



## Office Highlights

### **Breaking Ground on Our New Marlton Office**

We are delighted to announce that construction on our new Marlton office began in November 2010, after overcoming more than six years of assorted obstacles. Rising on the same site as the original Farm Pediatrics, our new office will be located on the first floor of a spacious two-story building. Our goal is for construction to move swiftly, allowing us to be settled in our new office by this time next year. We look forward to welcoming you there!

### **EMR: New Technology for Comprehensive Care**

Our medical practitioners and office staff thank you for your patience while we transition to a new Electronic Medical Records (EMR) system in both offices. Initiated this past autumn, EMR is state-of-the-art technology designed to facilitate the office visit, from check-in to check-out. By making patient charts more accessible to physicians and nurses, and expediting the electronic transfer of labs, x-rays, prescriptions, and referrals that we may order, EMR enables us to more efficiently provide comprehensive care for your child.

We apologize for any inconvenience you may have experienced during the initial months of EMR implementation. While everyone in our office was trained in using EMR, it is taking us some time to master the full functionality of this robust system. For the first several weeks of operation we offered less physicals, hoping to minimize appointment waiting time, but our success in this respect was somewhat limited. We hope to welcome the New Year fully operational, with an expanded schedule to catch up on well exams.

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## Winter Health Hints: Cold, Colder, Coldest

### **COLD**

Winter's cold air does not cause or worsen colds and does not cause pneumonia. Children commonly experience mild cold symptoms at this time of year. If children feel well enough, let them participate in winter activities. Teach children not to eat snow and ice, as they may contain stomach-upsetting microorganisms (germs).

### **COLDER**

Tell children to report all injuries and discomforts promptly, even minor ones. Shivering and a feeling of tingling in the toes may be signs of early frostbite. Infants do well in the cold, but if a baby becomes irritable outdoors, seek shelter and check fingers and toes for frostbite.

### **COLDEST**

Carry winter clothing or blankets in your car. Life-threatening cold emergencies can occur when families are unprepared for vehicle breakdowns.

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# Stimulating Speech Development

As with other areas of development, there are milestones in the development of language. Most babies, for example, are babbling by six or seven months. Most one-year-olds have said their first words, and by age two, most toddlers are using two or three-word phrases and pronouns. By age three, most children can say their name, age, and gender. However, whereas spoken language is variable, receptive language development (the ability to respond to two or three-step commands by two years old) is rather specific. Failure to reach these milestones may be a sign of significant delays, requiring further evaluation and/or intervention.

With regard to speech, a delay may simply be a developmental lag ("late talkers"). These late talkers often catch up to their peers with some simple language enrichment. Of course, if this fails or if speech articulation errors result in significantly incomprehensible speech, then professional evaluation and possibly more specific speech therapy may be required.

Following are recommendations from a noted developmental pediatrician for promoting the development of speech:

