OHIO AAP VIRTUAL SPRING EDUCATION MEETING: APRIL 23 • 12:00 – 3:15 pm
Addressing the Subsequent Impacts of the COVID-19 Pandemic

- Mental health
- Anxiety & depression
- Teen suicide
- Combatting vaccine hesitancy
- Boosting vaccine rates
- Vaccine advocacy
- Resiliency
- Re-integration
- Getting students and families back on track

This virtual event is FREE to all participants!

For additional info: ohioaap.org/education-meetings

PATH OUT OF THIS PANDEMIC
SPRING EDUCATION MEETING
OHIO AAP TRAININGS ARE NOT JUST FOR PEDIATRICIANS

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Ohio Pediatrics: A publication of the Ohio Chapter, American Academy of Pediatrics

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President’s Message

Jill Fitch, MD, FAAP
President, Ohio Chapter, American Academy of Pediatrics

The great news is things are starting to return to pre-COVID times – the Governor has lifted the ban on curfews, schools are headed back to in-person, full-time learning, vaccines are being delivered, and younger children are a part of clinical trials to get them vaccinated as well. All of this is exciting progress, and we at the Ohio AAP office are involved in many facets of this in order to ensure our patients, family, friends and staff remain safe and healthy.

It is up to us to advocate for the vaccine in the age groups allowed in order to protect others. I have witnessed the effects of COVID on our children. In one week alone, I had three patients with MISC. While all of these children had only a mild case of COVID in the previous month, the inflammatory syndrome landed them in the ICU.

Vaccination will be our priority, not only for COVID, but also for routine vaccinations. Our Parents Advocating for Vaccines (PA4V) and Teens Advocating for Vaccines (TA4V) programs are merging and expanding, and we will be welcoming more than just parents and families to get involved. This development will allow for grandparents, residents, members, and anyone who is passionate in this area to get involved and make an impact on improving vaccination rates in Ohio through outreach and advocacy.

As you know, the switch to telehealth visits when the pandemic began led to a sharp decline in well-visits and vaccine administration, so we launched the #SafePedsHealthyKids campaign to assure our families it is safe to come to the office and still necessary. We provided assistance, such as our coding webinars, to help you adjust in this rapidly changing world. We are continuing this work by recording podcasts for our members on these important topics. Working with outside funders on “back to the office” campaigns, we hope to increase immunization rates and well visits to ensure children still have access to essential care such as lead testing, developmental screening, maternal depression screening and more.

We have also seen firsthand the health disparities that have been in the spotlight since the start of the pandemic. I had the pleasure of hearing Jordee Wells, MD, MPH speak at our hospital on her personal experiences. She is the Diversity and Inclusion Representative for the Ohio AAP and serves as the Ohio AAP representative on the Governor’s Task Force on Eliminating Disparities. Jordee is an Assistant Professor of Pediatrics at Nationwide Children’s Hospital in the Division of Emergency Medicine. She is also a principal investigator in the Center for Child Health Equity and Outcomes Research at The Abigail Wexner Research Institute at Nationwide Children’s Hospital.

The Ohio AAP Spring Meeting on April 23rd will be 100% virtual and will address the indirect effects of COVID on our patients and their families - I hope you can join us (Register today at: http://ohioaap.org/education-meetings). This meeting is a critically important meeting with the incidence of mental health concerns on the rise. Depression, anxiety, suicide and dealing with the isolation of COVID is difficult for us and our children. Please consider making a pledge to participate in our Store It Safe (SIS) program along with your enrollment, which will help increase recognition and identification of those who are at risk. Because this meeting is all virtual, we are also able to engage non-members, such as parents and educators, so that we can join together to tackle this difficult issue.

Our leadership team has already begun planning our 2021 Annual Meet-
2021 is shaping up to be a very busy year for advocacy and our efforts are already in full swing. The marquee piece of legislation pending in the General Assembly is House Bill 110, the State Operating Budget for Fiscal Years 2022 and 2023, sponsored by State Representative Scott Oelslager (R-North Canton). HB 110 represents Governor DeWine’s budget proposal, unveiled at the beginning of February. Most notably, HB 110 builds upon the significant amount of new child health and wellness investments included in Governor DeWine’s previous budget proposal two years ago. HB 110 would continue the Student Wellness and Success program under the Ohio Department of Education and allocates $1.1 billion over the fiscal biennium for this important initiative. The budget also increases funding to local health departments to support recommendations of the current State Health Improvement Plan, provides new grants to support maternal and infant health outcomes, invests resources in public health data collection and analysis, and boosts funding to Help Me Grow and lead abatement programs.

HB 110 also includes stable funding for Ohio’s Medicaid Program that will continue child health investments made two years ago in the prior budget and allow the Ohio Department of Medicaid to successfully complete its managed care reprocurement activities. Finally, HB 110 includes a new proposal for the Ohio Department of Health to license hospitals, an initiative developed by the Governor’s office in collaboration with the Ohio Hospital Association. In general, we are very pleased with the funding levels and policies contained in the budget. Ohio AAP is pursuing two amendments to HB 110: the first would allow adolescents to seek tobacco cessation assistance through Ohio’s Quit Line and the second would increase eligibility for the BCMH program to age 26. The budget must be signed by June 30th, so it will be our main focus over the next few months.

Ohio AAP has already offered support for a handful of bills that we believe would promote access to healthcare and protect children. House Bill 9, sponsored by State Representative Kyle Koehler (R-Springfield) would prohibit the sale of over-the-counter drugs that contain Dextromethorphan to individuals under 18. This is an issue that Ohio AAP has been working on for the past few years and we are confident that HB 9 will finally get to the Governor’s desk this year. We are also supporting legislation that would enter Ohio into the Interstate Medical Licensure Compact. More than 30 states are already members of the compact, which allows physicians in any member state to obtain expedited licensure in other compact states.

Ohio AAP is also working with other allies to support legislation to improve coverage of telehealth services. House Bill 122, sponsored by State Representatives Mark Frazier (R-Newark) and Adam Holmes (R-Nashport) would codify recently expanded telehealth coverage within Ohio Medicaid and require licensure boards to adopt standards for telehealth practice. Finally, Ohio AAP is a member of the Ohio Coalition for Affordable Prescriptions (OCAP) and is supporting a number of prescription drug and pharmacy benefit manager related bills. Most notably, we are hoping to secure passage of House Bill 135, which is sponsored by State Representatives Susan Manchester (R-Waynesfield) and Thomas West (D-Canton). HB 135 would require health plans to apply copay assistance cards and other patient support to a patient’s deductible.

Other bills we are currently monitoring include House Bill 60, which would add autism spectrum disorder to the list of eligible conditions for Ohio’s medical marijuana program, House Bill 105, which would require schools to offer age-appropriate instruction in sexual violence prevention, and House Bill 61, which would mandate ‘single sex’ sports teams in K-12 and higher education athletic programs. Similar legislation to HB 61 has been opposed by AAP in other states. Should these bills receive hearings, Ohio AAP will be ready to weigh in as appropriate.

Finally, the Ohio General Assembly continues to consider legislation that would increase legislative oversight of the DeWine Administration’s response to the COVID-19 pandemic. Notably, a pair of similar bills are moving quickly through their respective chambers – Senate Bill 22, sponsored by State Senators Terry Johnson (R-McDermott) and Bob McCollie (R-Napoleon), and House Bill 90, sponsored by State Representatives Scott Wiggam (R-Wooster) and Jay Edwards (R-Wooster). Ohio AAP has joined other healthcare organizations and advocates in expressing comments on these bills, though changes made during the legislative process have addressed many of our concerns.
Foundation’s Continuous Support Helps Store It Safe Program Grow

Over the past few years, supporting the Store It Safe Program has been one of the Ohio AAP Foundation’s main goals. From the program’s initial stages focusing on unintentional firearm injuries in children all the way to the recent launch of Store It Safe Teen Suicide Prevention this past November, the Foundation and its board members understood the importance of this message. Supporting the Store It Safe program through donations, attending fundraising events, and helping raise awareness to promote the Store It Safe message was, and remains, one of the Foundation’s largest and most important priorities.

