

Editorial

In this first issue of the fourth volume, JPRM focuses on the neuropsychological, neurological, orthopedic and rehabilitation issues of pediatric brain tumors. In addition, two non-related original research articles are also included. The first by Vargas et al. explores “The GMFM, PEDI, and CP-QOL and perspectives on functioning from children with CP, parents, and medical professionals.” The second, by Montpetit et al. concluded that facilitating functional activities in “Activities and participation in young adults with Osteogenesis Imperfecta,” should be an important consideration in treating children with osteogenesis imperfecta.

From a neuro-oncology perspective, Finlay and Walker present various case scenarios regarding the integration of rehabilitation in their commentary entitled “Central Nervous System Tumors of Childhood and Adolescence: the Rehabilitation Challenge of Survival and ‘True Cure’.” While attending the Langone/New York University Medical Center in the late 90’s, I had the honor of working with Dr. Finlay and being exposed to his comprehensive care for treating this population. Finlay, who may be considered one of the world’s pre-eminent clinical experts in treating children with brain tumors, has clearly recognized the importance of including the rehabilitation team as part of the cancer treatment team. When he subsequently moved to L.A. Children’s, he further integrated treatment with the rehabilitation team. The inpatient unit there typically has several children post-operatively from tumor resection as patients. Here at Children’s Hospital Oakland, the physiatrist participates in the monthly comprehensive outpatient neuro-oncology clinic seeing each patient who requires rehabilitation assessment and prescriptions. The entire team consists of the neuro-oncologist, neurologist, neuropsychologist, neurosur-

geon, physiatrist, radiologist, social worker, and nursing staff.

From a neurology perspective, Monje and Fisher, in “Neurological Complications Following Treatment of Children with Brain Tumors,” review the usual neurological complications encountered with pediatric brain tumors. The second related article “Neuropsychological Rehabilitation for Survivors of Childhood and Adolescent Brain Tumors: A view of the past and a vision for a promising future” by Nazemi and Butler provides an outstanding review. This is followed by a Nortz and Ris article addressing “Neuropsychological Late Effects and Rehabilitation following Pediatric Brain Tumors.” Subsequently included is “Perspectives on Pediatric Brain Tumor Rehabilitation” by Pruitt et al. and finally, “Orthopaedic Issues in Children and Adolescents with Central Nervous System Tumors.”

In the last 30 years the Children’s Oncology Group has provided a framework and research structure for significantly improving treatment outcomes of pediatric brain tumors. From a rehabilitation perspective, I propose first, that functional outcome measures be included in both clinical and research treatment protocols. Second, that all children with brain tumors be evaluated for disability, handicap and or impairments and be provided with the appropriate rehabilitation services (physiatry, physical, occupational and/or speech therapy). This should ensure that all children with brain tumors will receive appropriate rehabilitation services throughout their lifespan.

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