

AtlanticView at Goryeb Children's Hospital | Fall 2019 kids

MOMENTS THAT MATTER:
ADVANCED
NEUROSURGERY
TECHNIQUES
HELP GIANNA LIVE
SEIZURE-FREE
Read Gianna's Story on Page 6

Pet Therapy Visits Reduce Anxiety
in Hospitalized Children







Try Hip-Hop for Health

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Atlantic Health System, an integrated health care network in New Jersey, is comprised of Morristown Medical Center, Overlook Medical Center, Newton Medical Center, Chilton Medical Center, Hackettstown Medical Center, Goryeb Children's Hospital and Atlantic Rehabilitation. The six medical centers have a combined total of 1,747 licensed beds and more than 4,000 affiliated physicians providing a wide array of health care services to the residents of northern and central New Jersey. The medical centers, and Goryeb Children's Hospital as part of Morristown Medical Center, are accredited by The Joint Commission. Specialty service areas include advanced cardiovascular care, pediatric medical and surgical specialties, neurology, orthopedics and sports medicine. Each of these programs has earned top ratings and recognitions in its respective field.

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**OFFICIAL
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Greetings,

In this issue of *AtlanticView Kids*, you'll read several exciting and informative stories from Goryeb Children's Hospital, including how back-to-school stress can cause stomach pain and determining if the pain is anxiety-related or a physical condition requiring treatment. In our Ask the Expert section, our coordinator of the Injury Prevention Coalition dispenses advice on safety and decreasing incidents of unintentional injury.

You'll discover that at Goryeb Children's Hospital, a dozen young medical students and graduates rotate through a three-year pediatric residency each year. These newly minted physicians have the latest medical training and add their diverse skills to our diagnostic decision making and care. We've also reopened our pediatric rehabilitation and physical therapy program in a new space that's larger than before and filled with even more state-of-the-art equipment and a multidisciplinary team of therapists.

You'll meet Gianna whose brain tumor caused a form of epilepsy. Following exacting neurosurgery to remove the tumor, Gianna was back to her normal routine within two weeks and is likely to remain seizure-free for the rest of her life. You'll also learn how listening to teens describe their difficulty managing type 1 diabetes can help parents and their health care providers understand and better help them control their blood sugar; how pet therapy visits significantly reduce the worry of hospitalized children; and avoiding "text neck" for kids who spend lots of time looking down at cellphone screens and video games.

Other articles include guidance for parents to help reduce anxiety and build resilience in children with autism; how the compassionate staff at the Pediatric Intensive Care Unit provide a familiar environment for children needing an extra level of medical care; and that finding the right fun activity, like dancing to rap music, can help children become more active.

We always want to hear from our readers, so please contact us at atlanticview@atlantichhealth.org if you have a story idea or want to share a comment.



WALTER D. ROSENFELD, MD
Chair of Pediatrics,
Atlantic Health System Children's Health
and Goryeb Children's Hospital

Talk to us

Tell us what you want to read about in *AtlanticView Kids*.
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AtlanticView Kids

Twice a year, Atlantic Health System publishes *AtlanticView Kids*, which includes informative articles on many different health-related topics and events. Issues are available online at atlantichhealth.org/atlanticview or email atlanticview@atlantichhealth.org to receive a hard copy.



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Please help us spread the word and help more people in
our community. Review us on Facebook, Google or Yelp.

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CEO's corner

Determined to Improve Health

What is the biggest factor in a person's life when it comes to staying healthy? Living near a world-class hospital? Access to exceptional physicians? Perhaps the key is good genes?

These components play a vital role in our health, but studies have shown the most important factor comes from the **conditions where we are born, grow, work, live and age**. These elements are known as social determinants of health, and caregivers are increasingly aware of the role they play in our well-being.

Atlantic Health System's **Transitions of Care program** is how we coordinate care to address social determinants of health. As you'll read in this issue, collaboration among our multidisciplinary teams of health professionals helps ensure physical, behavioral and social needs are considered in providing the right care, at the right time, in the right place.

While health systems play an important role in healing many of the problems caused by social determinants of health, we cannot alone repair the circumstances that create them. **That is something we must all do together.**

I hope you enjoy this edition of *AtlanticView*, and thank you for entrusting Atlantic Health System with your care.



Brian A. Gragnolati

Brian A. Gragnolati
President & CEO,
Atlantic Health System

health briefs

Working Toward a Healthier Community

MORRISTOWN MEDICAL CENTER AGAIN RATED NO. 1 HOSPITAL IN NEW JERSEY BY U.S. NEWS & WORLD REPORT

Morristown Medical Center Nationally Rated in Cardiology & Heart Surgery and Orthopedics



Thanks to New York Jets safety Matthias Farley for stopping by Goryeb Children's Hospital and bringing lots of smiles!