What we could not have foreseen at the beginning of the program was the timeliness and necessity of the Store It Safe message. A recent study found that rates of suicidal ideation and suicide attempts in 11 to 21 year olds were higher during some months in 2020 compared to 2019. Since the start of the COVID-19 pandemic, pediatricians are also reporting more than a 50% increase in teen depression. It’s clear the COVID-19 pandemic has had drastic impacts on teen mental health issues and suicide risks. Stay-at-home orders and changes in school schedules have created the perfect storm, causing increased stress, anxiety and feelings of isolation for many. However, even before the huge impacts of COVID-19, teen suicide was an increasingly growing program. Suicide is the leading cause of death among Ohioans ages 15 to 34. The adolescent suicide rate has increased by 56% over the past 10 years. These alarming statistics combined with the huge increase in gun access in homes last year – an estimated 3.6 million guns were sold in the first few months of the pandemic, which is a nearly 70% increase from that same time period the year before – are major causes for concerns.

The Store It Safe Teen program aims to identify teens with mental health concerns, provide appropriate interventions, and create barriers to the most lethal means for suicide. The Store It Safe program has been working hard over the past year to update information and create new resources for our members and healthcare partners to address these alarming statistics. And thanks to the Store It Safe Foundation Fundraiser, additional funds raised helped purchase 1,500 gun lock boxes for distribution across the state! With all of the amazing resources created, we want to make sure our members are taking full advantage of the benefits of the Store It Safe program! Take a look at just a few of the resources created below and visit the links to access additional information!

We hope you will join the Ohio AAP Foundation in our continued support of the Store It Safe program, and that you are able to utilize its information and resources in your work. Together we can make positive changes in teen health through education, preventing access to lethal means, and by addressing mental health issues.

Sources:

Support Store It Safe and our other programs through the Ohio AAP Foundation, a 501(c)3 organization at: http://ohioaap.org/donate-now/
From Hesitancy to Hope: A Necessary Path Out of This Pandemic
Lou Edje, MD, MHPE, FAAFP
Associate Dean for Graduate Medical Education, University of Cincinnati Medical Center and College of Medicine

As a Black physician who had experienced the sudden death of my step mother to COVID, I joined the Phase 3 Moderna trial considering my participation a reasonable platform from which to start credible conversations on vaccines with patients who look like me. As a member of a family with a 97-year-old grandmother who heard these stories in real-time, my participation also served as reassurance to her of the safety and efficacy of mRNA technology. As the wife of one black man, and the sister of another, being a trial participant has provided opportunities to also point out that Moderna investigators at our site paused the study part way through to ensure the enrollment of Black and Latinx participants matched the percentage of us in the general population.

In the short term, it will take acknowledgment of historic truths around clinical studies; education about institutional review board processes; explanations that despite the name Operation Warp Speed©, the Moderna vaccine was not rushed because the National Institutes of Health has been studying coronaviruses for close to 20 years, shedding light on why it only took 66 days to map the genomic sequence for the SARS-CoV-2 614D spike protein; that the primary ingredients of the Moderna vaccine are simply mRNA, fat (lipid nanoparticles) and sugar, with no preservatives.

It will take explaining that while non-replicating viral vector technology contains adenovirus 26, it does not contain any COVID virus. It will take multiple conversations within the transparency of trusted relationships.

When asked by faith leaders, community workers, and medical personnel, on behalf of the US Public Health Service, 623 men signed up to receive free medical care and meals as part of a study. What they did not know was local physicians had been sent their names and told not to treat them for syphilis if they sought care in their offices. Fortytwo years later, it was revealed that despite the discovery of penicillin’s effectiveness against syphilis, it had been withheld from them. This occurred in Tuskegee, Alabama where there is, to this day, no hospital and only limited access to COVID testing.

The mistrust of Tuskegee’s Black community in government-sponsored and other research is a microcosm of vaccine hesitancy plaguing Black communities across the nation today. While Henrietta Lacks received state of the art radiation for cervical cancer, her cells were, without consent, used in multiple studies. Additional lenses of mistrust are fogged by situations in which bioethical boundaries around medical records privacy and communication with potential research donors have been non-existent or held in low regard.

We need to meet people where they are figuratively and literally to address hesitancy and access, respectively. We know currently only 14% of Black Americans and 34% of Latinx communities trust in the safety of COVID vaccines and that Black communities are twice as likely to trust Black community leaders over White counterparts. We also know that two thirds of black and 43% of Latinx communities believe the government rarely or never can be trusted to look after their interests. And, 72% of Black and 66% of Latinx Americans, rate their physician positively at giving clear information for decision-making.

Now, the very same groups: faith leaders, community workers, and medical personnel are tasked with delivering the message of COVID vaccine efficacy and safety to Black and Latinx communities.
And, once a carefully thought-out decision has been made by hesitant citizens to finally get vaccinated, we need to prioritize access for communities disproportionately affected by serious COVID and death. Progress has been made with willingness in Black communities to get vaccinated increasing from 50% in September to 62% in December. However, greater than 60% of the distributed vaccine has been given to White communities and less than 6% to Black communities. Marginalized people of color are less likely to have: internet access; a job which allows time to make multiple phone calls to set up vaccine appointments; health literacy to navigate systems once they have access; and appropriate transportation to get to, and through, drive-through vaccine stations.

In the long term, it will take intentional investments of time and academic will to nurture young talent from these communities, providing strong partnerships with capable, connected mentors. Like the mentorship of Dr. Kizzmekia Corbett, a 35-year-old black woman, one of two scientists who led the development of the Moderna vaccine. Her interest in science was cultivated during an internship with the American Chemical Society’s Project SEED in which high school students spend summers conducting research at local university laboratories. It has been important to point out, while speaking with vaccine hesitant communities, that she works alongside Dr. Fauci, who also has high trust in Black communities.

Unless we approach or exceed 70% herd immunity, we will not climb out of this pandemic. The vaccine hesitant need to be vaccinated to achieve that goal. This has to be an urgent focus for the good of all our communities or we may find viral variants evade our emerging and existing vaccine candidates.

References:

1. In Tuskegee, Painful History Shadows Efforts To Vaccinate African Americans https://www.npr.org/2021/02/16/967011614/in-tuskegee-painful-history-shadows-efforts-to-vaccinate-african-americans
7. The duty to mentor, be visible and represent https://www.nature.com/articles/s41591-020-1122-y

New Podcast Alert!

The Ohio AAP’s newest podcast, A COVID-19 Vaccine Discussion on Children and Underrepresented Minorities, hosted by President-Elect, Chris Peltier, MD, FAAP, and joined by guests Robert Frenck, MD, FAAP and Lou C. Edje, MD, MHPE, FAAAAFP was recently released! Now that the vaccine has been delivered, listen as our experts discuss COVID-19 vaccine hesitancy in all populations, including underrepresented minorities, provide updates and forecast for the coming months.

Listen at: http://ohioaap.org/podlibrary
Milk Delivers a Unique Nutrient Package. Milk’s nine essential nutrients can be difficult to replace. Did you know it takes 17 cups of raw kale to get the same amount of calcium in 3 cups of milk? But it’s not just about the calcium. See how protein, vitamin D and B vitamins stack up.

Milk’s Nutrient Profile is Tough to Match. Encourage people to read the nutrition facts label on milk and milk alternatives to better understand what is in their pour. These flash cards provide an at-a-glance look at the nutrition and ingredient profiles of milk and a variety of milk alternatives.

