

Guest Editorial

Pediatric Limb Deficiency

A limb loss has the potential to cause significant impact, both physical and emotional, on the life of a child and his/her family. The impact of this impairment is determined not only by the type and level of limb loss, but also by whether it is congenital or acquired, the age and stage of development at which it occurs, associated comorbidities, the family's response to the loss, and the support systems available to address the needs of the child and the family.

Since the early 1950's the concept that the needs of these children are best served by a "team approach" has been recognized and promoted. The goal of this approach is to bring together professionals with expertise in addressing the needs of these children and their families. For many of these professionals, the vast majority of their experience is gained "in the field" rather than during their training. Individuals whose training sites do not include centers with clinics that specialize in the care of children with limb loss/amputations often do not gain sufficient exposure to the multitude of issues specific to this population. This is problematic for the child who lives in a community with limited resources in this area of specialized care and is unable to travel to a center that can provide the care.

Our intention with this issue is to present some of the basic concepts in managing children with limb loss, both congenital and acquired. The contributing authors represent the wide spectrum of professionals from pediatrics, orthopedic surgery, plastic surgery, genetics, physical medicine and rehabilitation, occupational and physical therapies, social work, prosthetists and orthotists who, among others, care for these children. Dr. Yoshiro Setoguchi has shared his long experience in the CAPP program and his approach to writing a prescription for a prosthetic limb. With the ongoing military and revolutionary activities around the globe, we felt it was important to include an article on land mines. It is an ongoing cause of limb loss for children in many countries and we are fortunate to benefit from Dr. Hugh

Watts' long involvement with this issue and these children. The seasoned teams from University of Michigan and Children's Healthcare of Atlanta have contributed comprehensive reviews of the management of upper and lower limb losses, respectively. Dr. Kozin from the Philadelphia Shriners Hospital presents a case on bony overgrowth and Dr Egerszegi from Montreal presents a case series with serial photographs regarding hand anomalies. Our hope is that this issue may serve as a "mini-primer" on pediatric limb deficiency. We recognize that we have fallen short, in many respects, by not including additional information on classification systems, surgical management, and pain management – all topics for future publication.

In conclusion, from a clinician's perspective, I have found the achievements of many of these children to be an eternal source of wonder and amazement. Examples of these patients include a 17 year old boy with bilateral lower extremity losses, a Symes and a transtibial amputation, who has climbed Mount Everest, not once, but twice; a 9 year old wonder with a high transfemoral amputation who rides a two-wheeled bicycle, break dances (it's easier without his prosthetic leg), plays football and basketball hopping and standing with perfect balance on one leg; and a young woman who had a unilateral transtibial amputation at 5 years of age and is a former Olympic ski champion and is pictured with two of our former presidents on her web site <http://www.bonniestjohn.com>. I salute them

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