Atlantic Health System Hospitals Earn 'LGBTQ Healthcare Equality Leader' Designation in Healthcare Equality Index

"At Atlantic Health System, being a diverse organization means that each team member feels included and can bring their whole self to work so we can provide unwavering and extraordinary caring to the communities we serve," says Armond Kinsey, chief diversity officer, Atlantic Health System. "Earning the LGBTQ Healthcare Equality Leader designation is a reflection of our mission to build healthier communities and illustrates our commitment to creating a safe environment where everyone is treated with respect, kindness and empathy."

Q&A with Dr. Barbara Minkowitz, Orthopedic Surgeon: Texting and Gaming and Packs ... Oh, My!

Your child may spend a significant amount of time texting, playing on the computer, and lugging around a backpack full of books and supplies. Will all of this take its toll on his/her neck and back?

TELL US ABOUT "TEXT NECK."

Dr. Minkowitz: "Text neck" is a term coined to describe the head position used by people engaged in texting or using a computer or video game. It involves the neck being flexed while you're looking down.

SHOULD I BE CONCERNED ABOUT THIS POSITION?

Dr. Minkowitz: Text neck is more prevalent in children now than it was in the past, and it can be behind complaints of headache and back, neck and shoulder pain. It's difficult to predict what the future effects will be on children's skeletal growth, so they should be encouraged out of this head position whenever possible.

WHAT'S A BETTER POSITION?

Dr. Minkowitz: Teach your child to keep

her head in a neutral position when using her cellphone or other devices. While kids usually keep their phones down in their laps, the phone should be held higher so it's aligned with the eyes. This way, neck muscles are not strained.

WHAT ELSE CAN I DO?

Dr. Minkowitz: Consider investing in an ergonomic chair designed for video game use that controls spine alignment. Encourage your child to take frequent breaks. Have him pause to stretch his neck after more than 15 minutes of looking down at a screen. And, if it's really problematic, set limits on the amount of screen time your child is allowed. It's also important to make sure that your child's backpack isn't over 10-15% of your child's weight.

ATLANTIC MEDICAL GROUP

Dr. Barbara Minkowitz is a pediatric orthopedic surgeon and part of Atlantic Medical Group, a multidisciplinary network of health care providers. For more information, visit atlanticmedicalgroup.org. Dr. Minkowitz can be reached at 973-209-1033.

Listening to Teens May Help Them Better Control Type 1 Diabetes

A new study by a team at the BD Diabetes Center at Atlantic Health System's Goryeb Children's Hospital, headed by Harold Starkman, MD, director of pediatric endocrinology, found that teens with poorly controlled type 1 diabetes can experience anger, frustration and anxiety, fraying the relationships they have with their parents and health care providers and impacting their treatment and self-management. A better approach, the team found, was for parents and providers to reduce stress and promote success by simply listening to patients as they describe their efforts and struggles.

In order to control blood sugar levels, people with type 1 diabetes must test their blood frequently and take insulin, which requires diligent monitoring. For teens, this can be especially difficult while managing school and extracurricular activities.

Dr. Starkman and his team, which included Nicole Pilek, MSW, LCSW, the pediatric endocrine social worker at Goryeb Children's Hospital, and Gloria Lopez-Henriquez, a counselor at CONCERN Behavioral and Management Solutions, recruited nine teens between the ages of 13 and 18 who had been diagnosed with type 1 diabetes more than a year earlier and had average hemoglobin A1C levels (a test that measures blood sugar levels over a period of several months) of more than 9% – which is well above normal.

“The idea is to transition from a focus on numbers to an understanding that the relationship between patients, parents and health care provider is critically important.”

– Harold Starkman, MD

The team interviewed the seven girls and two boys, all patients at Goryeb Children's Hospital, with their parents. They also interviewed 10 health care providers in separate sessions.

The interviews revealed significant conflict, potentially impacting treatment. The teens often expressed not feeling understood, even as they tried to control their disease; parents expressed their fears as anger at their children; and health care providers distanced themselves by focusing on blood sugar levels instead of seeing patients as busy teens who were doing the best they could.

By acknowledging patients' efforts and being sensitive to the feelings of all involved, say the researchers, the chances of patients being better able to control their blood sugar increase.

“The idea is to transition from a focus on numbers to an understanding that the



relationship between patients, parents and health care provider is critically important, and can motivate patients to be more engaged and improve their health,” says Dr. Starkman. “This kind of listening and understanding can prevent adolescents from dropping out of medical care.”

The study was published in the March 2019 issue of the American Psychological Association's *Family, Systems and Health* journal. ▲

ATLANTIC MEDICAL GROUP

Dr. Harold Starkman is part of Atlantic Medical Group, a multispecialty network of health care providers. For more information, visit atlanticmedicalgroup.org. Dr. Starkman can be reached at 973-971-4340.