Dairy Foods Play an Important Role in Diets of Expectant Moms, Infants and Children. The 2020 Dietary Guidelines Advisory Committee’s Scientific Report includes historic recommendations for expectant moms and children from birth to 24 months. Yogurt and cheese were recognized as complementary feeding options for infants 6-12 months. And food patterns for toddlers 12-24 months include 1.5 to 2 daily servings of dairy foods (e.g., whole milk, yogurt, reduced-fat cheese). These recommendations align with American Academy of Pediatrics’ guidance represented in this Guide to Feeding Your Baby for the First Two Years. The Committee also notes milk and yogurt are good sources of iodine, a potential nutrient of public health concern for pregnant women, as iodine needs increase by more than 50 percent during pregnancy and prenatal iodine deficiency may lead to irreversible neurocognitive defects and lower childhood IQ.

Dairy foods are affordable, nutrient-rich contributions to the diets of children and adults. It only costs about $0.20* for one serving of nutrient-rich, low-fat milk. (*Based on U.S. average gallon milk price. Source: IRI Multi-Outlet + Conv. 2020, YTD through 10/04/20.)

Farmers Care for Their Cows and the Environment. Every day dairy farmers strive to leave the planet in better condition for the next generation. Check out our website to learn more about their commitment to the environment. To learn more join our virtual field trip and video on the commitment to ensure milk is free of antibiotics.

Dairy is Linked to Reduced Risk of Inflammation. Not only are dairy foods, including milk, yogurt and cheese, filled with essential nutrients our bodies need, but they also may help reduce inflammation. Learn more here.

Looking for more information on how dairy nourishes people while responsibly caring for our planet and animals?

Join the Dairy Nourishes Network. Members of the network receive the latest dairy research, resources and recipes, as well as opportunities for free continuing education.
Infant Mortality Prevention Programs Address Social Needs and Risks Following COVID-19 Impacts

For nearly a year, families have felt the impacts of the COVID-19 pandemic, including job losses, stay-at-home orders, and reduced access to social supports. These conditions have contributed to increased reports of serious injuries from child abuse and neglect, complications of risks for tobacco users, and concerns for health during pregnancy and infancy. As families regain confidence in seeking services and attending health care visits, pediatricians are poised to help address emerging issues and improve family health in 2021.

In the past few months the Ohio AAP has launched new and returning initiatives to address these increased social needs and risks for infant mortality. More than 30 practices have been engaged in these projects this year alone, implementing changes to improve specific areas of risk and provide connections to resources for families promoting positive behavior changes.

While practices in quality improvement collaboratives will make changes over time and learn specific areas of focus from data submissions, lessons learned in these collaboratives can be applied in many practices and settings. Small changes can make a big impact on patients and families, and prepare practices to fully engage in projects in the future. Included in the table below is more information on each of these projects and some pearls of wisdom to try in any practice.

The Smoke Free Families and Injury Prevention Plus SEEK programs will operate current waves through June 2021; the pilot wave of the Healthy Mom, Healthy Family program runs through January 2022.

Ohio AAP members and partners interested in any of these programs can receive more information, sign up for future opportunities, or direct questions to Hayley Southworth at hsouthworth@ohioaap.org.

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<tr>
<th>Program</th>
<th>Overview</th>
<th>Practice Pearls</th>
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<td><strong>Smoke Free Families (SFF)</strong></td>
<td>Over 3 waves, practices in the SFF program have learned how to use the 5 A’s approach to address risks from smoke exposure for infants. Smoke exposure contributes to infant mortality risks and can cause lifelong health complications.</td>
<td>Most practices can incorporate a question or two into any EMR to bring up smoke exposure with families at infant well visits – but developing a process to help families when smoking is identified is the next step! Start by becoming confident in discussing the risks and best practices for reducing smoke exposure, such as only smoking outside, changing clothes and washing hands after smoking, and setting a Quit Date for the home or car. Remind families that quitting is best, but even small changes can make big impacts.</td>
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| **Injury Prevention Plus SEEK**    | After a brief hiatus, the Injury+SEEK program has returned to help practices identify risks related to social determinants of health and unintentional injuries. In Wave 3 of this program, virtual options are being tested to allow for families and providers to complete screening and data entry on tablets in the practice. | Many providers avoid screening families for topics if they are unsure of how to provide help for identified needs. However, local health systems, health departments or JFS offices often have resources or opportunities for referrals. Check with your local partners to determine options for a warm hand off if patients have needs. Online resources can also be a quick and easy way to help families – a few options include:  
  • Ohio AIRS: [http://ohioairs.org](http://ohioairs.org)  
  • Ohio United Way/211: [https://ouw.org/211-map](https://ouw.org/211-map) |
| **Healthy Mom, Healthy Family (HMHF)** | The pilot of the HMHF project launched in February 2021 and will empower providers to discuss behaviors impacting interconception care, or the care of mothers between pregnancies. Based on years of experiences from those implementing the Implicit program, HMHF translates lessons learned into opportunities in pediatric well care. | The HMHF project focuses on four topics impacting maternal health, but practices can often choose one area to start learning more about. For example, if your practice isn’t screening for maternal depression at well-child visits, it is an impactful way to identify family needs. Practices can also stagger different focus areas or topics with different age visits – consider choosing one maternal health topic for each visit from birth to one year of age, instead of adding many areas at once. |
Dana’s seven-year-old daughter had been complaining about feeling unwell. She said her stomach hurt and she did not feel good, but she could not be more specific than that. Dana took her to the doctor, telling them “Something is the matter, and I don’t know what. Something is off.” Initially, they believed it might be constipation. Dana and her daughter went home, but the problem persisted.

“I did what I was supposed to do. I advocated for her. I believed her,” Dana said.

For ten months, her daughter continued to express that she just did not feel right. Once, she sat down and cried on the walk to school. Dana contacted her teacher, asking if there was anything she had noticed at school. There was nothing in particular.

The combination of persistence and research is what eventually led to an answer for her daughter. It was Thanksgiving four years ago and they were on a road trip to visit family. First, she noticed that her daughter emptied her water bottle in an hour. Then she needed to stop to use the bathroom. It was easier to notice this in the car than it would be at home. The cycle repeated itself all the way to their destination. Dana thought about this, and about how thin her daughter looked recently. She had written this off as a growth spurt, but when she put together the thirst, the urination and weight loss, she began to suspect Type 1 diabetes from her research. She took her to the doctor again after Thanksgiving. Her blood sugar was 690 and her hemoglobin A1C was 14.3. She was on the verge of diabetic ketoacidosis (DKA), and Dana feels lucky that they got her daughter treatment before she was in full-blown DKA.

Looking back, it breaks Dana’s heart to think about the ten months her daughter spent feeling awful.

“It wasn’t my daughter; all she was doing was drinking all day.”

She took her to the children’s ER. Fortunately, Mariah did not take no for an answer. She drove farther to the children’s ER.

“They told me I was lucky I got her there when I did,” she said. Her daughter’s blood sugar was 730 and she had large ketones. She was close to going into a coma from diabetic ketoacidosis when they arrived at the ER.

“Listen to the indicative signs. Dry mouth, thirsty. Notice physical abnormalities. Even if you think they are OK, draw blood,” Mariah said.

As a pediatrician, I have seen first-hand how listening to and valuing a parent’s perspective and insight leads to the correct diagnosis and is crucial for implementation and monitoring of treatment. This article highlights the Ohio AAP’s commitment to engaging families in this endeavor and the high value the Chapter places on bringing this perspective to our members.

~ Dr. Chris Peltier
Ohio AAP President-Elect

Other parents have also made multiple visits before finally getting the right diagnosis.

