social well-being](#)
-  [Health information for teen girls including quizzes, games and chats](#)
-  [Health information for teen boys](#)



Allergic to lunch

Children and food allergies

Food allergies are the result of the body's immune system reacting against ordinarily harmless proteins found in foods. According to the U.S. Centers for Disease Control and Prevention, an estimated 3 million children in this country have at least one food allergy, and children with food allergies are two to four times more likely to have asthma or other allergies compared to children without food allergies. There are steps parents can take to decrease the chance of their child developing an allergy and ways to handle them when they do exist.

The most common sources of children's food allergies

Cow's milk is the most prevalent source of food allergy for children. Peanuts, nuts and seafood are the most common causes of severe reactions. Although any food may cause an allergic reaction, 90 percent of allergic reactions in children are attributed to the following foods:

- cow's milk
- eggs
- peanuts
- soy
- wheat
- nuts from trees, such as walnuts, pistachios, pecans and cashews
- fish, such as tuna, salmon and cod
- shellfish, such as shrimp and lobster

Other foods often associated with food allergies include meats, fruits, vegetables, grains and sesame seeds.



Identifying a food allergy

A physical reaction after eating is not necessarily a food allergy. There are several other conditions that may cause symptoms. For example: food poisoning can cause diarrhea or vomiting; too much sugar can cause diarrhea in small children; and acidic foods can cause skin irritation. Children can also be intolerant to certain foods, which is different than a food allergy because it is not a response of the immune system. One such example is lactose intolerance.

Symptoms of a food allergy include:

- skin problems such as hives and itchy skin rashes
- breathing problems include sneezing, wheezing and throat tightness
- stomach symptoms are nausea, vomiting, and diarrhea
- circulation problems which would result in pale skin, light-headedness and even lead to loss of consciousness

If a child experiences symptoms of a food allergy, parents should contact their child's healthcare provider. If the child experiences throat tightening, tongue swelling, wheezing or trouble breathing, the reaction may be severe or even life-threatening. This type of allergic reaction is called anaphylaxis and requires immediate medical attention. Call 911.

In some cases, a food allergy is identified by reviewing the child's reaction with his or her parents and removing that food from the child's diet. In other cases, the child may require allergy testing. Skin allergy testing can be done at any age and provides evidence of allergies within 15 minutes. Blood tests for food and other allergies are available, but are less sensitive than skin testing and take longer to get results.





Living with a food allergy




Most parents can successfully manage a food allergy by avoiding that food in their child's diet and by alerting all of the child's various caregivers, such as teachers and friend's parents.

If your child has a severe allergic reaction, work with your child's healthcare provider to learn how to administer epinephrine when a reaction occurs. Children with severe allergies should wear a medical ID bracelet or tag.

Although an estimated 80 to 90 percent of milk, egg, soy and wheat allergies are outgrown by the age of five, allergies to peanuts, other nuts and seafood are less likely to be outgrown. As the child grows older, he or she will need to learn what food(s) to avoid.

Dealing with a food allergy becomes a way of life. Children with allergies can lead full and active lives just like their friends who do not have allergies.

[MORE AT CHILDRENSHOSPITAL.ORG/BEVERLY](https://www.childrenshospital.org/beverly)

-  Sending your child with food allergies to school
-  Understanding—and reversing—the rise in food allergies
-  Helping children and parents cope with food allergies

Allergies by the numbers

3 million

approximate number of children in the United States with food allergies

4%

percentage of Americans with a food allergy

2-4%

likelihood of children with a food allergy to have asthma as compared to children without one

Guidelines for lowering the chances of food allergy

To decrease the risk of a child developing a food allergy, the American Academy of Pediatrics (AAP) offers the following guidelines.

- Breastfeed exclusively for the first four to six months of your baby's life. Do not use formula supplements or solid foods. Continue to breastfeed until your child is at least 12 months old, even after you have introduced solid foods.
- If you want or need to supplement your breastfeeding with formula, (i.e. if you and your baby's healthcare provider have determined that your baby needs more calories than breastfeeding is providing, or for babies with already known food allergies, or for families with a history of food allergies) be sure to discuss with your provider if a specialized formula will be necessary.
- There is no clear evidence that avoiding most foods during pregnancy or while breastfeeding decreases the chance of developing food allergies. However, those with a strong history of tree nut or peanut based allergies should consider avoiding these foods while pregnant and lactating.
- Do not introduce solid foods to your infant until he/she is at least four to six months old. Begin solid foods with an iron-fortified rice cereal.
- Yogurt and cheese may be given in moderation at 9 months old, if there is no family history of food allergy. Avoid giving your child milk until he/she child is 12 months old.
- If your child has not shown any evidence of allergies, eczema or asthma, then eggs and fish may be introduced around the age of one year. If he/she has had any of the allergic reactions listed, talk to your healthcare provider before introducing these foods. AAP guidelines on when to introduce peanuts into a child's diet are in constant flux. You should discuss when to introduce tree nuts and peanuts with your baby's physician at the first-year check up.