The BD Diabetes Center/Pediatric and Endocrine Center is located at 55 Madison Ave. and can be reached at 973-971-4340.

Q&A With KJ Feury, APN

Coordinator of the Injury Prevention Coalition

Safe Kids Northern New Jersey is a community-based Injury Prevention Coalition located within Morristown Medical Center's Trauma Services. Its mission is to reduce fatalities, injuries and property damage from unintentional bodily harm that occurs to children of all ages on the road, at home and while at play. KJ Feury, APN, coordinator of the coalition, discusses what everyone needs to know about stepping up safety and prevention to protect family and loved ones.

Q: WHY, AS A CULTURE, ARE WE SO ACCIDENT PRONE?

A: This isn't the case. We're not accident prone at all. We make decisions that can have negative outcomes and cause intentional injury. A decision to speed, drive under the influence or participate in a winter sport such as skiing or snowboarding without wearing a helmet puts ourselves and others at risk of injury.

Q: WHAT ARE THE MOST FREQUENT ACCIDENTS THAT OCCUR WITH CHILDREN?

A: Motor vehicle crashes are the leading cause of death in children ages 5 to 9 years old, while drowning is the leading cause of unintentional injury-related death among children ages 1 to 4. Most drownings and near-drownings occur in residential swimming pools and open water sites. However, children can drown in as little as one inch of water.

Airway obstruction is the leading cause of unintentional injury-related death among infants under age 1. Each year, about 100 children die and 254,000 get hurt in bicycle-related accidents. Falling is the leading cause of nonfatal injury for children while at home. Children ages 19 and under account for about 8,000 fall-related visits to the emergency room every day.

Q: HOW ACCESSIBLE IS SAFETY TRAINING IN THE PUBLIC SCHOOLS?

A: Most schools include trauma injury prevention within their health curriculum or among their extra risk-taking behavior programming, which includes Drug Abuse Resistance Education; traffic safety; and bike, pedestrian and motor vehicle risk-taking programs. The key is that injury prevention needs to be reinforced at home.



“Injury prevention involves behavior change and a commitment to safe behaviors. It’s difficult to achieve. We all must continue education and increasing awareness of the risks.”

– KJ Feury, APN

Q: WHEN WILL ACCIDENT PREVENTION BE ACKNOWLEDGED IN ITS FULL SCOPE?

A: There has been tremendous headway made in decreasing the incidents of unintentional injury over the last 30 years. Legislative changes in airbags, seat belts, blood alcohol levels and intoxication, speeding and helmet safety have increased awareness and behavioral changes. These behavioral changes can lead to a decrease in unintentional injury on the road. Tightened policies on keeping smoke and carbon monoxide detectors functioning properly, along with the safe construction design of decks and playground surfaces, have led to a decrease in unintentional injuries.

There is an opportunity for education and behavior change with distracted drivers and pedestrian crashes. Driver inattention was a contributing cause of nearly 800,000 car crashes from 2012-2018. Driving while using a cellphone played a major role in these numbers. Also, more than half of adult cellphone owners have been on the giving or receiving end of a distracted walking encounter.

Injury prevention involves behavior change and a commitment to safe behaviors. It’s difficult to achieve. We all must continue education and increasing awareness of the risks. ▲

For more information, visit safekids.org.

Moments That Matter

ADVANCED
NEUROSURGERY
TECHNIQUES
HELP GIANNA LIVE
SEIZURE-FREE



“Remember, these are children who are having many, many seizures every week, sometimes every day; so to have them go from that to being seizure-free, you can imagine it’s extremely gratifying.”

– Arno Fried, MD

Sofia Goncalves knew there was something wrong with her 9-year-old daughter, Gianna, when she started having episodes of staring straight ahead for several seconds, not remembering what she said or did moments later. “It was very scary,” says Sofia. “We knew we had to find out what was wrong with her, so we went to her pediatric doctor and they did a CT scan. They called us in privately and told us right on the spot that she had a brain tumor. We felt like our whole world was shattered.”

According to Arno Fried, MD, director of pediatric neurosurgery for Goryeb Children’s Hospital at Morristown Medical Center, “we observed Gianna in our epilepsy monitoring program. We found that she was having seizures from her right temporal lobe and that she had a tumor that was triggering seizures.”

Gianna had a form of epilepsy caused by a brain tumor. But epilepsy, a seizure disorder, can also be caused by a stroke, a traumatic brain injury, infections, congenital brain defects, hydrocephalus (a condition where excess cerebral spinal fluid builds up in the fluid-containing cavities of the brain), or abnormal blood vessels in the brain.