Mariah was on her third medical visit with her two-year-old daughter when she finally got an answer. The first time, she was vomiting and drinking a lot of fluids but not eating. She got an X-ray, and they sent her home, saying her daughter was constipated. She scheduled a follow up visit with her pediatrician that was over a week away, but before that visit came she became gravely concerned about her daughter. She would not get out of bed.

“She had no fight in her,” Mariah said. “It wasn’t my daughter; all she was doing was drinking all day.”

They told me I was lucky I got her there when I did,” she said. Her daughter’s blood sugar was 730 and she had large ketones. She was close to going into a coma from diabetic ketoacidosis when they arrived at the ER.

Listen to the indicative signs. Dry mouth, thirsty. Notice physical abnormalities. Even if you think they are OK, draw blood,” Mariah said.

The experiences of these parents, combined with the increase in Type 1 diabetes incidence, show the value in revisiting the symptoms of Type 1 diabetes. Research shows that Type 1 diabetes is on the rise. In its 2020 National Diabetes Statistics report, the CDC began including trends in prevalence and incidence over time. The report cited an increase of 30 percent since 2017, from 1.25 million people with Type 1 diabetes to 1.6 million. Previous research showed an increase as well. A 2017 article in the New England Journal of Medicine, based on the SEARCH Study
Ohio AAP Welcomes New Members!

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for Diabetes in Youth, found that Type 1 diabetes was increasing by 1.8% per year from 2001-2009 for an overall increase of 21% during that time period.\(^2\) All the research shows significant increases in diabetes in people of African American and Hispanic descent.

Early diagnosis saves lives, as the development of DKA can be fatal. A simple inexpensive fingerstick can yield a lot of information; it can show whether a patient’s blood glucose level is normal, indicate that follow up is needed if it is slightly elevated, or indicate that a patient has already developed Type 1 diabetes if it is significantly out of range.

Just as it is useful for medical professionals to revisit the signs of Type 1 diabetes, it is also important to build greater awareness in patients. For more information on Type 1 diabetes geared toward patients, visit Beyond Type 1.org, JDRF.org or TestOneDrop.org. Beyond Type 1 and Test One Drop both offer public awareness posters for practitioners to use in their offices.

Type 1 Diabetes Early Warning Signs:

- Unquenchable thirst  
- Frequent urination  
- Bedwetting in children with no previous issues  
- Weight loss despite increased appetite  
- Fatigue  
- Blurry vision  
- Fruity smell to the breath

Advanced symptoms may include:

- Stomach pain  
- Fatigue or weakness  
- Nausea or vomiting  
- Rapid, heavy breathing  
- Loss of consciousness

While Type 1 diabetes may sometimes present in non-classic ways, a missed diagnosis is rare. But as shown by the CDC’s 2020 National Diabetes Statistics report, the increase in incidences over the past few years remind us of the importance to always be mindful of the signs and symptoms of Type 1 diabetes. The Ohio AAP also recognizes the importance of family engagement to ensure parent and caregiver voices and perspectives are heard. Healthy outcomes in children involve collaboration between pediatricians, children, and their families.

Cassandra Freeland is a Columbus resident, mom to a son with Type 1 diabetes and a volunteer with local diabetes organizations.

3Beyond Type 1. Warning Signs of Type 1 Diabetes.

Links:  
https://www.jdrf.org/blog/2020/02/18/more-people-being-diagnosed-type-1-diabetes/  
https://beyondtype1.org/warning-signs-of-type-1-diabetes/  
http://www.testonedrop.org/
Ohio AAP Spring Education Meeting

**Resources and Resiliency: Strategies to Identify and Manage the Indirect Comorbidities of COVID-19**

April 23, 2021: 12:00-3:15 pm

Register Today!  
[http://ohioaap.org/educationmeetings](http://ohioaap.org/educationmeetings)

**AGENDA**

12:00-12:45 PM

**SUICIDE & DEPRESSION SCREENING: WHAT IF THE SCREEN IS POSITIVE? THERAPY & PHARMACOLOGY**

Emily Harris, MD, PhD, FAAP  
Cincinnati Children’s Hospital Medical Center

12:45-1:30 PM

**INCORPORATING SUICIDE SCREENING & PREVENTION IN YOUR PRACTICE WITH FREE OHIO AAP SAFE STORAGE BOXES**

Mike Gittelman, MD, FAAP  
Cincinnati Children’s Hospital Medical Center
Sarah Denny, MD, FAAP  
Nationwide Children’s Primary Care

1:45-2:30 PM

**ADVOCACY UPDATE**

Danny Hurley  
Capitol Consulting

2:30-2:45 PM

**OHIO CHAMPIONS FOR VACCINES LAUNCH**

Denise Warrick, MD, FAAP  
Ohio Champions for Vaccines Chair  
Tri-Health

2:45-3:15 PM

**WHAT IS NEEDED FOR KIDS? HOW CAN OHIO AAP HELP?**

Angela Krile  
Krile Communications

**LEARNING OBJECTIVES:**

- Develop a plan to implement suicide screening and resources in your practice
- Gain proficiency identifying and implementing next steps in treatment (including medication) when a patient has a positive depression screen
- Analyze how new priorities in State advocacy and legislation impact the practicing pediatrician and the health of their patients

**COURSE DESCRIPTION:**

This activity is designed to provide health practitioners with the most recent curriculum in depression, suicide prevention and advocacy. Practitioners will be given tools to help pediatric and adolescent patients grow to be healthy, resilient adults.

**TARGET AUDIENCE:**

Pediatric or family medicine primary care, sub-specialists, hospitalists, general physicians, nurses, residents, medical students, psychiatrists, psychologists, law makers, community members, allied health and all other stakeholders in the safety and health of Ohio’s children.

**ACCREDITATION STATEMENT**

The Ohio Chapter, American Academy of Pediatrics (Ohio AAP) is accredited by the Ohio State Medical Association to provide continuing medical education for physicians. The Ohio AAP designates this live activity for a maximum of 2 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Successful completion of this CME activity, which includes participation in the activity, with individual assessments of the participant and feedback to the participant, enables the participant to earn 2 MOC points in the American Board of Pediatrics’ (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider’s responsibility to submit participant completion information to ACCME for the purpose of granting ABP MOC credit. MOC Part II credit will be entered into the CME data portal entitled PARS and will be shared electronically with the ABP within 30 days of the activity date.

Did you know suicide is the leading cause of death among Ohio teens and preteens ages 10-14 and the second leading cause of death among Ohioans ages 15-34?

Since the start of COVID-19, pediatricians are reporting greater than a 50% increase in teen depression.
9 Holes of Golf Fun!
Guests will enjoy an evening of networking, golfing and fun activities on each hole in this non-traditional 9-hole outing. Not the greatest golfer?! Perfect, grab a few friends and join us! Singles are welcome too! Come, have fun and help us support Ohio AAP’s Put-a-lid-on it Bike Helmet Safety Program! SPOTS ARE LIMITED, SO REGISTER NOW!

Unable to attend the whole event? Attend the happy hour for ONLY $35!

**Friday, May 14, 2021**
5:00 PM Happy Hour • 6:00 PM Tee-off!

Royal American Links, 3300 Miller Paul Rd, Galena, OH 43021

- **$300 per foursome**
  - Green fees and cart for 4
  - Dinner and 2 drink tickets
- **$100 per person**
  - Green fees for 1
  - Dinner and 2 drink tickets

Since it was introduced in 2011, the Ohio AAP’s Put-A-Lid-On-It! Bike Helmet Program has grown to be one of the Chapter’s farthest reaching community programs. In eight years, this program has:

- Provided 57,000 bike helmets to Ohio children in need
- Expanded to more than 600 partners, representing law enforcement, legislators, schools, public health departments, and community groups
- Earned over 160 million media impressions in Ohio and nationally

**Sponsor Levels**

**Presenting Sponsorship** – $3,000
- Company name on ALL promotional materials
- Registration for two foursomes
- Customized carts
- Sponsorship of appetizer station
- Sponsorship of the 9th hole
- Full page ad in the summer issue of Ohio Pediatrics
- Two banner advertisements in the Ohio AAP Today e-newsletter

**Signature Sponsorship Options**

Limited quantities—all available on a first come, first served basis. Each Signature Sponsorship option includes signage at the sponsored area during the event, admission for one foursome or four attendees ($300 value) and recognition on the Ohio AAP website. Sponsors may also purchase additional foursomes for $250.

