

- RSV and Influenza season is almost here
- Influenza vaccine will be available starting October 27th in our office.
- For more info on these viruses visit our website and view the Winter 2005 Casa Alegre Buzz

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Casa Alegre Buzz

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FALL 2006

Welcome Libby!

You may have noticed a new but familiar voice answering the phones. Elizabeth "Libby" Roberts joined Casa Alegre full time in August as our Insurance clerk.

Libby has worked part time in the past as a receptionist and billing for Casa Alegre. Libby is a native of the Las Cruces area. She is a Mayfield high school gradu-



ate and has a B.A. in History and Philosophy from NMSU.

In addition to her job at Casa Alegre she is currently working on her master's degree in Curriculum Instruction. She and her husband Doug are raising their two beautiful daughters Isabel and Elora.

We are very happy to have her full time at Casa Alegre as part of our team!

Common Colds and Young Children

In the first 2 years of life alone, most youngsters have 8 to 10 colds. If your child is in daycare or if there are older school-age children in your house, you may find your child to have more frequent colds because colds spread easily among children who are in close contact with one another. Fortunately, most colds go away by themselves and do not lead to anything worse.

Colds are caused by viruses. A sneeze or a cough may directly transfer a virus from one person to another. The virus may also be spread indirectly, in the following manner:

1. A child or adult infected with the virus will, in coughing, sneezing, or touching their nose, transfer some of the virus particles onto their

hand.

2. This person then touches the hand of a healthy person or an object that transfers those particles to that object. *Several hours later*, a person may touch this with their hand.

3. The healthy person touches their newly contaminated hand to their own nose, thus introducing the viral particles to a place where the virus can multiply and grow in the nose or throat. This soon gives rise to the symptoms of a cold.

4. The cycle then repeats itself, with the virus being transferred from this newly infected person to the next susceptible one, and so on.

If your baby is under 3 months old, the best prevention against colds is to keep

your baby away from people who have them. This is especially true during the winter, when many of the viruses that cause colds are circulating in larger numbers. A virus that causes mild illness in an older child or an adult can cause a more serious one in an infant. Ordinarily, you won't need to take your baby to the doctor when he/she has an upper respiratory infection. If your baby is 3 months or younger, call the pediatrician at the first sign of illness. At this age, symptoms can be misleading and colds can quickly develop into more serious ailments, such as bronchiolitis, croup, or pneumonia.

You should call if any of the following occurs:

- Your child develops a persistent cough.

(continued page 4)

In-Toeing



Metatarsus Adductus

In-toeing (pigeon-toed) is very common in children, and is a frequent complaint of many parents. In-toeing means that the feet turn inward instead of pointing straight ahead when walking or running. This is commonly found in children at different ages and for different reasons. It almost always corrects without treatment as children grow older. The three most commonly seen conditions include metatarsus adductus (curved foot), tibial torsion (twisted shin-bone) and increased femoral torsion (twisted thigh bone).

All of these conditions may tend to run in families, or they can just occur on their own. Infrequently they may be associated with other orthopedic problems.

Prevention is not usually possible, as they occur from developmental or genetic reasons that can't be controlled.

Severe in-toeing may appear to cause young children to stumble or trip, particularly if they are wearing long or floppy shoes. In-toeing usually does not cause pain or interfere with the way your child learns to walk. In-toeing has not been linked to

wear-and-tear arthritis in adulthood. Sometimes children who are faster sprinters tend to in-toe a bit. It may be so noticeable that well meaning family members or even strangers may comment about it.

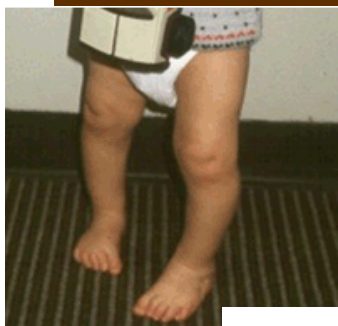
Parents or other family members often worry about a child's in-toeing. They may believe the child or infant with in-toeing will have permanent deformities as an adult. They may ask a doctor to "fix" the shape of their child's feet or legs. In the great majority of children under age 8, in-toeing will correct without casts, braces, surgery, or any special treatment.

A child whose in-toeing is associated with pain, swelling or limp should be evaluated by an orthopedist.

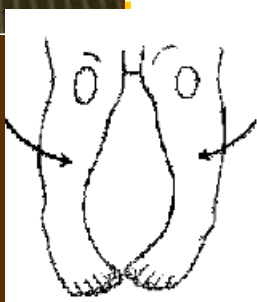
Metatarsus adductus (curved foot) is a common finding in which the child's feet bend inward from the middle part out to the toes. Some cases may be mild and flexible, but others may be more apparent or rigid. In severe cases, it may be said to resemble a part of a club-foot deformity. The majority of patients will have flexible metatarsus adductus, meaning the foot can be passively cor-

rected to a neutral (normal) position. Metatarsus adductus improves by itself most of the time. It is usually appropriate to watch for improvement over the first 4 to 6 months of life. Applying casts or special shoes may be used to treat a foot with severe deformity or one that is very rigid. This has a high rate of success in babies aged 6 to 9 months. Surgical correction is seldom required.

Tibial torsion (twisted shinbone) is a twisting of your child's lower leg (tibia). Before birth the legs are in a confined position and shaped to fit the womb. Internal tibial torsion means that after birth they didn't rotate outward. The feet turn inward because the leg bone above them points them that way. As the tibia grows taller, it is expected to grow out of the twisting. Tibial torsion improves almost always without treatment, and usually before school age. Splints, special shoes and exercise programs don't help. Surgery to re-set the bone may be done in child who is at least 8 to 10 years old and has a severe twist that causes significant walking problems.