According to Dr. Fried, epilepsy can occur at any age during childhood. The first line of treatment for most forms of epilepsy is medication to control seizures. “About 20% of children with epilepsy are not well-controlled with medication,” says Dr. Fried. “These patients go into the epilepsy monitoring unit and are seen by a pediatric neurologist to determine if the seizures are coming from a single focus in the brain. Then we have a pretty good idea that we can control the seizures with surgery.”

Before surgery is performed, doctors verify that the seizures are not coming from an area of the brain that controls vital functions such as speech or memory. “We have a GPS system for the brain that’s built into the operating room that can pinpoint the area causing seizures. The results of this surgery are excellent, with the patient having a 60 to 90% chance of being seizure-free with surgery.

“Remember, these are children who are having many, many seizures every week, sometimes every day; so to have them go from that to being seizure-free, you can imagine it’s extremely gratifying.” Dr. Fried was able to extract Gianna’s tumor and “now there’s a little girl who has a very good chance of being seizure-free for the rest of her life.”



Gianna’s mother, Sofia, says two weeks after her surgery, she was able to go swimming and was back to her normal routine. Gianna says her favorite parts of her hospital stay were visiting with the volunteer pet therapy dogs and arts and crafts. “The nurses and doctors were awesome,” says Sofia. “My daughter absolutely loved them, and they made her feel very comfortable.” ▲

To find out more information about Dr. Fried and other Atlantic Health System affiliated providers, visit atlanticealth.org/doctors.



Goryeb Keeps More Eyes on Your Child

Several young medical students (or residents) examined a child in his hospital bed. They were not convinced that the initial diagnosis of stomach virus – based on his vomiting – was correct, and further testing proved them right. The child had a brain tumor.

In another instance, a child's fever and rash on his palms led a resident to suspect syphilis.

"That's certainly not what we were thinking at first," says Alan J. Meltzer, MD, director of the division of general pediatrics for Goryeb Children's Hospital in Morristown. "Those symptoms also point to a viral infection. But the resident was right."

"One of our priorities at Goryeb is selecting residents based on how well they listen to and interact with both the patient and the family."

– Alan J. Meltzer, MD

In both situations, residents asked the right questions, and the children got a quicker diagnosis and quicker treatment.

"Questioning assumptions is incredibly valuable – to our patients, their families and other physicians," Dr. Meltzer says. "With residents being part of a child's team, we get many different viewpoints and much more robust decision making."

Though residents do not have as much experience as other physicians, they bring the very latest in medical training. They also have many layers of specialists backing them up.

Further, with three dozen pediatric residents on the staff every year, children at Goryeb always have someone with special training nearby.

"One of our priorities at Goryeb is selecting residents based on how well they listen to and interact with both the patient and the family," Dr. Meltzer says. The Berg family appreciates this aspect, too.

"Attending physicians can't be there all the time," says Theresa Berg of Mount Olive Township, NJ. Her son, Collin, a high school junior and aspiring sportscaster, has spent many days over the past three or four years at Goryeb due a variety of high-risk medical conditions, including acute lymphoblastic leukemia (cancer of the blood). "It's been comforting to know that there's someone I can reach out to at any time of day or night, and that they have direct access to the attending and all the other specialists at Goryeb." ▲

For more information, visit atlantichealth.org/goryeb.



Pet Therapy Visits Reduce Anxiety in Hospitalized Children

Results from a study conducted by a nurse research team at Atlantic Health System's Morristown Medical Center found that pet therapy visits significantly reduce the anxiety of hospitalized children.

"Hospitalization can be an incredibly stressful time for children and families; they are out of their normal routine and surroundings, and may be experiencing fear, loneliness, pain, or worry," says Katherine Hinic, PhD, RN, CNE, professor in residence, Morristown Medical Center, and lead study author. "While there has been limited research on the impact of pet therapy on hospitalized children, our study showed that pet therapy visits are an effective complementary therapy to help decrease anxiety while receiving care in a hospital."

The study compared 93 children's anxiety before and after study interventions. The children, ranging from age 6 to 17, were divided into two groups – one group received a pet therapy visit from a therapy dog and handler and a research assistant, and the second group received a visit from the research assistant and completed a puzzle. Groups were similar to each other with no significant differences in key demographic factors or baseline anxiety level.

Each child's anxiety was measured before and after the visit using the State-Trait Anxiety Inventory for Children (STAIC™) S-Anxiety Scale. Parents also completed a brief background questionnaire.

The study showed that while situational anxiety decreased significantly in both groups, children in the pet therapy group experienced a significantly greater decrease in



"... Our study showed that pet therapy visits are an effective complementary therapy to help decrease anxiety while receiving care in a hospital."