- **Tee-Off Food & Beverage Sponsor** – $1,500
  - Provides food and two complimentary drinks for 75 attendees during happy hour prior to tee-off
- **Late Night Bite Sponsor** – $1,000
  - Provides food and drinks for 75 attendees at the presentation of prizes to the winning teams

**Hole Sponsor** – $600
- Selection of a goofy theme for your hole!
- Registration for one foursome
- Sponsorship of one hole (2-8)

Fed. ID No. 31-1700823
For more information, contact Olivia Simon at osimon@ohioaap.org or (614) 846-6258

All levels of sponsorship will receive recognition on OhioAAP.org. To register, visit ohioaap.org/goofygolf.

Many Thanks for Your Continued Support of the Ohio AAP!
Hello Ohio!
I am your new AAP District V Chair representing Ohio, Indiana, Michigan and Ontario and your voice at the AAP Board of Directors. The Ohio Chapter is a powerhouse, providing its members with a huge menu of educational offerings, partnering with the governor and legislature to advocate for Ohio’s children, and creating programs that directly impact the lives of children. I am looking forward to working closely with the Ohio Chapter and partnering with all of our chapters within the District to lift up children and their pediatricians.

Your AAP Board of Directors met in January 2021 and outlined AAP 2021 priorities:

- **Respond to the COVID-19 pandemic**
  - Rapid response interim guidance
  - #CallYourPediatrician campaign to encourage parent outreach to their pediatrician and medical home
  - Vaccine advocacy to include children in COVID-19 vaccine trials
  - COVID-19 data analysis and tracking
  - Providing pediatric expertise to the Biden team and working closely with the CDC

- **Equity, Diversity and Inclusion (EDI)**
  - AAP Equity Agenda
    [https://www.aappublications.org/news/2021/01/01/fyi-equity010121](https://www.aappublications.org/news/2021/01/01/fyi-equity010121)
  - EDI lens in AAP policy, clinical reports, and technical reports
  - AAP leadership diversity
  - AAP staff workforce diversity

- **Mental Health:**
  - Recognize disparities
  - Improve access
  - Publish clinical reports and policy
  - Policy on Mental Health Competencies
    [https://pediatrics.aappublications.org/content/144/5/e20192757](https://pediatrics.aappublications.org/content/144/5/e20192757)
  - Hosted Suicide Prevention Summit February 2021 with key national stakeholders
  - Wellness Advisory Group – our own wellness!

- **Updates on AAP Member Value:**
  - There will be no AAP dues increases for fiscal year 2020-2021.
  - AAP members can access PPE and COVID-19 supplies through a partnership with Amazon to offer a special business account to AAP members. AAP Members, to open an AAP Amazon Business Account, [click here](https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/physician_health_wellness/Pages/default.aspx).
  - New AAP podcast Pediatrics On Call is now on Spotify. Keep up to date on the latest information on the go!

Thank you for all you do each day to put children first! I welcome your thoughts and comments. Reach me at gaggino@yahoo.com and you can also find me on the podcast Pediatric Meltdown (Apple podcast and Spotify), where I discuss children’s mental health with experts including parents!

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**Save the Date**

**Ohio AAP 2021 Annual Meeting**

**October 29-30, 2021 • Polaris Hilton, Columbus, OH**
**Annual Meeting**
**Ohio AAP 2021**
**Save the Date**

Polaris Hilton, Columbus, OH

http://ohioaap.org/sisteen.

for your practice or organization. To learn more or to access these great resources visit handouts, online education modules, and the opportunity to receive FREE gun lock boxes to reversing the trend of irreversible actions and has recently released new educational intervention resources, and offering gun lock boxes or discussing the importance of safe solution by screening teens for depression at every wellness visit, providing appropriate

https://ohioaap.org/SISPledge. Take the pledge today and agree to be a part of the

Here’s what’s Next...

Prevention Program was able to achieve our goal of $86,826 over the past year thanks to the generosity of our leaders, members, and partners.

Thank You for Helping Us

“Close the Lock” on Store It Safe Fundraising!

Our grassroots funding effort launched to build the Store It Safe Adolescent Suicide Prevention Program was able to achieve our goal of $86,826 over the past year thanks to the generosity of our leaders, members, and partners.

If you are committed to preventing teen suicide, take the Store It Safe Pledge by visiting https://ohioaap.org/SISPledge. Take the pledge today and agree to be a part of the solution by screening teens for depression at every wellness visit, providing appropriate intervention resources, and offering gun lock boxes or discussing the importance of safe storage with teens and their families. The Ohio AAP Store It Safe program is committed to reversing the trend of irreversible actions and has recently released new educational handouts, online education modules, and the opportunity to receive FREE gun lock boxes for your practice or organization. To learn more or to access these great resources visit http://ohioaap.org/sisteen.

**DONORS**

*List current as of publication date.*

$10,000 & above
Children’s Practicing Pediatricians
Honda of America Manufacturing
Reinberger Foundation
United Healthcare Community Plan of Ohio
Delta Dental Foundation

$5,000 - $9,999
Abbott Nutrition
Aetna
Buckeye Health Plan
Care Source
Kiwanis Club of Columbus
Ohio Beef Council
Ohio Children’s Hospital Association

$2,500 - $4,999
Anthem, Inc.
Advantage Print Solutions
Mike Gittelman, MD, FAAP & Family
Mead Johnson
SOBI
Ultragenyx

$1,000 - $2,499
Sarah Adams, MD, FAAP & Family
Norman Christopher, MD, FAAP & Family
Dairy Council
Jill Fitch, MD, FAAP
Gerber/Nestle
Kriile Communications
Paramount Healthcare
Pediatric HER Solutions
Chris Peltier, MD, FAAP & Family
The Patterson Matola Alexander & Rose Private Wealth Management Group of Wells Fargo Advisors
Vorys, Sater, Seymour, & Pease
WinMed, LLC

$500 - $999
Central Ohio Poison Control
Cincinnati Children’s Hospital Medical Center
Columbus Speech and Hearing
William Cotton, MD, FAAP & Patty Davidson, MD, FAAP
Dieya Foods
Dayton Children’s Hospital
Sarah Denny, MD, FAAP & Family
John Duby, MD, FAAP & Sara Guerrero-Duby, MD, FAAP
Elizabeth and Paul Dawson
Girls on the Run
Kate Krueck, MD, FAAP
Nationwide Children’s Hospital
Judy Romano, MD, FAAP & Paul Romano
Denise Warrick, MD, FAAP
Melissa Wervey Arnold & Family

$20 - $499
Muse Ahmed
Christy Baldwin
Nicole Baldwin, MD, FAAP
Bobbi Beale
Christopher Bolling, MD, FAAP & Stephen Peterson
Liz Bowman
Ryan Bode, MD, FAAP & Sara Bode, MD, FAAP
Katherine Broering, MD, FAAP
Vicky Brown
Ellen Buerk, MD, FAAP
Andrea Carey
Susan Carlin, MD, FAAP
Lori Carsey, MD, FAAP
Ami Dasso, MD
Tara Davis
Carol Delahunty, MD, FAAP
Tara Davis
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Ted Neubauer, MD, FAAP
Andrea Petrucci, MD, FAAP
Lori Pletcher, MD, FAAP
Julia Prather, MD, FAAP
Anita Prater, MD, FAAP
Brandon Prater, MD, FAAP

$0 - $199
Andrea Berry
Angie Berrios
Annie Carter
Ann Chernoff
Carolyn Chernoff
David Chernoff
Ross Chernoff

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Ohio AAP Bringing Free Resources and NEW CME/MOC Part 2 Credit Opportunities

The Ohio AAP has been working on new initiatives this winter that offer free trainings, CME/MOC Part 2 credit opportunities, as well as information and the necessary tools to address important issues affecting your patients! Continue reading for additional information on our Parenting at Mealtime & Playtime (PMP) and Childhood Lead Prevention programs.

