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PEDIATRIC PIPELINE

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PPA Announces Another First

PPA is pleased to announce the addition of **Dr. Molly White, PhD.** to our staff. Dr. White is a psychologist, who specializes in children, adolescents, and their families. She performs evaluations and counseling in such areas as depression, anxiety, behavioral disorders, adjustment reactions, learning disabilities, gifted evaluations, developmental delays, and autism and Aspergers.

Dr. White has a Masters and a Doctorate in clinical psychology from Oklahoma State Univer-

sity, and completed a post-doctoral fellowship and internship at the University of Tennessee. She has been in private practice in Parker prior to joining our group.

Dr. White will also be holding **evening classes**. A social skills class will start in April. Future classes will include parenting for divorced families and one for teen problems.

The addition of Dr. White is another example of our mission to provide unique and important services not offered by most

pediatric offices. She joins our other specialists: Tracy Stam, our dietician and lactation specialist, and Dr. George Gallegos, our ADD/ADHD specialist.

Appointments with Dr. White, or questions, can be handled by calling our office at 303-841-2905.



Dr. Molly White

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PARKER PEDIATRICS DOUGLAS COUNTY'S FIRST PEDIATRIC PRACTICE STARTING ITS 28TH YEAR IN PARKER

Schedule Soon For Summer Exams

Now is the time to schedule your child for a **health supervision exam (physical)** for this summer. Our appointments fill up quickly, and forms for sports will be due by August. Our appointment book is open though August, and we recommend

that you do not wait long. We will do all that we can to accommodate everyone who needs an exam this summer, including having two "Super Saturdays". We also maintain a **move-up list** for those who have flexibility to come in on short notice if cancellations

occur.

Please note that we do ask for **24 notice** if cancelling an appointment. Also, unaccompanied teens who may need a vaccination should have a note from a parent giving permission.

What's New In Pediatric Research

Every year, many studies are undertaken in Pediatric research. The results of these lay the basis for improving the care of your child(ren). Unfortunately, the general public often hear only about shocking or unusual results that the media wish to report, or news on the Internet that is often tainted by special interest groups. We thought we would mention just a few studies that might interest you.

The initial **assertion that autism was caused by immunizations was proven, yet again, to be false**, not only by the scientific community, but also by the legal community. The one (and only) study that suggested a relationship was shown to be flawed, and since retracted by most of its authors. This finally puts to rest this theory, and allows parents to move on. Also, studies showed that the preservative thimerisol, which has not been in vaccines for years, never did cause any problems either.

Several studies have shown **bad effects from too much TV or video games**. Exposure to video violence during the pre-school years leads to antisocial behavior and increased risk of attention problems. Watching TV or playing video games near bedtime leads to sleep problems. Finally, having a TV in a teen's room is associated with all kinds of trouble—obesity, family discord, and poor school performance.

There has been some interesting news in the **allergy field**. Studies have shown that delaying the start of certain foods (eggs, peanuts, etc.) does not decrease one's risk of having allergies. Also, measures to control dust mite levels by removing carpets, etc. does not work and is no longer recommended.

We've noticed that many doctors, especially in the emergency room, as well as many parents, want to have **CT scans** done, especially for injuries. Think twice, though, since it is estimated that 1.5-2% of cancers may be attributable to radiation from these scans.

States that have mandated the use of **bicycle helmets** have shown a dramatic decrease in deaths from bicycle accidents.

There has been much talk in recent years about the **advantages of allowing high school students to start school later in the morning**. One recent study showed that starting classes just one hour later resulted in students getting significantly more sleep during the week, and also resulted in significantly fewer motor vehicle accidents among teen drivers.

Studies are showing that **sexual behavior** of virginity pledgers does not differ from that of nonpledgers. However, pledgers are less likely to protect themselves from pregnancy and disease.

Finally, there have been multiple studies showing that **over-the-counter cough and cold medications** offer no help in young children.

What About Vitamin and Mineral Supplements?

A large study recently showed that children who were given vitamin and mineral supplements were those who did not need them, while children who might benefit from them were less likely to receive them. Who, then, needs supplements? Children who are healthy, eat a variety of food, are active, and see a doctor regularly, do not need them. Children who have restricted diets or certain illnesses do. Taking vitamins and supplements "just because" could cause problems in healthy children. Large, unnecessary, doses can cause nausea, vomiting, abdominal pain, liver problems, and nerve problems. Overall, children will get enough vitamins and minerals simply by eating a healthy diet: fruits, vegetables, whole grains, milk products, (preferably no or low fat), lean meat, poultry, or fish, beans, eggs, and nuts. Be sure their diets are low in saturated fats, trans fats, cholesterol, salt and added sugar.

Q & A

Pediatric Pipeline: You've been a provider here for 6 years, but have really been here longer. Explain.

Erin Jacob: I spent time here as an intern during PA school. I knew then that this was a practice I wanted to be part of.