– Katherine Hinic, PhD, RN, CNE, lead study author

anxiety ($p = 0.004$). In addition, parents reported high levels of satisfaction with the pet therapy program.

Peggy Grow, program manager of Atlantic Health System's Soothing Paws® Pet Therapy Program, was instrumental in the implementation of this study, coordinating consistent volunteer dog handler teams to give children and families the best possible pet therapy experience. Completion of this study was also dependent on the dedication and commitment of volunteers and their therapy dogs.

The study team included Dr. Hinic; Mildred Ortu Kowalski, PhD, RN, nurse researcher, Morristown Medical Center; Kristin Holtzman, CCLS, child life specialist, Goryeb Children's Hospital; and Kristi Mobus, BSPH, data coordinator, Morristown Medical Center. ▀

For more information, visit atlanticealth.org/pettherapy.



DEALING WITH ANXIETY IN AUTISTIC CHILDREN



Many children can become anxious when faced with challenging situations, such as school or family issues. But for children with autism, these issues can often become overwhelming, leading to intense anxiety.

"If a child on the spectrum is having challenging behavior, very often anxiety is the root of that," says clinical psychologist Christopher Lynch, PhD, director of pediatric behavioral medicine for Goryeb Children's Hospital and author of *Anxiety Management for Kids on the Autism Spectrum: Your Guide to Preventing Meltdowns and Unlocking Potential*.

Autism is a developmental disability but impacts each child in a unique way, says Dr. Lynch. "Children with autism are often referred to as being 'on the spectrum' because it is a collection of developmental concerns that occur together in varying degrees."

FIVE FACTORS THAT INCREASE ANXIETY

Dr. Lynch says there are five factors that can increase anxiety in children with autism, but there are things parents can do to help ease that anxiety. Cognitive rigidity refers to thinking in a very detail-oriented way. "It is a great strength but can make it difficult when things change. You can prepare your child for change by minimizing unexpected changes and letting them know when a transition is coming up."

SOCIAL SITUATIONS & SENSORY SENSITIVITIES

Another aspect that often occurs in social situations is sensory sensitivities. "They are more sensitive to noises or tactile experiences like being touched unexpectedly or being in crowds," says Dr. Lynch. To reduce anxiety, Dr. Lynch advises parents to temporarily remove the child from that situation or provide him or her with headphones to block noise.

Language processing is another area where children with autism may become anxious from their inability to process, either by not understanding what someone is saying or by being unable to express themselves through language. "Someone using a lot

"Have the child learn and practice stress and anxiety management techniques because no matter how much we support our kids, we're never going to eliminate anxiety. But we can help build their resilience and problem-solving ability."

– Christopher Lynch, PhD

of language like 'come on, get ready to go to school; go put on your socks and shoes; we're going to be late' can overwhelm their language processing capacity," says Dr. Lynch.

Task frustration can cause children to struggle with tying shoes or using scissors when younger and with their ability to write when older. Challenges can also occur in social situations where children with autism do not understand turns of phrase.

"Make sure you're supporting them in social situations," says Dr. Lynch. "Have the child learn and practice stress and anxiety management techniques because no matter how much we support our kids, we're never going to eliminate anxiety. But we can help build their resilience and problem-solving ability."

If you have concerns about your child's mental health or development, speak to your pediatrician. ◀

ATLANTIC MEDICAL GROUP

Dr. Lynch is part of Atlantic Medical Group, a multispecialty network of health care providers. For more information, visit atlanticmedicalgroup.org or call 973-971-6305.

EXPANDED PEDIATRIC INTENSIVE CARE UNIT NOW OPEN

To meet the demand for the highly specialized care needed for critically ill or injured children, Goryeb Children's Hospital has renovated and expanded the Joan and Edward Foley Pediatric Intensive Care Unit (PICU) from nine beds to 15. The PICU provides continuous monitoring of patients' respiratory, cardiac and neurological functions. Each room is designed with easy access to radiological tests, such as X-ray and ultrasound, and the latest technology to allow for instant review of diagnostic and laboratory results. Amenities include private rooms with sleeping accommodations for parents, gaming consoles, a family waiting room area, and separate bathroom and shower.



The nurses station in the expanded PICU



The newly expanded PICU

An increase in patient volume created the need to expand the PICU from 9 to 15 beds



Goryeb Children's Hospital celebrated the Joan and Edward Foley Pediatric Intensive Care Unit ribbon cutting in September with festivities and tours



Morristown Medical Center donors Edward J. "Kim" and Noel Foley celebrate the opening of the expanded Joan and Edward Foley PICU, named for Kim Foley's parents

Intensive Care for Your Child



When children need an extra level of medical care in the Pediatric Intensive Care Unit (PICU), it's often for a short period of time. But Lauren McNerny, now 15, usually spends a month or more in one each year.