PARENTING AT MEALTIME & PLAYTIME

Parenting at Mealtime & Playtime (PMP) offers training, resources and strategies to aid clinicians in educating and evaluating risk for infants, children and their families as they attend well-child visits. These resources are focused on nutrition and activity advice!

The PMP Program is also launching an ONLINE AND FREE interdisciplinary training for the primary care office staff including receptionists, medical assistants, nurses, NPs, PAs, etc. This training will not take longer than one hour and will give staff an overview of PMP resources, nutrition and activity guidance, and education. Your staff is able to claim training credit after attending!

The PMP Toolkit offers interactive modules and resources to support primary care providers with well-child specific anticipatory guidance and daily structure. It also provides anticipatory guidance messages and additional resources to make providers optimally effective at identifying young children at risk for becoming overweight and intervening with behavior change techniques, and core messages about healthy diet and activity.

The PMP Journal Club offers 20 CME/MOC Part 2 points for completion of 10 modules. These modules include articles focused on nutrition and activity topics.

CHILDHOOD LEAD PREVENTION

Did you know 40% of high-risk children don’t receive the recommended lead testing? This is true now more than ever, as we have seen a significant decrease in lead testing since the start of the COVID-19 pandemic. In Ohio, it is required that all children on Medicaid or living in a high risk zip code receive lead testing at the 12 and 24-month well visit. The Ohio AAP has educational opportunities for childhood lead prevention to help implement changes in your practice to address these issues. A lead prevention toolkit will be launching this winter and will provide information on how to increase lead testing and anticipatory guidance in your practice with interactive modules. Also launching is a lead prevention journal club, which will include articles on different topics surrounding lead. Participants are eligible to receive 20 CME/MOC credit!

You also won’t want to miss our two-part training in April that aims to improve lead screening and management of lead poisoning, and further educate about the gap in current lead testing to improve testing rates. Participants will:

• Describe current trends in lead poisoning epidemiology and adherence to medical management guidelines.

• Explain resources to families.

• Integrate counseling on lead poisoning prevention into anticipatory guidance.

To register for any of these trainings or materials, visit:

http://ohioaap.org/pmp/lead/registration
Foot & Ankle Overuse Injuries in Dancers
Megan Liberty, DO; Alyson Filipa, DPT; Paul Gubanich, MD

Dance may not spring to mind when one thinks of high-level athletics, but the physical demands placed on a dancer’s body makes them as susceptible to injury as any as any other athlete. It is estimated that 75-95% of ballet dancers suffer at least one injury per year with an average of 3 injuries per dancer, per year. Overuse injuries involving the foot and ankle can affect dancers of all levels and in multiple dance forms. Below is a review of common foot and ankle overuse injuries affecting dancers.

Anterior/Posterior Ankle Impingement Syndromes

**SYMPTOMS:** In anterior impingement, dancers will complain of a pinching sensation in the front of their ankle joint when they are at the bottom of their demi-plié (small squat) or when landing from jumps. In posterior impingement, dancers will complain of a pinching sensation in the back of the ankle when trying to reach their fullest relevé (up on toes) or feel that they are unable to reach full ankle plantarflexion.

**CAUSE:** Excessive soft tissue or bony abnormalities that lead to compression of structures limiting range of motion. This may be a result of prior ankle injuries or an accessory bone such as an os trigonum.

**DIAGNOSIS AND TREATMENT:** If posterior impingement is suspected, a lateral x-ray with the dancer in plantarflexion may show an os trigonum or Steida process from the talus. MRI may also be helpful to visualize edema associated edema. In both anterior and posterior impingement, conservative treatment with NSAIDS, rest, and possible immobilization and restricted weight bearing should be the initial approach. A rehabilitation specialist with an understanding of dance can address a dancer’s specific biomechanics and assist with workload modifications. If conservative measures fail, referral to an orthopedic surgeon for potential ankle arthroscopy may be required.

**Tendinopathies**

**SYMPTOMS:** Tendonitis presents as gradual onset sharp pain that worsens with quick movements and high impact activity. In dancers, this is often felt over the Achilles tendon, the flexor hallucis longus tendon and the posterior tibialis tendon.

**CAUSE:** Tendinopathies refer to a broad spectrum of tendon injuries and are caused by repetitive overloading of the tendon without an adequate rest period to adapt to the expected load. Often fatigue leading to poor technique can exacerbate the problem, particularly rolling arches to maintain turnout, gripping the floor with toes or not landing jumps with heels down. Improperly fitting shoes should also be a consideration. Tying their pointe shoe ribbons too tightly can compress their Achilles tendon. Shoes used in character dance, ballroom, Irish, and tap may not have an Achilles notch, which can increase stress on the tendon.

**DIAGNOSIS AND TREATMENT:** Diagnosis is made based on history and physical exam findings. X-rays may be obtained to rule out a stress fracture and MRI or ultrasound is used to visualize the amount of edema and micro-tears in the affected tendon. Treatment should focus on modifying workloads, attending rehab to increase strength and correcting technical errors.

**Stress Fractures**

**SYMPTOMS:** Common complaints include progressive pain after activity, swelling, and a limp. The most common location for a stress fractures in the foot of a dancer is at the base of the second metatarsal. Stress fractures can also be seen in the third and fourth metatarsals, the proximal diaphysis of the fifth metatarsal, and the navicular.

**CAUSE:** Stress fractures are overuse injuries that present as a continuum of fatigue failure of the bone from microfracture to complete structural failure. They typically occur insidiously and are correlated with an increase in class or rehearsal schedules.

**DIAGNOSIS AND TREATMENT:** On physical exam dancers will complain of pin-point tenderness and swelling over the injury. X-rays are not always diagnostic, especially during the initial 2-3 weeks. Advanced imaging may not be necessary for diagnosis but can be useful in guiding return to dance decisions. MRI offers superior sensitivity and specificity for soft tissue abnormalities and can demonstrate fracture location and extent of injury. CT and bone scan may be helpful for diagnosis but do not have a role in establishing a return to dance timeline. Nutritional deficiencies and body image disorders should be evaluated, and it is important to have a multidisciplinary team-based approach if risk factors associated with Relative Energy Deficiency in Sport (RED-S) are identified. Initial treatment is based on the location and severity of the fracture. It includes a period of rest in a low-tide boot or cast, possible non-weight bearing on crutches if high grade injury or high-risk location for 6-8 weeks. A surgical referral may be necessary in cases of non-union, high-risk location or displaced fracture.

Madden, C., Putukian, M., McCarty, E., Young, C. Netter’s Sports Medicine. 2nd ed. Elsevier, Inc. 2018


Foot & Ankle Overuse Injuries in Dancers

Megan Liberty, DO; Alyson Filipa, DPT; Paul Gubanich, MD

The physical demands placed on a dancer’s body makes them as susceptible to injury as any athlete participating in mainstream sports. It is estimated that 75-95% of ballet dancers suffer at least one injury per year with an average of 3 injuries per dancer per year. Overuse injuries involving the foot and ankle can affect dancers of all levels and in multiple dance forms. Below is a review of some common foot and ankle overuse injuries affecting dancers.