Overuse injuries on rise in young athletes

The benefits of organized sports well outweigh the potential drawbacks. However, parents should be aware of an emerging trend in overuse injuries. Organized sports and their emphasis on repetitive coaching drills, as well as the recent trend toward sports specialization in young athletes has changed the way our kids are getting injured.

Unlike acute sports injuries such as sprains, strains, bruises and breaks (which the Consumer Products Safety Commission tells us result in four million emergency room visits every year), the exact prevalence of overuse injuries is difficult to ascertain. That's because the symptoms of overuse injuries develop over time, and do not require immediate emergency care. However, talk of stress fractures, tendinitis, and bursitis is no longer confined to pro athletes; it now can be heard in high school locker rooms.

Certain overuse sports injuries, such as Little League elbow—which refers to damage to the growth cartilage in the elbow joint caused by repetitive whipping motions of the arm—are seen exclusively in child athletes because of the softness of their growing bones and relative tightness of their ligaments and tendons during growth spurts.

Other overuse sports injuries seen mostly in children include:

- Osteochondritis dissecans of the knee and ankle (repetitive grinding together of bones that causes damage to the growing surface cartilage and may result in pieces of dead bone and cartilage dropping into the joint and wreaking havoc)
- Osgood Schlatter's syndrome (inflammation at the point where the tendon connects the kneecap to the very top of the shinbone)
- Os calcis apophysitis (inflammation at the point where the Achilles tendon attaches to the heel)
- Patellar pain syndrome—an alignment problem in the knee caused by overtraining—is the number-one diagnosis in many sports medicine clinics today, even though it had never been seen in kids until the growth in organized sports

One of the most disturbing aspects of overuse injuries is their insidiousness. Often kids won't admit to being sore—they just drop out of sports, often for life. When these injuries go undetected, the damage to a growing child's hard and soft tissues can be permanent. Evidence suggests that overuse injuries sustained in childhood may continue to cause problems in later life, such as arthritis.

Cause and Prevention

As overtraining is the most common cause of overuse injury, the most effective prevention is to make sure that qualified personnel are coaching kids.





Kids should have a proper pre-season physical every year to rule out underlying conditions that might predispose them to overuse injury—anatomical abnormalities such as knock knees, flat feet, and swayback, for instance.



If kids want to participate in strenuous sports, they should be fit enough to do so; a properly performed pre-season physical should rule out fitness deficiencies and recommend an exercise program.

By reducing overuse injuries we can make sports a safer and even more rewarding environment for our young athletes.

[MORE AT CHILDRENSHOSPITAL.ORG/BEVERLY](https://www.childrenshospital.org/beverly)

-  [Soccer safety](#)
-  [Sports training—how much is too much?](#)
-  [Safe weight gain and loss for young athletes](#)
-  [Little league elbow](#)

Source: Adapted from *The Sports Medicine Bible for Young Athletes* by Lyle J. Micheli, M.D., Sports Medicine Director, Children's Hospital Boston, with Mark Jenkins (Sourcebooks, Inc., 2001). Dr. Micheli is director and co-founder of the world's first sports medicine clinic for children, located at Children's Hospital Boston. He is also the chairperson of the Massachusetts Governor's Committee on Physical Fitness and Sports, and a past president of the American College of Sports Medicine.



Directions to Beverly Hospital

From Route 128 North

- Follow Route 128 to exit 19 in Beverly.
- Proceed straight ahead from the exit approximately one half mile to traffic lights.
- Turn left onto Herrick Street, and proceed to the Hospital entrance, one eighth of a mile on your right.

From Route 128 South

- Follow Route 128 to exit 19 in Beverly.
- Turn left onto Brimbal Avenue.
- Approximately one-quarter mile, turn right onto Herrick Street.
- Proceed to the Hospital entrance, one eighth of a mile on your left.

From Boston and the South Shore

- Take Route 3 or the Expressway North to Route 93 North.
- Follow to Route 128/95 North (exit 37A in Woburn).
- Follow the directions for traveling Route 128 North to Beverly and the Hospital.

From the North

- Take Route 93 South to Route 128 North in Woburn (exit 37A) or Routes 95 or 1 South to Route 128 North (exit 30B) in Peabody.
- Follow the directions for traveling Route 128 North.

Our Team

Cardiology

Michael Freed, MD

Emergency/Inpatient Services

Theresa Becker, DO
 Karen Gruskin, MD
 Maria Hewes, MD
 Debra Hillier, MD
 Heather Silverberg, MD
 Diana Voskoboynik, MD

Neonatology/Level II Special Care Nursery

Ivana Culic, MD
 Ceara McNiff, MD
 Tai Tran, MD
 George Yerozolimsky, MD

Beverly Hospital

85 Herrick Street
 Beverly, MA 01915
 978-922-3000 ext. 5437
 Cardiology appointments 617-355-2079



Children's Hospital Physicians
at Beverly Hospital

B E T T E R T O G E T H E R

beverlyhospital.org/kids