Lauren was born in 2004 with severe medical conditions and today functions as a child less than a year old. Her mother, Sharon, and father, Matt, lovingly care for her at home with the help of three nurses. But when Lauren needs additional care, she is admitted to the PICU.

For children like Lauren and for those who need shorter, one-time intensive care visits, the Joan and Edward Foley PICU and the NICU (neonatal, or newborn ICU) are at the heart of Atlantic Health System's Goryeb Children's Hospital at Morristown Medical Center.

When Goryeb Children's Hospital was under construction nearly 20 years ago, it was the Foley Family who made a lead gift, which helped create the Joan and Edward Foley Pediatric Intensive Care Unit, named in their parents' honor. Once again, the Foley family answered the call to help care for the region's most critically ill children in support of the expansion.

"We always choose to come to Goryeb Children's Hospital," says mom Sharon McNerny. "They're the reason we came to live in Basking Ridge 13 years ago."

The staff has become like family.

"The staff at the PICU knows that when we're there, it's for a good reason," she says. "Despite there being high emotions, it's very comforting to see their familiar faces and to know that they will always listen to our concerns. We trust them, and they trust us. That is incredibly important to us." 

For more information on the PICU, visit atlantichealth.org/goryeb.



Back-to-School STRESS

Returning to school may cause anxiety that leads to stomachaches

When the carefree days of summer come to an end and it's time to return to school, some children may develop stomach pain. It's important to know whether it's something serious or just back-to-school jitters.

"We know that 25% of school-age children will complain of recurring belly pain," says pediatric gastroenterologist Joel Rosh, MD. "There are five abdominal symptoms, including stomach pain, nausea, vomiting, diarrhea and constipation."

ORGANIC AND FUNCTIONAL CAUSES OF STOMACH PAIN

Dr. Rosh says there are two primary causes of stomach pain: organic and functional. Examples of organic pain include tissue injury, abnormal anatomy or ulcers. "An important contributor to functional pain can be stress, worrying or anxiety," says Dr. Rosh. "The brain runs your body and controls what happens in your stomach. Then the stomach talks back to the brain and tells you what is going on."

Dr. Rosh's program performed a study that looked at medication for abdominal pain versus a placebo, or a substance that is made to look like a real drug. "It turned out there was no difference," says Dr. Rosh. "The reason is that we first gave an hour of education to every family to explain why the belly hurts, and 88% got better with just the education."

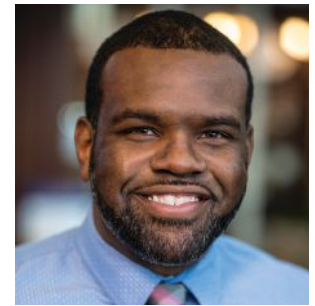
For children who may be suffering from something more, parents should look for the following red flags: weight loss, throwing up in the middle of the night, passing blood, and symptoms outside the GI tract such as fevers or rashes. Conditions that pediatric gastroenterologists look for include celiac disease and inflammatory bowel disease such as Crohn's disease. "If there are no red flags and a physical exam is normal then the cause of the belly pain is likely functional," says Dr. Rosh.

If a child is suffering from anxiety-related stomach pain, Dr. Rosh says relaxation techniques such as mindfulness can be helpful. "Outside the brain, the stomach has the most nerve tissue in the body, and you can activate those nerves just by thinking; so it is like an internal thermometer. Is the child getting enough sleep, or is he or she eating right? If the stomach is hurting, it just signaled that something isn't optimized today." ▲

ATLANTIC MEDICAL GROUP

Dr. Joel Rosh and the pediatric gastroenterology team are part of Atlantic Medical Group, a multispecialty network of health care providers. For more information, visit atlanticmedicalgroup.org or call 973-971-5676.

Try **Hip-Hop** for Health



"I've met with many children who want to be more active and lose weight, but they have challenges to overcome," says Tyree M. Winters, DO, pediatrician for Atlantic Health System's Goryeb Children's Hospital and medical director of the HealthStart Clinic. Extreme cold or heat can make outdoor activities difficult, for example. Some children do not have access to parks, and others cannot afford membership clubs.

"As a health care provider, it was frustrating when my patients had so few options," he says.

So Dr. Winters offers a solution: Find an activity you can do at any time and almost anywhere. One option, he says, is hip-hop, dancing to the catchy beats of rap music.

"Once you learn some moves, you can do hip-hop right in your home without making too much noise; it doesn't cost anything, and you don't need much room," he says.

Dr. Winters walks the walk, teaching a monthly hip-hop class to children and their families, with ages ranging from 6 to 66. A peek into the classroom makes it clear everyone is enjoying themselves.