**Anterior/Posterior Ankle Impingement Syndromes**

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**CAUSE:** Excessive soft tissue or bone that leads to compression of structures limiting range of motion. In some cases this may be a result of prior ankle injuries.

**DIAGNOSIS AND TREATMENT:** If impingement is suspected, an x-ray to evaluate the bony anatomy is helpful. MRI may also be ordered to visualize the extent of swelling in the area. In both anterior and posterior impingement, conservative treatment with NSAIDs, rest, and possible immobilization and restricted weight bearing is the initial approach. A rehabilitation specialist with an understanding of dance can address a dancer’s specific biomechanics and assist with workload modifications. If conservative measures fail, referral to an orthopedic surgeon may be required.

**Tendonitis**

**SYMPTOMS:** Gradual onset of pain that worsens with quick movements and high impact activity. In dancers, this is often felt over the Achilles tendon at the back of the heel, the flexor hallucis longus tendon located under the big toe and the posterior tibialis tendon found on the inside of the foot and ankle.

**CAUSE:** Repetitive stress on the tendon without an adequate rest period to adapt to the increased load. Often fatigue, leading to poor technique, can worsen the problem, particularly if the dancer rolls their arches to maintain turnout, grips the floor with their toes or does not land jumps with heels down. Improperly fitting shoes should also be a consideration. Tying pointe shoe ribbons too tightly can compress the Achilles tendon. Shoes used in character dance, ballroom, Irish, and tap may not have an Achilles notch, which can increase stress on the tendon.

**DIAGNOSIS AND TREATMENT:** Diagnosis is made based upon the patient’s symptoms and physical exam. X-rays may rule out a bony injury, but MRI and ultrasound are usually more helpful because they can show swelling and microtears in the tendon. Treatment should focus on modifying workloads, attending rehab to increase strength and correcting technical errors.

**Stress Fractures**

**SYMPTOMS:** Progressively worsening pain, first after, then during, activity; sometimes limping and swelling. In dancers, they are most common in the long bones (metatarsals) of the foot.

**CAUSE:** Excessive stress on the bone without adequate rest. Occurs gradually and often correlated with increase in class or rehearsal schedules. Sometimes inadequate nutrition plays a role.

**DIAGNOSIS AND TREATMENT:** On exam, swelling may be seen and dancers will complain of pin-point tenderness over the injury. X-rays are not always diagnostic, especially during the initial 2-3 weeks. An MRI is most commonly done for diagnosis, but CT or bone scan can be used. Nutritional deficiencies and body image disorders should be evaluated as dancers whose caloric intake does not meet their exercise demands are at an increased risk of stress fractures. Initial treatment is based on the location and severity of the fracture. It includes a period of rest in a boot or cast for 4-8 weeks, and possibly crutches if the stress fracture is high-risk. A surgical referral may be necessary in the case of prolonged healing, high-risk location or displaced fracture.

**Tips for Parents:**

- Research instructors and the reputations of various dance schools before enrolling your child. Training more hours does not necessarily mean your child will become a stronger dancer and may increase their injury risk of injury.
- Develop a strong technical base with quality instruction at an early age.
- If your dancer develops an injury, encourage them to let their instructors know. If the culture of the studio does not allow for this, it is time to find a new studio.
- When an injury occurs, start by scheduling an appointment with your dancer’s primary care physician. Referral to a sports medicine physician and rehabilitation specialist familiar with dance can speed the recovery process and correct technical deficiencies to help prevent future injury.
- Ensure that your dancer is eating a well-rounded diet, getting adequate rest, and keeping up with academic studies. Check in regularly to ensure they are still having fun.

Madden, C., Putukian, M., McCarty, E., Young, C. Netter’s Sports Medicine. 2nd ed. Elsevier, Inc. 2018


Project Firstline

Ohio AAP is teaming up with AAP and the CDC to stop the spread of infectious disease threats, including COVID-19, through education, resources and social media.

Anyone working in a healthcare facility needs a foundational knowledge of infection control and must understand and be ready to implement infection control protocols and procedures throughout their work day, including during every patient care activity and healthcare interaction.

Stay tuned to our social media, your email and OhioAAP.org/PFL for additional education, videos, tools and resources provided by Project Firstline!

NEWS ALERT!
Increase in Hand Sanitizer Ingestion Seen Over Last Year

Most poisonings that occur in young children are unintentional. Each year in the United States, approximately 1 million poison exposures among children younger than six years of age are reported to the American Association of Poison Control Centers (AAPCC). In 2019, pediatric (≤5 years old) ingestions most frequently involved cosmetics/personal care products (11%), household cleaning products (11%), analgesics (9%), foreign bodies/toys/miscellaneous (7%), and dietary supplements/herbals/homeopathic remedies (5%). Alcohol based hand sanitizers saw a huge uptick in popularity and use over the past year as families attempted to prevent the spread of coronavirus. An unintended, and potentially dangerous, side effect was an increase in reported hand sanitizer ingestion and exposure among young children. According to the AAPCC, there was a 40% increase in exposure cases, which is more than 20,000 additional cases than in 2019. While most of the reported cases did not result in any serious symptoms, it’s an important reminder for providers and families that hand sanitizer can be toxic if enough is ingested. Side effects include lethargy, trouble breathing, throat or stomach irritation, and drops in blood sugar due to alcohol within the product. As noted above, household products are a leading cause of unintentional ingestion in children, and hand sanitizer, like other products, should be stored appropriately and out of the reach of children. Providing counseling and cabinet locks during well-child visits— as promoted within the Ohio AAP’s Injury Prevention + SEEK Program— is one way providers can assist. To learn more about the Injury Prevention + SEEK Program and how to address the most common injury risks and social determinants of health in children, visit page 9.
The Ohio AAP has increased the number of virtual trainings since the onset of the COVID-19 pandemic. This increase has allowed for more virtual trainings and the ability to reach a diverse professional background of attendees. Educating community health workers, home visitors, nurses, office staff and other allied health professionals, in addition to pediatric primary care providers, is critical to growing programs and furthering the mission of the Ohio AAP. The goal is to offer a variety of educational opportunities (live, recorded, for credit, journal club), new and exciting topics, and opportunities to gain access to trainings and additional resources. The Parenting at Mealtime and Playtime (PMP) program funded by the Ohio Department of Health has recently launched four trainings to support the well-child visit and four trainings for practice management during COVID-19. PMP has also launched an education toolkit, in addition to the age-appropriate handouts, topic specific handouts and mobile app.

The trainings launched by PMP include a variety of speakers, including primary care providers, obesity management specialists, home visitors, pediatric psychologists, and more! The training topics are determined by the PMP Advisory Committee, which composed of a variety of childcare professionals, to ensure the most pressing issues are being addressed. Topics include leadership and communication during COVID; screening questionnaires; social media; mental health; and navigating COVID. The trainings cover a variety of topics that are relevant for all office settings, which increases the relevance for all professions! Each training includes information about the PMP resources and the importance of implementation in the primary care office, during home visits, and other encounters with families.

All PMP trainings are recorded into webinars that are made available on the Pediatric Education Center. Additional information about PMP can be found on the Ohio AAP website (http://ohioaap.org/projects/pmp). Questions can be directed to Alex Miller, Program Manager at amiller@ohioaap.org.

Check out the Ohio AAP Pediatric Education Center!
The Pediatric Education Center, which can be found at www.ohioaap.org under the Education & Programs tab, has all current and past trainings listed and allows for the opportunity to learn on your own time. This is a great way to view past trainings (including trainings for other programs!) to further your education. Certificates of participation are also available for all attendees!