PP: Tell us about your family.

EJ: My husband Jason is an administrator at Legend High School. We have twin boys who are now almost 5.

PP: Tell us about being a parent of twins.

EJ: Someone once told me that raising twins is not twice as hard; its four-

times as hard. It is also an amazing experience. I love being a mom of twins and enjoy passing my knowledge and experience on to others.

PP: Tell us something we don't know about you.

EJ: I am a Colorado native and have never been skiing.

PP: Where do you like to vacation?

EJ: Anywhere with a beach and lots of sun.

PP: Hobbies?

EJ: I enjoy photography, reading, exercising, traveling, and spending time with family and friends.



Erin Jacob, P.A.-C.

This and That

This summer starts our **28th year as Parker Pediatrics and Adolescents**. We really enjoy seeing some of our former patients now bringing their children to us.

Dr. Rabinowitz is serving as **President of the Medical Staff at Parker Adventist Hospital**. (He still keeps his regular hours at our office too).

Congratulations to all of our seniors. We're pleased to present

scholarships to 2 seniors who will be entering the healthcare field.

We see health supervision exams (physicals) as early as **7:15 AM** on weekdays, and as late as **7 PM**. We also see some on **Saturday mornings**.

Check our **email blasts** to get

Remember to fill out any forms that you may want us to sign as completely as you can before handing them to us.

up to date information on what illnesses are circulating the area, as well as other important announcements about our practice or medical issues. (If you are not getting these, just call us and get signed up).

Remember to apply **sunscreen** frequently. SPF 30 is best, and can be applied at any age. **Insect repellent** is also a good idea if hiking or camping.

We will be closed on **Memorial Day, July 4th, and Labor Day**.

"Quotable Quotes"

The following conversations occurred in our office.

Dr.: "What are you looking forward to on your trip to California?"

3 year old: "Drinking out of juice boxes."

Dr.: "What color is that?"

3 year old: "The same as my brother's puzzle."

During a hearing test, a 5 year old was asked if she heard the high pitched beeps. She replies: "It sounds like 'low gas'." (Time to fill up the tank).



When a 3 year old's mom told him that if mommy was a girl then daddy was a boy, the 3 year old responded: "Daddy isn't a boy—he's a dude."

And yet one more 3 year old stated, after handling the doctor's reflex hammer: "This is a hammer that does not ham."

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In this Issue...New Psychologist, New Pediatric Studies, Quotes, Q & A, and more

The Doctor's View

OUR SPECIALISTS WRITE

Note: We thought we would give two of our specialists an opportunity to write a brief article about a topic that might interest our readers.

What is Body Mass Index-BMI?

By Tracy Stam, R.D.

Most people have heard of Body Mass Index, or BMI, but do not really understand it. It is a measurement of "body fatness" that correlates with direct measures of body fatness within a population.

Obesity is defined by a statistical number called the BMI. It represents an individual's weight compared to height. This number is graphed beginning at age 3 on a child's growth curve. As it relates to obesity, we get concerned if there is an abnormal or accelerated increase in BMI, if the BMI is at the 85-95th %tile for age indicating "at risk" for obesity, or if the BMI is over the 95th%tile indicating obesity.

The Centers for Disease Control states that 31.6% (1 out of 3) children, ages 2-18, are at or above the 85th%tile. There is a strong correlation with an increased BMI and sev-

eral medical conditions including type 2 diabetes, cardiovascular disease, high blood pressure, hyperlipidemia, sleep apnea, and depression.

If your child's BMI is higher than it should be, talk to your provider. A dietary consult can be scheduled to address your child's weight issue. This strategy will focus on the family, defining ways to make everyone healthier and more active.



Owner's Manual Not Included

By Molly White, PhD.

As you've heard before, children do not come with an owner's manual; however, there are a number of parenting self-help books and behavioral interventions designed to serve this purpose. Children's disruptive behaviors can vary greatly in severity, duration, and intensity, but all disruptive behaviors can be trouble-

some to parents, families, and teachers. Eventually, a child's disruptive behavior and his/her parent's reaction to the behavior can have a negative effect on the parent-child relationship. Often in these situations, most of the attention directed to the child becomes negative (e.g., scolding and yelling) versus positive attention (e.g. spending quality time together, praising appropriate behavior). It is crucial in this situation to focus on the child's strengths and appropriate behavior. Additionally, parents should continue to spend small amounts of uninterrupted quality time with their children each day. This will not only improve the parent-child relationship, but also has the potential to improve children's self-esteem and decrease children's anger.

Finally, discipline strategies implemented should include **consistency** (parents respond the same way to children's behavior regardless of how they feel, of the situation, or which parent is carrying out the discipline), **predictability** (responding in the same neutral, calm, matter-of-fact manner to the same defiant behavior), and **follow-through** (establish only a few rules, but enforce them like a brick wall).