

**PEDIATRIC SPORTS
and FITNESS SPECIAL
INTEREST GROUP
NEWSLETTER**

**Pediatric Section of the
American Physical Therapy
Association**

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MESSAGE FROM OUR CHAIRPERSON

Cindy Miles, PT, MEd, PCS

Welcome to all members, new and old. As the year comes to an end, we wish all members and their families a peaceful holiday season and a wonderful, FIT New Year!

We receive consist requests for information and direction in reference to sports and fitness for children we serve. We also hear concerns about the increased rate of childhood obesity and decreased physical education. The Executive Committee of the Pediatric Section has responded by appointing a Task Force to establish guidelines on exercise for children. We hope to establish guidelines for typically and atypically developing children of various age groups related to:

- Cardiovascular Norms
- Strength Training
- Obesity And Weight Management Protocols
- Asthma Management Protocols
- Appropriate Sports And Physical Activity Participation
- Information On Nutritional Guidelines And Counseling
- Appropriate (Valid & Reliable) Tests for Fitness and Exercise; For Documentation and Research.

Members of the task force will meet for the first time at CSM and begin planning our approach. Be sure to look for ways to provide your input to the task force members in future newsletters.

Our SIG will once again be responsible for program planning at CSM 2007. Be sure to pass on your ideas to myself or your regional representatives.

Responding to member's request for more information on fitness the Pediatric and Neurology sections are co-sponsoring a 2 day pre-conference that looks fantastic. Make plans to attend sunny southern California this January! The conference will address fitness and prevention of secondary complications across the lifespan with individuals with neurological disorders.

Our SIG business meeting is scheduled for Friday February 3rd at 5:00 PM in the Marriott Torret 3. Plan to attend we will be viewing a DVD about the Paralympics.

Enjoy the Season!!!

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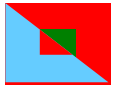
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CSM 2006 SAN DIEGO
APTA Combined Sections Meeting

“SAIL TO SUCCESS”

February 1-5

Preconference Courses: Co-sponsored by Pediatrics and Neurology
Sections, APTA

January 31 – February 1, 2006
San Diego, CA

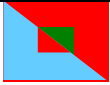
**“Promotion of Fitness and Prevention of Secondary
Complications in Individuals with Neurologic Disorders”**

Faculty: Richard F. Macko, MD
James Rimmer, PhD

*Cindy Miles, PT, MEd, PCS will be presenting during this course on:
“Exercise for Everyone: Encouraging Children of all Abilities to
Participate in Fitness and Sports”

**“Neurocurriculum Across the Lifespan: Educating
the Next Generation”**

Faculty: Judith Deutsch, PT, PhD
Sally Westcott, PT, PhD
Ann VanSant, PT, PhD



Patellofemoral Pain—One Consideration

Excerpt from:

McConnell J. Faulty alignment and posture perpetuating musculoskeletal problems: minimizing a patient's symptoms-unloading painful structures. In: Maffuli N, Chan K, MacDonald R, Malina R, Parker A, eds. *Sports Medicine for Specific Ages and Abilities*. London, England: Churchill Livingstone; 2001;21:210-219.

The adolescent athlete with patellofemoral symptoms may display faulty biomechanical alignment at the knee joint. Unloading inflamed soft tissues can often reduce a patient's symptoms and facilitate lasting treatment effect. The case study below illustrates the importance of differential diagnoses and explains the principle of unloading.

Case Study:

A 14 year old competitive swimmer presented with infrapatellar pain localized to underneath the patellar tendon. Pain was aggravated with vigorous kicking, flip turns and as her symptoms increased with stair climbing. At times, she had inferior knee edema. Her previous training regimen included 2 straight leg raises per day and temporary discontinuation of the breaststroke. Meanwhile her symptom increased and she was no longer able to swim without incurring knee pain that lasted throughout the day.

Examination revealed that pain was reproduced during stair climbing as the symptomatic leg extended while ascending a step. Her symptoms also were increased with extension overpressure to the tibio-femoral joint. Further assessment revealed fat pad irritation resulting from the inferior pole of the patella being pulled posteriorly during end range extension of the knee. The fat pad was unloaded with tape and the patient began a training program for the posterior fibers of the gluteus medius and for the vastus medialis oblique. The patient's symptoms improved rapidly and she was able to resume swimming. Her swimming technique was modified because it was the forceful extension of the knee during the flip turns and rapid kicking that were causing the fat pad impingement. These changes also included gluteal strengthening exercises to improve stroke acceleration in order to avoid forceful end range quadriceps contraction.

Repeated stress to inflamed soft tissue further exacerbates the condition, and unloading or shortening this inflamed area can reduce a patient's symptoms. A "V" taping method is used by placing the point of the V on the tibial tubercle and superiorly along the medial and lateral joint lines. The fat pad is shortened by pulling the tape towards the joint lines and lifting the skin towards the patella. Straight leg raises should be avoided as forceful end range extension further irritates the fat pad. Once the painful structures have been unloaded and the symptoms subside, the patient can resume training and therapy can be more effective.