Ohio AAP Trainings Are Not Just For Pediatricians

Sarah Adams, MD, FAAP
Ohio AAP Parenting at Mealtime and Playtime Medical Director

Ohio Chapter
American Academy of Pediatrics
preserving the health and well-being of children

Parenting at Mealtime & Playtime
on ounce of prevention - a pound of care

Free Gun Lock Box Distribution!
The Ohio AAP is excited to announce the availability of a limited supply of gun lock boxes to partners who promote Store It Safe in their communities. These boxes have been piloted for use by pediatric practices in Ohio, and are intended to be provided to families with teens as a method of assisting with suicide prevention by reducing access to lethal means.

Submit an application today at http://ohioaap.org/store-it-safe-lock-box-application for the chance to receive free resources.

Take the Store It Safe Pledge to make a difference in preventing teen suicide!

Visit http://ohioaap.org/SISPledge to take pledge

- Receive free educational handouts for providers, parents, and teens
- View educational modules for additional information on the program and implementation
- Be the first to receive additional resources and Store It Safe updates
# Ohio AAP Program Partners
Ohio AAP Acknowledges the following partners in support for Ohio Pediatric Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Amount</th>
<th>Partner</th>
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<tbody>
<tr>
<td>Maximizing Office Based Immunizations/Teen Immunization Education Sessions</td>
<td>$400,000</td>
<td>ODH</td>
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<tr>
<td>Parenting at Mealtime and Playtime Education Program</td>
<td>$174,350</td>
<td>ODH</td>
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<tr>
<td>Smoke Free Families QI Program</td>
<td>$402,000</td>
<td>GRC</td>
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<tr>
<td>Preschool Vision Screening QI Program</td>
<td>$137,000</td>
<td>Prevent Blindness Ohio Affiliate</td>
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<tr>
<td>Child Abuse and Neglect Prevention Summits</td>
<td>$35,025</td>
<td>OHP, OCJS</td>
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<td>Lead Screening QI Program</td>
<td>$265,000</td>
<td>OHP</td>
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<tr>
<td>Population Health Pilot QI Program</td>
<td>$175,000</td>
<td>United Healthcare Community Plan of Ohio</td>
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<td>Store it Safe Firearm Safety Pilot Project</td>
<td>$75,000</td>
<td>OHP</td>
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<tr>
<td>Chapter Quality Network (CQN) Improving Immunization Rates for Adolescents QI Project</td>
<td>$40,000</td>
<td>American Academy of Pediatrics</td>
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<td>Ohio Parents Advocating for Vaccines</td>
<td>$20,000</td>
<td>Unrestricted Education Grant</td>
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<tr>
<td>Atopic Dermatitis QI Program and Regional Trainings</td>
<td>$350,000</td>
<td>Nationally-Funded Quality Improvement Grant</td>
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<td>Practice Transformation Program: Improving Nexplanon Provision in Adolescents</td>
<td>$266,000</td>
<td>Nationally-Funded Quality Improvement Grant</td>
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<tr>
<td>HPV QI Program</td>
<td>$150,000</td>
<td>Unrestricted Education Grants</td>
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<tr>
<td>Interventions to Minimize Pre-term and Low Birth Weight through Continuous Improvement Techniques (IMPLICIT) QI Program</td>
<td>$1.2 Million</td>
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<td>Teen Vaping Program for Juvenile Justice Caseworkers &amp; IMPLICIT Virtual Trainings</td>
<td>$25,000</td>
<td>Aetna</td>
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<td>Polyarticular Juvenile Idiopathic Arthritis (pJIA) – Building a System of Care to Improve Patient Compliance and Provider Connections in the Medical Home</td>
<td>$200,000</td>
<td>Unrestricted Education Grant</td>
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<tr>
<td>AAP and CDC Project Firstline Infection Prevention and Control</td>
<td>$15,000</td>
<td>CDC and American Academy of Pediatrics</td>
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When families or individuals hear the words 'your child is deaf' or 'your child has a visual impairment', there is often an immediate response of being overwhelmed—not knowing what to do or where to go for more information and support.

To help families build their understanding and connect important medical and education information, the Outreach Center for Deafness and Blindness at OCALI (deafandblindoutreach.org) created the MedEd Connections Resource Guides—one for Deaf/Hard of Hearing (D/HH) and one for Blind/Visually Impaired (B/VI). The guides were developed in partnership with experts in the field using research-based information, in collaboration with multiple agencies that families encounter along their journey, including the Ohio Department of Education, Ohio Department of Developmental Disabilities, Ohio Department of Health, Opportunities for Ohioans with Disabilities, The Ohio State School for the Blind, and The Ohio School for the Deaf. Through this multi-agency collaboration, the guides were peer reviewed by educators, medical providers, audiologists, related service personnel, advisory council members, and families.

Navigating Ohio’s Educational and Medical Systems
From addressing common questions to understanding what agencies and services are available to them and their child, these guides put all of the important information together in one place, exploring questions, such as:

- What professionals and service agencies should I contact?
- What information do I need to share with my child’s doctor?
- What educational assessments will my child need?
- How can families share information with medical and educational teams?
- What technology and other services are available to support my child?

Multiple Perspectives, Multiple Choices
Because available supports and resources may differ based on where a family works or lives, it is important to be aware of multiple choices and perspectives, which allows families to consider the unique needs of their child and consider other factors.

“As a pediatrician, I am aware that when families or individuals receive a diagnosis related to their hearing or visual status, it can be overwhelming. Families often seek more information and guidance to help them support their child, and these guides help them navigate the many systems in Ohio. While other resources exist, few provide unbiased medical and education information and combine them in one place.”

Dr. Susan Wiley
Developmental Pediatrician, Cincinnati Children’s Hospital Medical Center

“How You Can Help
As physicians who regularly engage with families, you play an important role in sharing information with them. Because you are often one of the first people families turn to for trusted information, these free resources are a great way to share research-based and unbiased information about educational and medical options, giving families important information about the many systems designed to serve and support them. We encourage you to share these resources with the families you serve.

To learn more, visit https://deafandblindoutreach.org.

*Funding for the MedEd Resource Guides was provided by the Ohio Department of Education’s Office for Exceptional Children.
Ohio AAP is now offering LIVE VIRTUAL versions of our in-office MOBI & TIES! These enhanced trainings offer the same content as the traditional MOBI & TIES, while adding in COVID-19 information, focusing on provider and practice guidance during and post-pandemic. Our virtual MOBI & TIES training includes:

- Guidance on continuing immunization best practices
- Epidemiology & background of COVID-19
- Practice operation guidance in a pandemic (i.e. telehealth)
- 1-hour CME for each session
- Scheduling at your convenience
- Free office resources including:
  - CDC’s Pink Book
  - Vaccine Safety and Your Child booklet by Dr. Paul Offit
  - Postage paid reminder/recall postcards
  - Resource packets filled with essentials on immunization best practices

Virtual trainings may only be available for a limited time so schedule yours today!

Please contact Lory Sheeran Winland, Director of Immunization Programs, at lwinland@ohioaap.org to request a live virtual MOBI and/or TIES.
Upcoming Events and Education

APRIL 9, 2021
Lead Regional Training: Epidemiology of Lead Screening
Webinar

APRIL 16, 2021
Lead Regional Training: Medical Management Resources
Webinar

APRIL 23, 2021
Ohio AAP Spring Education Meeting • Webinar

MAY 2021
Put A Lid On It! Helmet Distribution & Bike Safety
Awareness Month

MAY 6, 2021
Food Insecurity • Webinar

MAY 14, 2021
Goofy Golf • Royal American Golf Course

OCTOBER 29 - 30, 2021
Annual Meeting • Hilton Polaris