

Common Ailments/Injuries in Children

Across all ages medication poisoning was the single highest cause of injury, peaking at from 18 through 35 months.

Back Pain : In a recent study, 1178 school children were surveyed and back pain was found to be cumulatively prevalent in more than 50%. Adolescents who participate in sports experience a higher incidence of back problems due to the excessive spinal loading which accompanies most sports. Similar to adults, chiropractors obtain excellent results treating back pain in children and adolescents. Chiropractic care in children and adolescents is safe, effective, and focuses on treating the cause of their discomfort rather than masking symptoms. Many of our most satisfied patients are children and adolescents.

Headache: Headaches are a common problem in children and adolescents. A study published in the journal *Headache* reported that the prevalence of headaches in schoolchildren aged 7 was over 50% (for headaches occurring in the preceding 6 months). Chiropractic spinal adjustments have been compared for effectiveness in treating headaches with the commonly prescribed drug, amitriptyline. The results of the study identified chiropractic adjustments as providing long term reductions in headache intensity and frequency, as well as lowering the need to take over-the-counter medications to treat headache symptoms. Additionally, 82% of those taking amitriptyline reported side effects versus only 4% in the chiropractic group.

Heel Pain: Heel pain in a child is commonly caused by a condition known as, "Severs Disease." It's caused by chronic strain at the achilles tendon attachment on the calcaneus. It is generally found in 8-13 year olds and the complaint is pain in the area of the heel. Chiropractic care focuses on correcting any biomechanical problems, utilizing therapeutic stretches and exercises, manipulating any "locked" extremity and spinal joints, and various manual therapies.

Knee Pain: Two conditions commonly cause knee pain in children and adolescents, "Osgood-Schlatter Disease" and "Chondromalacia Patella".

In Osgood-Schlatter Disease, the affected age is from 9-15 years and pain, tenderness and swelling is experienced just below the knee. This is actually the patellar (knee cap) tendon pulling away from its bony attachment on the tibia. Chiropractors can effectively treat this condition through manual therapies including therapeutic quadriceps stretching and exercises. There is also an Osgood-Schlatter support which helps minimize stress on the tendinous insertion.

Chondromalacia patella is common in adolescent females and young adults. In this condition, the underside of the patella (knee cap) begins to roughen and become painful. There is generally deep knee pain which is made worse by climbing or descending stairs as well as sitting with the knee flexed for extended periods of time. This condition can worsen and it should receive corrective care which focuses on correcting any biomechanical faults and stresses present in the spine, hip, knee and foot.

Scheuermann's Disease: Scheuermann's disease is a condition which causes persistent low-grade back pain, accentuated thoracic kyphosis (increase in mid back prominence), and a "rounded shoulder" posture. It is most common in the adolescent male. In this condition, there is injury to the surfaces of the vertebrae resulting in a number of wedge shaped thoracic vertebrae. Regular chiropractic care can help reduce symptoms of pain and discomfort as well as optimize spinal biomechanics and stresses. This is important as this condition predisposes the individual to the development of osteoarthritis later in life.

Spondylolisthesis: This term is applied to a spinal vertebrae which has slipped forward relative to other vertebrae. It almost always is located in the lower back (4th or more commonly 5th lumbar vertebrae). While this condition is usually asymptomatic in children, identification of the "spondy" is important so that the child can avoid sports that cause axial loading on the spine (i.e. weight lifting, football, etc.) so that the slippage does not progress during periods of rapid adolescent skeletal growth. This condition can be identified through the use of x-rays which reveal presence and extent of slippage.

Scoliosis: is the lateral deviation of the spine and affects not only adults, but more commonly affects children and adolescents.

Prevalence

4% of children aged 10-14 have detectable scoliosis. 60-80% of those affected are girls.

Types

Infantile- Infantile scoliosis is a lateral spine deviation occurring during the first 3 years of life and is twice as common in males. Approximately 74-97% resolve on their own but those that do progress do so in a severe and disabling manner. This condition is, however, rare in North America.

Juvenile- Juvenile scoliosis refers to scoliosis occurring in children aged 3 until the age of puberty - approximately 10 years of age. Juvenile scoliosis can continue to progress in severity, and thus, monitoring every 3-6 months with radiographs is required. Continual monitoring is performed through adolescence because of the high risk of progression. If progression occurs without appropriate treatment severe spinal deformity and cardiovascular compromise can result.

