

American Academy of Pediatrics

Study: Parents' Knowledge lagging on Booster Seat Switch

Larry Copeland, USA Today

Parents of small children generally know that booster seats sharply reduce the risk of injury in crashes, but most of them don't know that moving a child too soon from a booster seat to a seat belt alone increases the risk of injury or death.

And nearly 9 in 10 parents are moving their children from booster seats to a seat belt before they reach the recommended height, according to a new survey by Safe Kids Worldwide, a global network of groups working to prevent accidental childhood injuries.

For years, the National Highway Traffic Safety Administration and the American Academy of Pediatrics have recommended that children ride buckled up in car seats or booster seats until they're 57 inches tall and weigh between 80 and 100 pounds. The Academy also recommends that all children under age 13 ride strapped-in in the back seat.

But a Safe Kids Worldwide-General Motors Foundation survey of 1,000 parents of children ages 4-10 found that seven in 10 parents don't know about the height recommendation, and 86% of parents moved their child to a seat belt before they were 57 inches tall.

"Parents let their kids move out of booster seats far too early," says Kate Carr, president and CEO of Safe Kids Worldwide. "It was really startling to us how many parents did not know how tall their children had to be before they could safely move them from a booster seat into the regular seat in a car."

Seat belts and shoulder restraints generally don't fit properly on children shorter than 57 inches tall who are not in booster seats. This increases their risk of abdominal injuries, such as a lacerated spleen or kidney injury, and facial injuries in a crash, Carr says.

Booster seats reduce the risk of serious injury by 45% compared to seat belts alone for children 4-8, according to a 2009 study in Pediatrics.

NHTSA first recommended in 1999 that children use a booster seat until they're at least 57 inches tall.

The knowledge gap among parents when it comes to booster seats might reflect the fact that there's been a greater education focus on infants in car seats but less emphasis on older children, says Jeff Boyer, vice president, global safety at General Motors. "As children get out of the infant stage, I'm not sure parents are quite as aware of" the safety recommendations, he says.

Motor vehicle crashes were the second-leading cause of death for children 4-10 year old in 2011, surpassed only by cancer, according to the Centers for Disease Control and Prevention.

The Safe Kids online survey also found that 16% of parents allowed their children to ride in the front seat even though they're not yet 13.

Fatou Benoit, 34, of Boynton Beach, Fla., has long been very careful about trying to use proper restraints for her children: Her 9-year-old brother, Karim Fall, was ejected from an SUV in 2010 when the vehicle crashed and rolled and he wasn't in a booster seat or wearing a seat belt. He sustained a head injury and a broken arm and was in a coma for two days before eventually recovering.

So, Benoit says, she was vigilant with her own children. Even so, she says, when her daughter, Kiara, was 13 months old, she decided to turn her car seat from rear-facing to front-facing. "A friend told me Kiara was not ready for that yet," Benoit says. "So I went online to look for information, and found on safekids.org that it was too soon."

NHTSA and the American Academy of Pediatrics recommend that children remain in rear-facing car seats as long as possible, until they reach the top height or weight limit allowed by the seat manufacturer.

Trooper Jason Sylvester of the Michigan State Police has seen far too many examples of what can happen when children are not properly restrained in vehicle crashes.

A few months ago, he got a shocking reminder of what can happen when they are. Sylvester, who is also a certified child passenger safety technician, was participating in a car seat check event last March at a fire station near Three Rivers, Mich. A woman came in with her three sons; Sylvester replaced two of the seats in their pickup truck and adjusted the third.

They left and 5-10 minutes later, crews from the fire station responded to a crash. It was the mother and the three boys: Their pickup had skidded off the icy road and rolled over.

When Sylvester got to the crash scene, the shaken mother was rendered speechless, but nobody was hurt.

"You couldn't script this any better," Sylvester says. "Every time you do a seat check, you know you could be saving somebody's life. You just don't usually get to see it like that."

Preparticipation Physical Evaluations for Young Athletes

Preparticipation examinations (PPE) are a rite of passage for many young athletes, and often a challenge for their health care providers. The parade of athletes that show up or call the office at the last minute, needing forms signed in order to start practice within several days, can be a source of frustration for providers and their staff. A study recently published in the *Clinical Journal of Sports Medicine* examined the PPE in clinical practice among AAP members and family practitioners in the state of Washington. Unfortunately, many pediatricians in this study reported significant barriers to effective performance of the PPE: 37% reported they were unsure how to perform the PPE physical assessment, 50% were uncertain about relative importance of each PPE component, 58% reported a lack of standardized approach to the PPE, and 63% felt they did not have enough time with patients during the PPE. These concerns are shared by pediatricians beyond the borders of Washington as well.

Fortunately, guidance for performing effective PPEs is readily available in PPE: Preparticipation Physical Evaluation, an AAP-published monograph, which was authored by the AAP, American Academy of Family Physicians, and four national sports medicine societies, and has been endorsed by the American Heart Association (AHA). In the Washington study, pediatricians who were aware of the PPE monograph reported significantly greater rates of comfort and satisfaction with these exams.

The monograph itself contains comprehensive information on performance of all components of the evaluation. However, many pediatricians will find the most significant aspects of this monograph are the history/physical and clearance forms, which reflect best practice and helps guide an efficient and effective evaluation. The comprehensive history form is available in English and Spanish and includes cardiac screening questions as recommended by the AHA. Forms for special needs athletes are included as well. The examination form provides systems-based reminders on the key aspects of the physical evaluation. For many pediatricians the musculoskeletal examination creates the most uncertainty, and an overview of the recommended 2-minute screening musculoskeletal exam can be found at http://med.stanford.edu/ppc/files/2-minute_MS.pdf.

The AAP's Council on Sports Medicine and Fitness (COSMF) home page (<http://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Council-on-sports-medicine-and-fitness/Pages/default.aspx>) has links to multiple resources to assist pediatricians in caring for young athletes, including ACL injury prevention resources, and full text links to clinical reports and policy statements on concussion management and all AAP reports related to youth sports and fitness. Interested AAP members are encouraged to apply for COSMF membership to have access to member-only material.

The PPE forms can be downloaded for free and the full PPE: Preparticipation Physical Evaluation monograph can be purchased at: <http://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Council-on-sports-medicine-and-fitness/Pages/PPE.aspx>

IDAHO CHAPTER NEWS

Meet Dr. John Ullery

After 32 years at Treasure Valley Pediatrics, Dr. John Ullery retired in 2011, then later accepted the position of Medical Director for the CHIC Project of Idaho in March of 2014, thereby partially reentering the work force by joining the ranks of the "temporarily semi-unretired". A Montana native, John is married with two adult sons, one daughter-in-law, and no grandchildren, but one grand-dog and one elderly beagle, Ray. When not engaged in the alphabet soup of CHIC/IHAWCC/SLCH, he enjoys hiking, reading, gardening, and, most of all, woodworking (plus the occasional puttering).

