



Jay S. Rabinowitz, M.D.
Brian B. Stanga, M.D.
E. Jann Quaife, M.D.
Amy Gensler, M.D.
Lauren Finney, M.D.
Kristin Prevedel, M.D.
Esther Oh Beck, M.D.
Richard Hayes, P.A.-C.
Nathan Schulte, P.A.-C.
Lauren Sterner, C.P.N.P.
Lindsey Einhorn, Ph.D.
Crystal Joy, Psy.D.
Christina Knight, L.P.C
Alana Fryer, Psy.D.
Tracy Stam, R.D., C.L.E.
Susie Gross, Office Admin

303-841-2905
303-841-3052 (Fax)

www.parkerpediatrics.com

10371 Parkglenn Way
Suite 100
Parker, CO 80138



PEDIATRIC PIPELINE IS AN ORIGINAL PUBLICATION OF PARKER PEDIATRICS AND ADOLESCENTS, P.C. AND INTENDED FOR THE EDUCATION AND ENLIGHTENMENT OF OUR PATIENTS, THEIR PARENTS, AND OTHER INTERESTED PARTIES. NO REPRINTING WITHOUT PERMISSION.

PEDIATRIC PIPELINE

VOLUME 36, NUMBER 1

SPRING 2020

Is Direct-To-Consumer Genetic Testing In Your Child's Best Interest?

Everyone has seen the commercials for direct-to-consumer genetic testing, or have already tried these. One can trace one's family roots or learn more about one's health risks.

But should parents perform these on their children? **The answer is NO!** Experts do not recommend it.

Why? Two reasons:

First, the results could be

inaccurate, causing parents to make poor choices or needless changes. The FDA does not review tests that provide general information. Two tests can give totally opposite information. Every company uses different technology and data bases.

Secondly, your child's privacy is at stake. This information may not be protected if they enter the military or seek life or long term health insurance. Since the

submitted DNA becomes the property of that company, it can be shared with law enforcement or sold to others.

The best advice is to wait until your child is old enough to make their own informed decision. If parents have questions about their child's genetics, they can discuss this with us, or we can refer you to a pediatric geneticist.

Behavior/Mental Health Integration

Parker Pediatrics takes pride in its long history of physical and mental health integration. As many of you are aware, we have been doing this for over a decade. We have been the subject of numerous national magazine articles, and some of our providers have spoken nationally about our program. We often get calls from others across the country for advice on how to start such a program.

Our patients/parents seem to appreciate this too. Approximately 90% thought it was important for their child to receive these services in conjunction with their medical care home. 96% were satisfied with their care, and 93% said it was beneficial for their child. Most remarkable, was that 95% returned for a second visit when it was recommended, compared to a national average return rate of about 50%.

However, despite us having four counselors, we do sometimes have a waiting list. Surprisingly, the **spring is our busiest time of year** for behavior/mental health appointment requests.

Helping You With Healthcare Costs

With the high costs of health insurance premiums, and the ever rising amount of deductibles, it is important for consumers to make the correct choices for their care. It is also important to receive the proper and best care.

When one uses an **emergency department**, one may get good care, but at a steep price. The average facility cost for an ED visit in Colorado for a minor issue (cold, earache) is \$346. More serious matters run \$1000-3000. This does not include any labs, imaging, or physician charges!

When one uses an **"urgent care" facility**, the charge will be less, but the professional expertise can be widely variable, questionable, and not pediatric specific.

Our office offers the lowest costs with the most expertise. We do **guarantee same day acute appointments if made by 2:30 PM**. In addition, most illnesses that occur after hours can safely wait until the next day. Of course, for a true emergency you should seek an ED visit with pediatric physicians.

How Many Hours Should Children Sleep?

We are often asked by parents if their child(ren) are getting enough sleep. Although everyone has their own requirements, here are the generally accepted norms.

- Ages 4-12 months: 12-16 hours (includes naps)
- Ages 1-2 years: 11-14 hours (includes naps)
- Ages 3-5 years: 10-13 hours (includes naps)
- Ages 6-12 years: 9-12 hours
- Ages 13-18: 8-10 hours

All studies show that teens do better with later school starting times, not only with their general well being, but also with their ACT and SAT scores. Many schools have switched to this. We hope that all school districts will do so eventually.

Getting rid of electronics in the bedroom, especially cell phones, also leads to better sleep and better productivity at school and activities.

This and That

Our **summer appointment schedule** is now open. Call now and avoid the rush before school starts.

Scholarship applicants: Each year Parker Pediatrics gives two \$500 scholarships to graduating seniors who have been patients of ours, and who are seeking a career in a health related industry. To apply, go to our website and download **2020 Scholarship Application**. The deadline is April 24. Winners will be announced around May 1.

Concerned about your child's weight? **Tracy Stam** is our **Registered Dietician** and sees patients for dietary counseling by appointment.



Our secure **Autopay Program** (credit card on file) allows you to conveniently pay your balances. Please consider signing up for this when in our office.

With the warmer weather approaching, a few suggestions to **prevent overuse and chronic injuries** in child and teen athletes: incorporate one or two days off per week, take two to three months off per year in any one particular sport, and delay sports specialization until late puberty.

As the days get longer and children are outdoors more often, remember to start using the **sunscreen**. This is particularly important if spring skiing!

“Quotable Quotes”

The following conversations occurred in our office.

Doctor: “ I’ll have the nurse come in to explain how to use the nebulizer we’re prescribing for your son.”

Five-year-old: “We’ll just figure it out when we get home.”



Doctor: “My, it looks like you’ve grown a foot since I’ve seen you.”

Five-year-old (looking down at her feet): “No, I still only have two.”

Doctor: “What’s your favorite food?”

Five-year-old: “Chocolate.”

Doctor: “What food group is that in.”

Five year old: “Candy,”



If you enjoy these quotes, you can purchase Dr. Rabinowitz’s book, [Cute Kidbits, Funny Conversations Kids Share With Their Pediatrician](#), on Amazon or at the office.

Meet The Providers

Parker Peds (PP): Where did you grow up?

Lindsey Einhorn (LE): I grew up in a town called Marlboro in central New Jersey.

PP: What do you do in your free time?

LE: I love going snowboarding, baking, and doing yoga.

PP: Did you play any sports when you were younger?

LE: I played soccer, starting at age four. I played for my state soccer team in my teens.

PP: Tell us something we wouldn’t know about you.

LE: I know how to juggle. And I get anxious with public speaking.

PP: When did you decide that you wanted to be a psychologist?

LE: In eighth grade. We had a bunch of professionals come talk to our grade about careers. I was fascinated by everything the psychologist said and came home and told my family I wanted to be a psychologist.