Adolescent- Adolescent scoliosis is scoliosis detected in those who have reached puberty but have yet to reach adulthood. This is the most common type of idiopathic scoliosis (unknown cause). Like juvenile scoliosis, adolescents should be monitored until spinal maturity is reached to prevent possible progression and future health problems.

<http://carefirst.staywellsolutionsonline.com/yourfamily/Children/Healthcare/Injuries/>

Black Eye: The common black-and-blue mark linked with any bruise is particularly evident when it surrounds the eye. The dark-purplish circle, commonly called a black eye, signals a bleeding injury and will last a little more than

The discoloration you see in a black eye is actually blood in the tissues beneath the skin. No skin is cut, but tiny blood vessels under the skin break and bleed. As the injury heals, the blood is eventually absorbed by the body.

During healing, the bruised area will turn green and then yellow. The bruised area may move down the side of the face, a sign that gravity is pulling on the blood. When a fist causes a black eye, the damage is likely limited and will heal with a little self-care. When something harder causes the black eye — a bat, for example — you should be concerned about a more serious injury. Occasionally, a black eye can signal a skull fracture, a broken facial bone, or a serious eye injury; these problems require immediate medical attention. An eye injury that is not treated by a physician can lead to glaucoma or impaired vision.

Bruises: Bruises form when blood cells seep from injured veins into surrounding skin tissue. Basically they are sores that don't break the skin. Newer bruises usually appear black and blue. As they heal they may look green and yellow.

Most bruises are caused by a sufficiently hard blow to break blood vessels in the skin and/or deeper tissues (muscles and bone). Some medications, such as anticoagulants and aspirin, can cause people to bruise more easily.

Self-Care Steps for Bruises

Apply ice and firm pressure to the bruised area as quickly as possible. This helps veins constrict, reducing the flow of blood into the skin tissue and minimizing the bruise.

Elevate and rest the bruised area.

Children and Growing Pains: Growing pains occur in children between the ages of 6 and 12. It is common for children having growth spurts to have vague aches and pains for no apparent reason. The pains usually occur in the evening, often in the calves and thigh.

Growing pains are not a myth, but a real problem in children between the ages of 2 and 8. Growing pains are more common in boys than girls. It is common, during growth spurts, for children to complain of non-specific aches and pains. The diffuse pains usually occurs in the evening or at night, almost always in the legs. Despite the nighttime pain, there is no evidence of injury or disability during the day when the child is up and playing or active. Children who limp or develop problems with their gait or have other symptoms such as fever, swollen joints, stiffness or rashes need to be evaluated by their physician.

Eczema in Kids: Annoying, but Treatable: A scaly, red, itchy, dry rash can show up in the first weeks of life. It signals a vexing but treatable skin problem called atopic dermatitis (AD), often known as eczema. Most children outgrow AD, but in some cases, it may recur in the teenage years or in adulthood. The main symptom of AD is itching. When the child chronically scratches or rubs the area, this can lead to inflamed, rough, thickened skin. Skin areas affected by AD can become red and oozing.

In younger children, the rash usually occurs on the face, scalp and on the outer areas of the arms and legs. In older children, the rash appears in the creases of the elbows, knees and wrists. Most children outgrow AD, but in some cases, it may recur in the teenage years or in adulthood. It then becomes chronic dermatitis.

Up to 20 percent of infants and young children have symptoms of AD, according to the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS). Researchers don't know the exact cause, but many factors can make AD worse. If one or both parents had AD, there's a good chance their child will, too.

"Kids also are more likely to have atopic dermatitis when there's asthma, allergy, hay fever or food allergy in the family," says Anthony J. Mancini, M.D., professor of pediatrics and dermatology at Northwestern University. Recent research also has found a possible link between exposure to antibiotics as an infant and an increased risk for AD and asthma in childhood.

The itch of AD can vary from mild to severe. In some cases, it can disrupt sleep, cause problems in school and lead to emotional upset in families. Occasionally, kids with AD are teased and set apart by peers, leading to a loss of self-esteem.

Kids with AD are more susceptible to skin infection, says Dr. Mancini. Their scratching can spread bacteria or viruses in the areas of rash.

Kid Care: Flat Feet: Although some children develop arches as their “baby fat” disappears, some children don’t. If not, it’s still considered normal, and usually not a cause for concern.