TIPS FOR FITNESS SUCCESS

Fun is at the top of Dr. Winters' list of tips to keep active. "If you're not having fun, the chances are slim to none you'll be consistent with an activity," he says. "So if one activity doesn't work, find something else you do enjoy."

Other tips: Move at your own pace. "When you first start moving, you're going to be slower," he says. "That's OK! Don't compare yourself to others. Just do it!"

Stay in a comfortable zone with your heart rate and breathing. That makes the activity more enjoyable, and it's a healthier way to exercise, he says. "You should be able to talk while exercising, and it's even OK to pant," he says. ▲

ATLANTIC MEDICAL GROUP

Dr. Tyree Winters is part of Atlantic Medical Group, a multispecialty network of health care providers. For more information, visit atlanticmedicalgroup.org. Dr. Winters can be reached at call 973-992-5588.

"Once you learn some moves, you can do hip-hop right in your home without making too much noise; it doesn't cost anything, and you don't need much room."

– Tyree M. Winters, DO

Learn more about options for you and your family to get more active. Talk with your pediatrician. For more information about various Kid-FIT Atlantic Health System programs for children ages 5-18, call 973-971-8824.



State-of-the-Art Pediatric Rehabilitation Center Now Open in Morristown

One-stop shop offers providers and therapy in a single location



Atantic Health System’s pediatric rehabilitation and physical therapy program reopened in a brand-new space at 55 Madison Avenue in Morristown.

Larger than the previous center and filled with state-of-the-art therapy equipment, the open-gym facility is able to treat a wide variety of physical and developmental concerns ranging from smaller injuries like sprained ankles to ongoing mobility therapy for conditions that include cerebral palsy, genetic disorders and muscular dystrophy.

The center will also have speech and language pathologists on-site to treat children who have difficulty speaking and eating. The specialists emphasize language articulation, oral motor development, and feeding and swallowing skills.

“Atlantic Health System is pleased to be able to offer our community a state-of-the-art rehabilitation space that will enable our accomplished multidisciplinary team to better customize programs and work together to ensure the mobility and long-term independence for our young patients,” says Walter D. Rosenfeld, MD, chair of pediatrics, Goryeb Children’s Hospital and Atlantic Health System.

THE MULTIDISCIPLINARY TEAM

A trained team of physical and occupational therapists work in tandem with specialists and pediatricians for optimal patient outcomes. Michelle Sirak, MD, a Goryeb Children’s Hospital pediatric physiatrist focused on physical medicine and rehabilitation, often serves as the team leader, creating individualized treatment plans, including home exercise programs.

In addition to its new equipment, the building is home to a number of specialists, which enables patients to schedule physical therapy and see their doctor in one convenient location.

The new rehabilitation facility will also offer specialized adaptive equipment and a variety of group training sessions, including feeding, handwriting and sensorimotor groups, which may encourage even greater progress.

“Being in close physical proximity to other physicians and therapists enables more frequent communication among treatment

providers that will ultimately benefit our patients,” says Ellen Dean-Davis, MD, a pediatric orthopedist for Atlantic Medical Group. “For families, the singular location helps reduce the number of times they need to travel to the building because they can schedule their rehabilitation and a physician visit or follow-up on the same day.”

SCOLIOSIS TREATMENT

The new center will also offer the Schroth Method for the treatment of scoliosis. The Schroth Method is a unique, nonsurgical method involving active therapeutic exercises intended to improve scoliotic posture, halt curve progression, reduce pain and improve quality of life for the patient. Therapists must be specially trained and pass a certification exam to practice this technique, which generally has a high level of success.

“We know many children struggle with scoliosis and while surgery may be appropriate for some of them, the Schroth Method is a nonsurgical option that may help children avoid surgery,” says Laura Taylor, the physical therapist trained on the method.

Other conditions the team treats include the following: apraxia; autism; behavioral, motor and sensory feeding difficulties; cerebral palsy; chromosomal abnormalities; delayed motor development, dysphagia and feeding disorders; genetic disorders; hearing impairments; juvenile arthritis; muscular dystrophy; orthopedic diagnoses; prematurity; scoliosis; seizure disorders; speech-language disorders; spina bifida; torticollis; and traumatic injury. ▲

ATLANTIC MEDICAL GROUP

Dr. Michelle Sirak and Dr. Ellen Dean-Davis are part of Atlantic Medical Group, a multispecialty network of health care providers. For more information, visit atlanticmedicalgroup.org. Dr. Sirak can be reached at 973-971-6505. Dr. Dean-Davis can be reached at 973-971-7830.

