

Editorial

Welcome to the final issue of the 2014 year. As this year draws to a close, the US Health Care System enters the second year of the Accountable Care Act. In addition, the World Health Organization, Center's for Disease Control along with world leaders and scientists grapple with Ebola. How "we" as health care providers and leaders address these local, national and international health care issues will provide both valuable experience and lessons for all today and into the future. Administrative, clinical and scientific decisions made today will have a direct impact on both individual and global health outcomes.

With regards to a specific disease, this issue contains five articles focusing on rehabilitation and medical issues of brain tumors. Aslan and Cheung in "Early and late endocrine effects in pediatric central nervous system diseases" provide a review of the common endocrinopathies of childhood brain tumors. They focus on craniopharyngioma's, optic pathway/hypothalamic gliomas, intracranial germ cell tumors and Langerhans cell histiocytosis. Specific areas addressed include Growth hormone deficiency, thyroid dysfunction, precocious/delayed puberty, ACTH deficiency and gonadal failure in girls and boys along with obesity and metabolic syndrome.

In "Facial paralysis reconstruction in children and adolescents with central nervous system tumors," Panossian outlines the evaluation, early and late surgical management; upper (brow), midface and lower face paralysis; along with the ancillary procedures required to achieve symmetry of form and function. Specific emphasis on rehabilitation and the psychosocial aspects of facial paralysis are also included.

Returning to school after the diagnosis and treatment of a childhood brain tumor takes both coordination and effort by the entire treatment team. In "Supporting students with brain tumors in obtaining school intervention services: The clinician's role from an educator's perspective," Grandinette provides an excellent

framework, pathway and sample letters for programs to use in assisting both families and children.

McComb and Da Silva in "Neurosurgical care of pediatric brain tumor patients in a rehabilitation unit" provide us with a review of the neurosurgical issues typically faced while a child is on the rehabilitation unit. This is followed by Walker et al. who review two cases studies illustrating the cerebellar mutism syndrome – also known as posterior fossa syndrome.

We also have two original research articles, a review article and a case report. The first by Brei et al. titled "Depressive symptoms in parents of adolescents with myelomeningocele: The association of clinical, adolescent neuropsychological functioning, and family protective factors," found fairly high levels of depressive symptoms in parents of adolescents with myelomeningocele and delineated multiple correlations between neuropsychological function and family variables. In "Isokinetic muscle strength differences in patients with mucopolysaccharidosis I, II, and VI," Taylor et al. evaluate muscle strength and define the differences. Next is "Conservative management of lymphedema in children: A systematic review" by Phillips and Gordon. They use the Preferred Reporting Items for Systematic Reviews and MetaAnalysis (PRISMA) protocol found at www.prisma-statement.org. This is followed by a case report titled "Bilateral congenital deficiency of tibia" by Sharma et al.

JPRM is also pleased to recognize Dr. Dennis Mathews who received the Gabriella Molnar, MD, Pediatric PM&R Lifetime Achievement Award at the recent AAPM&R meeting held in San Diego, November 15–18. In addition, Dr. Alexander provided the first annual Gabriella Molnar Lectureship. Both the Molnar pediatric research and transition care awards were also presented – all of which are highlighted in this issue.

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