- **Take advantage of the ordinary** – Don't limit playtime to structured sessions with toys. Opportunities present themselves all day long, whether shopping, working, driving, or going for a walk. Verbalize repetitive activities. For example, when setting the table, say, "plate, plate, plate, plate; fork, fork, fork, fork." Use "self talk" and parallel talk," providing a running commentary on all of the events of the day.
- **Funny sounds** – Add a funny or odd tone to your voice and encourage your child to copy you. Have her imitate the sounds of mechanical objects such as the doorbell, or the ringing of the phone, or the "vroom" of the car engine.
- **Amplify and play back** – Letting a child hear the sound of his own voice encourages more sounds. Good toys for this exercise range from inexpensive plastic echo sound microphones to tape recorders, and even higher priced karaoke machines that can be hooked up to your television.
- **Vocalize** – Sometimes late talkers are not even able to make basic sounds that reveal pleasure or excitement. Use any opportunity you can to try and initiate a copycat response. Rub your belly and say "mmmmmm."
- **March to the beat** – While singing simple songs, use instruments or kitchen items to add a beat. Depending upon her ability, encourage your child to fill in words or sing aloud. Music, singing, and dancing help a child "express" herself. For example, start with a song like "Old MacDonald" and see if she'll do the "e-i-e-i-o" part.
- **Puppet play** – Puppets are perfect for stimulating imaginative play and speech sounds. Simply place a bunch of your child's favorite stuffed animals or self-made puppets behind the couch and have her sit on the other side. Put on a show for her and see if she will play along.
- **Animal play** – Children often love to pretend that they are a puppy or a kitten, or even an elephant, a cow, or a bear. The ways that the animal moves, sounds, and eats are amusing activities to imitate. For example, using monkey sounds like "eee eee," "ah ah," and "ooh ooh ah ah" (with corresponding arm action) can be a lot of fun. To create the "eee" sound, make sure the teeth are together; open lips for a big smile and then make the sound. To make the "ah" sound just open your mouth all the way. For the "ooh" sound try a "fish face." Use your fingers to round your lips for an "ooh."
- **Nursery rhymes** – Children develop the ability to detect rhyme before they can produce it. Rhyming is an important pre-literacy skill. Reading rhyming books like those by Dr. Seuss helps develop an ear for rhyme.
- **Echo and correct** – Your daughter says "Her frew dat ball." Don't say "that's not how to say it." Simply repeat it correctly: "She threw that ball."
- **Praise** – Children love to be told "well done," reinforced with a big smile and/or hug.

## Language Delay Resources

### Books

- The Late Talker: What to Do If Your Child Isn't Talking Yet*, Marilyn C. Agin, MD, Lisa F. Geng, Malcolm J. Nicholl; 2003
- Beyond Baby Talk: From Sounds to Sentences. A Parent's Complete Guide to Language Development*, Kenn Apel, PhD, and Julie J. Masterson, PhD; 2001
- Does My Child Have a Speech Problem?* Katherine L. Martin; 1997

### Websites

- [www.cherab.org](http://www.cherab.org) – CHERAB Foundation, Inc (Communication Help, Education, Research, Apraxia Base)
- [www.speechville.com](http://www.speechville.com) – Speechville Express
- [www.nectac.org](http://www.nectac.org) – National Early Childhood Technical Assistance Center
- [www.asha.org](http://www.asha.org) – American Speech-Language-Hearing Association

# Head Lice

Head lice are wingless insects that live on the human scalp. They do not carry disease, but they can be unsightly, itchy, and upsetting. Often found on the scalps of young children, a case of head lice is no reason for panic or embarrassment. Lice can happen to any child.

## Myths

Lice infestation is not rare. In the United States, six to twelve million people get lice every year. Children do not get head lice because they are dirty, neglected, or poor, and even meticulous hygiene will not prevent an infestation. Lice have no wings, so they can't fly from one head to another, and they don't hop. However, they can scurry quickly from hair to hair, or, for example, from a hairbrush, hat, or pillow to hair. Lice are more common in young children because they often share clothing, brushes, and stuffed animals.

## Signs and Symptoms

It is quite possible for children to have lice but exhibit no symptoms. Only about half of all children with lice have itchy scalps. When children scratch louse bites vigorously, the bite sites may get infected.

## Checking for Lice

If you've heard of lice infestations among your child's friends or at school, it's important to check your child's head for lice using a fine-toothed comb under a strong light. Lice are not easy to find; when you shine a light or start combing the child's hair, they hide. Adult females are about as big as a sesame seed and either black or reddish-brown. Eggs are small, translucent or white, and firmly glued to the hair shaft very close to the scalp, often behind the ears or at the back of the neck. Nits, which are the empty shells of hatched eggs, are a little easier to see because they reflect light and are found farther out on the hair shaft. Eggs or nits are not always a sign of active infestation, but some schools will not allow children to attend until the nits are gone.

## Treatment

If lice are found on your child's head, don't panic. Treat children at home with shampoos or rinses that you can purchase at the pharmacy without a prescription; effective products include Nix, RID, A-200, or R & C shampoo. Alternative methods, such as smothering lice with a heavy layer of petroleum jelly, mayonnaise, or olive oil, have not been studied and probably do not kill the eggs.