Specialty Referral Info GORYEB CHILDREN'S HOSPITAL

Adolescent Medicine	973-971-5199
Brain Tumor/Neuro-Oncology Program	973-971-5700
Cardiology	973-971-5996
Child Development and Autism Center	973-971-5227
Craniofacial Program	973-971-8585
Eating Disorders Center	908-522-5757
Endocrinology/Diabetes	973-971-4340
Gastroenterology and Nutrition	973-971-5676
Hematology/Oncology – Valerie Center	973-971-6720
Infectious Disease	973-971-6329
International Adoption	973-971-4252
Kid-FIT™ Program	973-971-8824
Nephrology and Hypertension	973-971-5649
Neurology	973-971-5700
Physical Medicine and Rehabilitation	973-971-6505
Pulmonary/Respiratory Center	973-971-4142
Rheumatology	973-971-4096
Scoliosis and Spinal Deformity Center	973-971-6879
Spasticity and Gait Disorder Center	973-971-5901
Surgery	908-522-3523
Urology	973-828-4300

KEY PHONE NUMBERS

ADMISSIONS
973-971-6718

EEG
973-971-5124

EMERGENCY ROOM
973-971-6102

LABORATORY
973-971-7805

RADIOLOGY
973-971-4163

OUR FOUNDATIONS

MORRISTOWN MEDICAL CENTER

Kids4Kids members Cole Ekert and sisters Sydney and Whitney Lapper had their hustle on for the second annual golf fundraiser, Juniors Fore Goryeb. The event co-chairs helped raise \$30,000 toward gaming equipment for pediatric patients, doubling the proceeds earned from last year's inaugural event. The nine-hole outing drew 40 golfers ranging in ages from 10-18 at Roxiticus Golf Club in Mendham.

Kids4Kids, the Foundation for Morristown Medical Center's youth philanthropy group, encourages children and teens to get involved with philanthropy, volunteerism and fundraising through hands-on projects and group activities that benefit Goryeb Children's Hospital. Now in its 11th year, Kids4Kids has raised more than \$450,000.

For videos and photos of the event, visit <https://f4mmc.org/juniors-fore-goryeb>.

OVERLOOK MEDICAL CENTER

Overlook Medical Center plans to build a new children's center that links the Meri and Sol Barer Inpatient Pediatric Center to the Michael Gordon Reeves Pediatric Emergency Department for better coordinated care of young patients.

Designed to make children and their families more comfortable, without having to transport them to different parts of the hospital, the center will consolidate pediatric emergency and inpatient services with the same clinical team to provide a customized patient experience. Parents will even have a work station in their child's room, as well as furniture to sleep there.

To find out more, visit overlookfoundation.org or call 908-522-2840.

NEWTON MEDICAL CENTER

Recently, Girl Scout Troop 418, part of Girl Scouts of Northern New Jersey, delivered 500 Hearts of Hope to the Newton Medical Center Foundation. The donated hearts were painted, glazed, hand tied with ribbon and packaged with inspirational and healing words of encouragement.

Girl Scout Troop 418 does many community services projects, but Hearts of Hope is their signature event that countless hours are spent creating personalized works of art. Last year, they donated over 300 hearts to the Parkland Shooting survivors in Florida. This year, Hearts of Hope were distributed to patients and staff members of Newton Medical Center to empower, increase resilience and heal the spirits of those facing illness, tragedy, trauma and loss.

To find out more, visit atlantichealth.org/newtonfoundation or call 973-579-8309.

CHILTON MEDICAL CENTER

Recently, the Pequannock High School Field Hockey Team, led by Luciann Blahut, hosted a "Play for the Cure" t-shirt drive donating all proceeds to the Breast Center at Chilton Medical Center. For the second year in a row, the field hockey team demonstrated a spirit of compassion and generosity toward Chilton Medical Center as their local community hospital. The team's kindness reminds us that one small gesture can have a great impact and we appreciate their continued generosity. We are very grateful that a local community member takes the initiative to show high school students what it means to be philanthropic.

To learn more about Chilton Medical Center's Foundation and its funding priorities, visit atlantichealth.org/chiltonfoundation or call 973-579-5165.

HACKETTSTOWN MEDICAL CENTER

The Foundation for Hackettstown Medical Center has engaged a very loyal group of young fundraisers! For the past nine years, the entire Hackettstown High School Lady Tigers Volleyball team, led by Coach Jeannie Tagliareni, has participated in the Foundation's annual Colors for Cancer Fun Run/Walk to benefit Hackettstown Medical Center's Joan Knechel Cancer Center (JKCC).

To date, the team has raised over \$16,000 for the JKCC and their goal is to reach \$20,000 in total donations by 2020. Each year, the team also hosts a "Pink Game" to raise awareness of breast cancer. What a wonderful example of young philanthropists in action - you go girls!

To find out more, visit atlantichealth.org/hmcf or call 908-850-6876.

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