



The Real MVP in Youth Sports—the General Pediatrician

Cynthia R. LaBella, MD

Whether you know it or not, as a general pediatrician, you are the most valuable player in a young athlete's quest for a safe, healthy, and successful sports experience. The articles in this sports medicine-themed issue of *Pediatric Annals* highlight the key role of general pediatricians in promoting health and safety in youth sports. It all starts with the preparticipation evaluation (PPE).

The overwhelming majority of youth seeking PPEs for sports participation go to their pediatricians, who are arguably the most appropriate health care provider for this task, as the pediatrician is most familiar with the child's growth and development as well as medical and family histories. Although many parents and athletes may view the PPE as just another box to check before they can play, pediatricians know that the PPE is much more than a screen for cardiac conditions that may increase the risk for sudden death and a quick signature at the bottom of a form. The PPE provides a unique opportunity to evaluate a child's readiness for a specific sport, assess status of previous injuries, and offer advice regarding injury prevention, age-appropriate training regimens, nutrition, and much more.

In their article, "The Preparticipation Physical Evaluation," Drs. Patrick J. Lehman and Rebecca L. Carl describe

the essential components of a PPE, including key history questions and physical examination techniques; they also provide clinical resources for making clearance decisions. A pediatrician's influence on a young athletes' health and safety, however, goes well beyond the yearly PPE visit, as they will continue to trickle in all year long for sports-related injuries, seeking not only treatment, but also advice about how to prevent recurrence.

I suspect all pediatricians would agree that the number of children they see for concussions has dramatically increased over the past few years. This is in part due to the heightened media attention on concussions and educational efforts aimed at increasing awareness among parents, coaches, and young athletes. But it is also being driven by the "concussion laws" that are now in place in every state to improve athlete safety. These laws vary slightly from state to state, but at a minimum, each requires that any athlete showing signs or symptoms of concussion be removed from play and not allowed to return until he or she has been evaluated by, and received written clearance from, a qualified health care professional. The overwhelming majority of young athletes seek this care from their pediatrician. They will not only need guidance about treatment and clearance for return to sports, but

will also need specific advice about the best way to return to school and resume learning after their concussion. The article, "Return to School and Learning After Concussion: Tips for Pediatricians," by Drs. Matthew F. Grady and Christina L. Master provides detailed guidance for how to assess readiness to return to learning, with specific focus on visual skills. They describe how to design an individualized return to learning plan with accommodations that address the student's current concussion symptoms and deficits noted upon examination. Through detailed and timely communication of the recommended accommodations with school staff, pediatricians cannot only facilitate concussion recovery but also optimize learning during the recovery period.

Although concussions get a lot of attention, they are not the most common injury in youth sports. Injuries to the knee and ankle top the list. Fortunately, most of these are minor sprains and treatment is straightforward. However, numerous studies have shown that the biggest risk factor for a sports-related injury is a prior injury. Therefore, even after treating the injury, pediatricians can have even greater positive impact by providing the athlete with the most effective tools for preventing recurrent injury. In their article, "Injury Prevention in Youth Sports," Drs. Andrea

Stracciolini, Dai Sugimoto, and David R. Howell describe evidence-based neuromuscular training programs for preventing sports-related knee and ankle injuries, along with other valuable injury prevention tips—such as making sure your young athlete is getting enough sleep!

But what's sleep got to do with it? As it turns out, more than we previously thought. In their article, "The Value of Sleep on Athletic Performance, Injury, and Recovery in the Young Athlete," Drs. Elizabeth A. Copenhaver and Alex B. Diamond present the latest research on the various ways sleep influences both injury risk and athletic performance. Unfortunately, many young athletes are not

getting enough sleep, partly due to the schedules imposed upon them, such as early morning or late night practices and long hours traveling to competitions. This article includes clinical tools for taking a sleep history and advising on proper sleep hygiene. It also presents yet another valuable role pediatricians can play in keeping young athletes healthy—by advocating for reasonable schedules for youth sports practices and competitions that do not limit their sleep.

Finally, technique matters. In their article, "Care of Shoulder Pain in the Overhead Athlete," Drs. Joseph Chorley, Richard E. Eccles, and Armand Scurfield describe how improper technique in a pitcher's throwing motion

or a swimmer's stroke can predispose to specific injuries. They provide valuable tips for identifying common technique errors in swimmers and throwers, and the modifications they can make to reduce pain or injury risk.

Young athletes can be some of the most fun patients to care for, but can also be among the most challenging. Our goal with this issue is to expand your expertise in sports medicine beyond triaging injuries, so that you can reap as much fun and reward from caring for these patients as they do from playing their favorite sports.

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About the Guest Editor

Cynthia R. LaBella, MD, is the Medical Director of the Institute for Sports Medicine at the Ann & Robert H. Lurie Children's Hospital of Chicago and an Associate Professor of Pediatrics at Northwestern University's Feinberg School of Medicine.

After earning her medical degree from Cornell University Medical College in New York and finishing a residency in pediatrics at Johns Hopkins Hospital in Baltimore, MD, Dr. LaBella completed a sports medicine fellowship at the University of North Carolina at Chapel Hill. She is board certified in both Pediatrics and Sports Medicine, and joined Lurie Children's in 2004 to develop a comprehensive program in pediatric sports medicine, encompassing clinical care, research, and community outreach.

Dr. LaBella has served as the team physician for high school, college, elite, and professional sports teams. She is currently the team physician for DeLaSalle High School, Moody Bible Institute, North Side Youth Foot-

ball League, and the United States Rhythmic Gymnastics team.

She served on the executive committee of the American Academy of Pediatrics Council on Sports Medicine and Fitness (COSMF) for 7 years as the COSMF policy coordinator, and was recently elected chairperson. She also serves on the sports medicine advisory committees for the Illinois High School Association, YMCA of the USA, Pop Warner Football, and US Soccer.

Her research efforts focus on identification of risk factors for injury in youth sports and development of strategies for prevention. She has won two awards for her 2006 research demonstrating that a coach-led neuromuscular warm-up reduces knee and ankle injuries in girls soccer and basketball at Chicago Public High Schools. This study was published in the November 2011 issue of *Archives of Pediatrics and Adolescent Medicine*.

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