

Fall Sports and Return to Activity-After Injury

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During my pediatrics sub-internship, when questioned by an intimidating attending physician, I passed “inspection” because minutes before rounds began I had quickly read an article on Group B Streptococcal neonatal sepsis in the inaugural issue of PIR, an issue that just happened to be on the table in the room where rounds began.

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Pediatrics in Review has been a constant companion since my fourth year in medical school and has helped shape my career considerably.



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Go forward one year to internship: I’m on rounds, and an infectious disease physician singled me out for the dreaded tough clinical question. Showing a lateral neck X-ray that revealed marked tonsillar hypertrophy in an adolescent admitted with respiratory distress, she invited me to give the diagnosis. My answer, “infectious mononucleosis,” was prompted by my glance *minutes* before at a yellow highlighted sentence in a PIR article that another resident had left in the lounge, a glance made while inhaling a sandwich because I was late for infectious disease rounds. The attending, pleased with my answer, became a great mentor for me from then on.

In the years that followed, whether it was the board certification exam question or a patient with a diagnostic or management problem, the answer lay within some PIR article I had recently read and recalled. It was as if PIR *knew* the trials I would face.

Now as Editor-in-Chief of PIR, I have come to realize that it was not serendipity or karma; Dr. Robert Haggerty designed PIR to anticipate what pediatricians should know and practice, Dr. Lawrence Nazarian carried on this mission, and the journal's editorial boards over the years have worked hard to predict what will be important in pediatric care and how best to present practical, up-to-date information. For me, editing articles helps me prepare for what is to come. Imagine my appreciation of "PIR serendipity" when, months after I read in a manuscript to be published that a measles outbreak is the usual first sign of decreasing regional immunization rates, a measles outbreak in California emerged for that very reason.

Which brings us to the present: Autumn has arrived, and the October issue covers two topics that go along with the season like falling leaves and pumpkin spice lattes:

With fall sports in full swing, we should reacquaint ourselves with the criteria for returning to play after a sports injury. This is well covered in "[Return to Play Criteria](#)," by Greg Canty, MD (medical director of the [Center for Sports Medicine at Children's Mercy Hospital & Clinics](#), Kansas City, MO, and assistant professor, [University of Missouri-Kansas City School of Medicine](#)) and Laura Nilan, DO (PEM fellow at



[Children's Mercy in Kansas City](#)). For guidance and examples of functional performance tests, such as the one at right (Can you name it?), see the [RTP review](#).

With the excitement of Halloween festivities—including candy bars filled with peanuts, etc.—a review of how to manage choking, aspiration and ingestion of foreign bodies is timely. For the latest guidance, see "[Ingested and Aspirated Foreign Bodies](#)," by S. Sara Green, MD, a pediatric generalist at [Oregon Health & Science University](#) in Portland, OR.

[Dr. Green's review](#) reminded me of the most unusual example of an ingested foreign body ever to appear in PIR (above right), in Case 2 in the [April 2012 Index of Suspicion](#). Well worth the read, if you haven't seen it yet, and it may give you some useful knowledge *minutes* before you need it!

Further Reading

- [In Brief: Sprains](#)

When faced with trauma to an extremity, the clinician must inquire about the mechanism of injury to help focus the examination, which should include inspection for swelling and ecchymosis, palpation along bones and....