You may have noticed your child’s feet were flat when you saw his or her footprints in sand or if your child walked on a flat surface with wet feet. Arches, the curved part of the bottom of the feet, are like a bridge made of bones joined together by ligaments. They help absorb the shock of walking and distribute weight on the feet. Although some children develop arches as their “baby fat” disappears, some children don’t. If not, it’s still considered normal, and usually not a cause for concern.

Understanding Arch Development: Although many children’s feet have arches when their feet are off the ground, they may have flat feet when standing. This is due to loose arch-supporting ligaments in the feet. The doctor inspects your child’s arches when they’re in the air and on a flat surface. If your child has painful flat feet, the doctor may order x-rays to determine the best type of treatment.

Kids' Headaches: The Diagnosis Is Difficult: Most headaches in kids are caused by tension, not disease. Your pediatrician can determine what kind of headache your child has.

There are two basic types of headaches: primary headaches, in which the headache is the only symptom and, when treated, will stop; and secondary headaches, which are caused by another condition and don’t usually go away until the condition is treated.

Primary headaches include tension-type and vascular, or migraine, headaches. Conditions that can cause headaches as one of their symptoms include dehydration, sleep deprivation, infections, head injury, meningitis, brain aneurysm and tumor. Fortunately, most headaches in kids are not caused by these problems, but by tension.

Your pediatrician can determine what kind of headache your child has. The doctor will need to talk to both you and your child to determine whether the headache has an emotional component. He or she may also do a neurological exam.

Little League Goes to Bat for Safety: Baseball is known for timeless traditions, but some modern retooling may help keep young players safer.

That's why Little League Baseball has amended the rules for its 2.3 million participants. The changes begin with the fall 2007 season with mandatory pitch count limits.

Pitchers ages 10 and under can throw no more than 75 pitches a game. After that, they can't pitch until they rest for four days. The limits are 85 pitches for kids ages 11 to 12 and 95 pitches for kids 13 to 16.

"The basic premise behind the pitch count is to protect young arms from overuse injuries," says Little League spokesman Christopher D. Downs. "The medical research we have indicates that it will reduce the risk of elbow, shoulder, and arm injuries."

Up to 45 percent of pitchers under age 12 suffer chronic elbow pain, the National Institutes of Health says. In high school, that toll reaches 58 percent.

In 2008, Little League will require breakaway bases to cut down on leg injuries from sliding into an anchored base. It will also set standards for balls and aluminum bats used in games so "they will all have the same performance factor," Downs says.

About 6 million children ages 5 to 14 play organized baseball. Injuries affect 2 to 8 percent of them, the American Academy of Pediatrics says. Broken bones, scrapes, and bruises lead to most emergency room visits.

If your youngster plays baseball, make sure to cover these bases:

Kids should warm up and cool down before each practice and game.

Catchers should wear a throat guard on their masks. Little League has required this gear since 2006.

Adding a face shield or cage to batting helmets can prevent, reduce or lessen the severity of facial injuries.

Pitchers under age 14 should throw only fastballs and changeups. Little League recommends they avoid throwing breaking pitches (curve balls, sliders), which strain elbows.

"We want to make baseball as safe and enjoyable as possible without jeopardizing the integrity of the game," Downs says.

R.I.C.E.: stands for Rest, Ice, Compression, and Elevation. Doing these things helps limit pain and swelling after an injury. R.I.C.E. also helps injuries heal faster. Use R.I.C.E. for sprains, strains, and severe bruises or bumps. Follow the tips on this handout and begin R.I.C.E. as soon as possible after an injury.

Image of foot Rest

Pain is your body's way of telling you to rest an injured area. Whether you have hurt an elbow, hand, foot, or knee, limiting its use will prevent further injury and help you heal.

Image Compression

Compression: (Putting pressure) on an injury helps prevent swelling and provides support.

Wrap the injured area firmly with an elastic bandage. If your hand or foot tingles, becomes discolored, or feels cold to the touch, the bandage may be too tight. Rewrap it more loosely.

If your bandage becomes too loose, rewrap it.

Do not wear an elastic bandage overnight.

Applying ice right after an injury helps prevent swelling and reduce pain. Don't place ice directly on your skin.

Wrap a cold pack or bag of ice in a thin cloth. Place it over the injured area.

Ice for 10 minutes every 3 hours. Don't ice for more than 20 minutes at a time.

Elevation: Keeping an injury raised helps reduce swelling, pain, and throbbing. It also speeds healing.

Elevate the injured area whenever possible.