Tibial Torsion

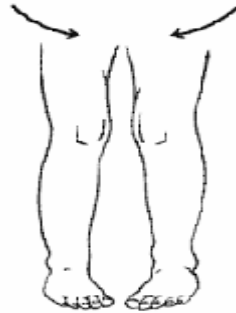


In-toeing continued

Femoral torsion (twisted thighbone) is the in-turning of your child's thigh (femur bone). It is most often apparent when he or she is about 5 or 6 years old. The upper end of the thighbone has an extra amount of twist that allows the hip joint to turn inward more than it turns outward. This causes the knees to point inward when walking and the feet to toe in. Chil-

dren with this condition often sit on the floor in the "W" position with their knees bent and their feet flared out behind them. Femoral torsion is expected to spontaneously correct in almost all children as they grow older. Studies have found that special shoes, braces and exercises don't help. Surgery is usually not considered unless there is a severe

deformity in a child older than 10 years who has a lot of tripping and an unsightly gait.



Femoral torsion



Flexible Flatfoot

Many children are born with flexible flatfoot; a condition in which the arch of the foot shrinks or disappears when they stand on it. Parents and other family members often worry needlessly that an abnormally low or absent arch in a child's foot will lead to permanent deformities or disabilities.

Most children eventually outgrow flexible flatfoot without any problems. The condition usually

- Is painless
- Does not interfere with walking or sports participation
- Corrects itself over time without surgery or other treatment.

A flexible flatfoot has normal muscle function and good joint mobility and is considered normal. The

shape of bones and lax ligaments in the foot prevent a strong arch between the toes and heel on weight-bearing. As your child grows and walks on it, the tissues tighten, shaping its arch gradually. Flexible flatfoot often continues until your child is at least age 5 or older. If flexible flatfoot continues into adolescence, your child may experience aching pain along the bottom of the foot. See your doctor if your child's flatfeet cause pain.

Treatment for flexible flatfoot is required only if your child is experiencing symptoms from the condition. If your child has activity-related pain or tiredness in the foot/ankle or leg, the doctor may recommend stretching exercise that lengthen the heel cord. If

discomfort continues, your doctor may recommend shoe inserts. Soft-, firm-, and hard-molded arch supports may relieve your child's foot pain and fatigue in many cases. They also extend the life of his or her shoes, which may otherwise wear unevenly. Sometimes a doctor may prescribe physical therapy or casting if your child has flexible flatfoot with tight heel cords. Occasionally, surgical treatment can help an adolescent with persistent pain. A small number of flexible flatfeet become rigid instead of correcting with growth. These cases may need further medical evaluation.



In this child with a flexible flatfoot, the longitudinal arch that is normally seen is absent.



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Sources:

1. "Intoeing" American Academy of Orthopaedic Surgeons. www.orthoinfo.org
2. "Flexible Flatfoot in Children" American Academy of Orthopaedic Surgeons. www.orthoinfo.org
3. "Pediatric Orthopaedic Ailments" Massachusetts General Hospital Orthopaedic Surgery. www.massgeneral.org/ortho
4. "Common Colds and Young Children" American Academy of Pediatrics. www.aap.org

Common Colds and Young Children continued

- Your child loses his appetite and refuses several feedings
- He runs a fever for greater than 3 days or several days into the illness. Anytime your baby (under three months of age) has a rectal temperature higher than 101 degrees Fahrenheit, you should contact your pediatrician.
- Your child seems excessively irritable.
- Your child is unusually sleepy or hard to awaken.

Unfortunately, there's no cure for the common cold. Antibiotics may be used to combat bacterial infections but they have no effect on viruses, so the best you can do is to make your child comfortable. Make sure he/she gets extra rest and drinks extra or increased amounts of fluids. If he/she has a fever, give him/her acetaminophen or ibuprofen, especially if they are uncomfortable. Remember, fever is not necessarily a bad thing; it is our body's way of killing the infection. Ibuprofen is approved for use in children 6 months of age and older; however, it should not be used in general in

children who are dehydrated or vomiting continuously. (Be sure to follow the recommended dosage for your child's age). Never give him/her any other kind of cold remedy without checking with your pediatrician. Over-the-counter treatments often dry the respiratory passages or make the nasal secretions even thicker. In addition, they tend to cause side effects such as drowsiness.

Cough medicines or cough/cold preparations should never be considered in a child less than 3 years of age unless prescribed by your pediatrician. Coughing is a protective mechanism that clears mucus from the lower part of the respiratory tract, and ordinarily there's no reason to suppress it.

If your infant is having trouble nursing because of nasal congestion, clear his/her nose with a rubber suction bulb before each feeding. Remember to squeeze the bulb part of the syringe first, gently stick the rubber tip into one nostril, and then slowly release the bulb. The suction will draw the clogged mucus out of the nose.

If the secretions in your

baby's nose are particularly thick, your pediatrician may recommend that you liquefy them with saline nose drops. Place two drops in each nostril 15 to 20 minutes before feeding, and then immediately suction with the bulb.

Never use nose drops that contain any medication because it can be absorbed in excessive amounts. Only use normal saline nose drops.

When your child has a cold or an upper respiratory infection, placing a cool-mist humidifier (vaporizer) in his/her room will help keep nasal secretions more liquid and make him/her more comfortable. Set it close to him/her to get the full benefit of additional moisture. Be sure to clean and dry the humidifier thoroughly each day to prevent bacterial or mold contamination. Hot water vaporizers are not recommended because they can cause serious scalds or burns.