When using lice shampoos or cream rinses, follow these guidelines:

- Apply pyrethrin-PB shampoos (RID and others) to dry hair. Saturate the hair completely and massage into the scalp. Wait ten minutes, then add water to form lather, shampoo, and rinse thoroughly. Hair may be difficult to comb after treatment. You can use a regular shampoo and conditioner after the treatment to help get the tangles out. Using these products will not reduce the effectiveness of the treatment.
- If you use a permethrin cream rinse (Nix), start by giving the child a regular shampoo, rinse the hair, and towel dry. Then apply enough cream rinse to saturate the hair and scalp; leave on for ten minutes, and rinse with water.
- After treatment, comb the hair thoroughly to remove lice eggs. A special comb often accompanies the lice product. This takes time, especially with long thick hair, but it's a crucial step. If any eggs are left behind, they may hatch and begin a new infestation.
- Repeat the treatment in 7 to 10 days to make sure all the eggs have been killed.
- Inspect the scalp 24 to 48 hours after the treatment to see if any lice remain. Some reports warn that lice are developing resistance to certain treatments. If you continue to see lice after treatment, call us: we may need to suggest a different product or prescribe a special shampoo.

Lice cannot live more than two to three days away from the scalp, so it may be beneficial to put washable clothing and bedding through a high-heat dryer cycle first, then the washing machine. Anything that isn't washable can be placed in plastic bags for two weeks.

If your child complains of itching even after the lice are gone, call our office. The itching is most likely an allergic response to the dead lice and eggs or a sensitivity to the treatment, as opposed to a new infestation. Either way, we may be able to suggest or prescribe a medication that will help.

*[Pediatric Dermatology, 2008]*

# Pediatric Urban Legends

Medical myths have been passed around populations for generations. Now the internet makes it even easier for well-meaning but ill-informed people to generate and perpetuate myths that hamper proper children's care and treatment. Read why the following "pediatric urban legends" should be modified or abandoned, and help your friends and family separate fact from fiction.

**MYTH: Teething can produce fever and a wide variety of other symptoms, such as diarrhea and ear infections.**

In ancient times, teething was reported to cause seizures, colic, rashes, and even death. Some symptoms are still blamed on teething. To learn if a true medical connection could be established between teething and these symptoms, researchers conducted a thorough study which followed infants prior to and through the eruption of their teeth. Tracking behavioral changes and abnormal symptoms as well as daily temperature measurements, the research showed that temperatures on the day of tooth eruption did not exceed 100.4 degrees and were not associated with an increased incidence of ear infections, diarrhea, or cold symptoms. As a result of this study, the only thing we are certain of is that teething produces teeth!

**MYTH: Sugar consumption leads to hyperactivity.**

Parents and even teachers swear that they witness a "sugar rush" after children eat candy, and they routinely avoid giving children sugar. But there is simply no proof that such a thing as a "sugar rush" exists. Yet, it is certainly possible that children who do not eat balanced diets—where sugar substitutes for appropriate amounts of proteins, fats, and complex carbohydrates—may exhibit erratic and sometimes hyperactive behavior.

**MYTH: Fever is extremely dangerous and must be managed aggressively.**

One of the most enduring medical myths is that a child's fever must be treated with all haste. No doubt this stems from the years before modern medicine, when medical treatment was merely supportive, but rarely curative. Too many parents are afraid that fever is harmful, and are fearful that fever can result in permanent brain damage.

The fact is that fever can make one feel achy, be associated with vomiting, or cause temporary hallucinations, but it doesn't cause lasting neurologic or organ damage. To combat fever phobia, one must realize that fever is a symptom of an illness, nothing more, and that antipyretics (acetaminophen, ibuprofen) help provide comfort, not a cure.

*Have a Safe and Healthy Winter  
from the Staff at*

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