Sprains and Strains

Sprains: are stretched or torn ligaments. Ligaments connect bone to bone and bone to cartilage, and help hold joints together. Any joint can be sprained, but sprains occur most commonly at the ankle, knee, finger, or wrist. Symptoms include swelling, pain, and bruising.

What to Do

Treat with the RICE method for at least 72 hours, or until swelling begins to decrease. Self-care is usually sufficient to treat a mild sprain. However, more severe sprains may require that a health care provider apply a cast or a splint to the joint.

Strains: is also known as a pulled muscle or muscle tear, and is caused by forcing a muscle past its normal range of motion. Strains most often occur in the middle of the muscle. Symptoms include pain, swelling, muscle spasm, and limited movement.

What to Do

In most cases, you can successfully treat a strained muscle by icing and massaging it and gently stretching it 3 to 5 times a day. However, if a muscle is severely torn, it may need to be repaired surgically.

Treating Minor Childhood Injuries: Sports and other physical activities can help kids stay healthy and physically fit, but they can also occasionally result in injuries. Scrapes and sprains are a fact of life for most children, so it's good to know what to do when they come home with a minor injury.

Scrapes and cuts

When a child gets a scrape or cut, the flow of blood can make even a minor cut look like an emergency. The most important step in treating and evaluating the seriousness of a wound is stopping the blood flow, says the American Academy of Pediatrics (AAP). Minor injuries should stop bleeding after a few minutes. To treat the injury, press a clean, soft cloth against the wound for several minutes and raise the injured part to stop the bleeding. Then clean the area with warm water. Use a mild soap around the perimeter of the wound to clean dirt and debris off the surrounding skin, which may help prevent infection.

You may want to use a cream or ointment containing an antibacterial medication. Place a small amount on the wound and apply a clean bandage after the bleeding has stopped. Change the dressing periodically.

Strains and sprains

Muscle strains and sprains may be difficult to assess because the damage is on the inside, the AAP says. Generally, a strain is when the muscle has stretched too far and partially tears. It can appear bruised, and pain, soreness, and swelling can develop several hours after the incident. A sprain is a more serious injury that may involve the tearing of ligaments. With a sprain, the injured area usually swells immediately, and swelling may be accompanied by acute pain. Sprains can take weeks to heal and can feel similar to a broken bone.

If your child has a sprain or strain, immediately eliminate weight or pressure from the injured part. For general treatment, follow the RICE rule: Rest the injured part, apply ice or cold compresses several times a day to reduce swelling, wear a bandage or splint to compress the area to prevent swelling, and elevate the injured part so that it's above the heart. This may help relieve soreness.

Relieving the pain

When treating injuries from sports and other activities, pain relievers can be helpful in soothing the child and reducing inflammation. Acetaminophen and ibuprofen are pain relievers that are available over the counter and are generally safe with few side effects when given in the correct dosage, the AAP says. Both types of pain relievers come in liquid drops or chewable tablets that children can take easily.

Ibuprofen, however, should not be given to children ages 6 months and younger. Be sure to read the directions on the package, and do not exceed the dosage or give doses too close together. Be cautious when giving these medications in conjunction with others. Don't give your child aspirin unless under direction from your child's health care provider. Aspirin may cause a serious condition called Reye's syndrome. For scrapes and cuts, you may want to use a topical antibiotic ointment that contains a mild pain-relieving ingredient.

Prevention

Small injuries, cuts, and bruises are bound to happen to all kids. Although these injuries may be a part of growing up, you can take precautions to help prevent more serious mishaps. To avoid sprains and strains, have your child warm up and stretch before physical activity. This helps prepare the muscles to be more flexible and resilient to injury. To avoid serious cuts and scrapes, have your child wear the appropriate sports gear for the activity, such as a helmet when riding a bike or a helmet, elbow pads and knee pads when skating.

It's also a good idea to keep a first aid kit on hand—just in case an accident occurs.

More serious injuries

Call your child's health care provider or seek immediate medical attention if any of the following occur:

A wound does not stop bleeding after several minutes of pressure.

A cut has ragged edges or is especially long or deep, or the edges of the skin are far apart.

A sprain or strain has not healed after five to seven days.

Redness, bruising, pus, drainage, or swelling has increased.

The injured area feels numb.

A popping sound occurs during the injury. This can indicate completely torn ligaments.

An injured body part is oddly bent or misshapen.

The child has any significant injury involving the head or lip.

The child complains of increasing pain or breathing difficulty.

Most common injury are falls