

Editorials

Dear Readers of JRPM,

Twelve years ago, my son Dr. Jacob Neufeld, told me that he was in the process of creating a journal for pediatric rehabilitation. He said that he ‘hoped it would make Pub Med’ because he wanted the JPRM to have articles important enough to be cited in the National Library of Medicine. With much effort, JPRM made Pub Med in 2011, three years after its first publication. At the time, I was clueless about the number of steps needed along with the many individuals from different disciplines that it took to create just one issue of JPRM.

The journal still exists today due to the support and contributions of many, including you, the readership. As of now, we have a new Editor-In-Chief and acting Managing Editor, along with a number of board members and peer reviewers from a wide variety of medical disciplines, and countless fresh ideas to keep the journal moving forward. As “Dr. J’s” mother, I am honored to have been asked to assist with editing and proofing, because I will be working directly to keep Jay’s legacy alive.

Having read through a number of accepted manuscripts, I have come to realize how vast and interconnected the field of PRM is. Children come to PRM for treatment for conditions as diverse as cerebral palsy, spina bifida, muscular dystrophy, birth injury, serious trauma, and child abuse. Any of these and many other circumstances require the cooperation of a team of trained individuals, a number of whom are you!

Recently, I learned of a 3-year-old who sustained a fatal stab wound during her birthday party and died two days later, despite the heroic care she received. She could have been your patient! Another young soccer player was severely injured in a bus accident, in which 12 of his teammates and coaches were killed. After months of hospitalization and rehab, he recently took his first step with much assistance. Certainly, he, too, could have been your patient!

Yes, you likely have been, or now may be part of a team that gathers when trauma of any kind happens.

When the dust settles, I hope you can support each other through the aftermath of both tragedy and triumph.

My son, your colleague, and founder of the journal, Jacob A. Neufeld, MD, MPH, died tragically by suicide on 9/29/2017. He is greatly missed by his family, patients, their parents, his colleagues and all who knew and loved him. However, his enthusiasm, his love of his patients and his respect for all of you in the field of PRM lives on.

Remember, whatever your role, it is YOU who help and support JPRM and YOU who make pediatric rehabilitation the amazing field that it is.

Janet Neufeld RN, BA, MA

Welcome to the 3rd issue of JPRM 2018

Providing a perspective on JPRM’s starting point, Janet Neufeld RN, has over the last 6–7 months helped to further develop the journal by spending much time reviewing the mechanics of each manuscript. After being appointed Editor-in-Chief in January, I learned about the process of handling a manuscript once it is submitted to JPRM. Initially, it is de-identified and submitted to at least two peer reviewers with expertise in the field, along with analysis by a statistician. It became apparent that another layer of manuscript review by the editorial staff was in order and this was implemented as the final step before being sent to the publisher.

In this issue we have the following interesting manuscripts that contribute to our field of pediatric rehabilitation:

The first manuscript in this issue by Celia Harding and her team reports on non-nutritive sucking which can have benefits for infants and their caretakers. It is reported as a useful tool when working with infants on encouraging their early communication and feeding development. Per Dr. Harding, non-nutritive sucking

alone does not lead to successful development of full oral feeding with premature infants, and needs to be used alongside other approaches.

In the next manuscript by Lisa Letzkus and her colleagues they explored the development of paroxysmal sympathetic hyperactivity (PSH) in children after brain injury. The objective of this study was to explore the characteristics and prognosis of children who have experienced severe brain injury and developed PSH.

The third manuscript by Amy Tremback-Ball and co-authors concluded that biofeedback is a beneficial treatment for children with dysfunctional voiding and functional fecal incontinence, especially when complemented with other standard medical therapies.

The following manuscript submitted by Jerin Mathew and colleagues describes the development of an assessment tool for Developmental Coordination Disorder.

Next, Dawn Phillips and research team looked at the gait subtest of the Performance-Oriented Mobility Assessment (POMA-G) which was modified (mPOMA-G) and validated for the video assessment of gait impairment in children with hypophosphatasia.

In the following manuscript, Christina K. Zigler and colleagues examined the utility of longer lasting procedural sedation or anesthesia to treat what is typically short-lived procedural pain during intramuscular botulinum toxin injections in children with neurological impairment.

The final manuscript by Bradley Chi and co-authors looked at immersive virtual reality therapy and the successful reduction of botulinum toxin injection procedure-related discomfort in a majority of study subjects. Patient demographics and cognition may be important predictors of treatment benefit.

Our authors have worked hard to contribute research to our field on a variety of diverse and interesting topics. As pediatric rehabilitation team members, we are dedicated to preventing disease, finding solutions, and minimizing the impact of every possible condition that can negatively affect a child or adolescent.

One of the most pressing issues that concerns me today is the separation of immigrant children and their parents. Colleen Kraft, MD, MBA, FAAP, President of the American Academy of Pediatrics (AAP) wrote that "Separating children from their parents contradicts everything we stand for as pediatricians" to protect and promote children's health.

A policy statement by the AAP [1], states that "It is the position of the AAP that children in the custody of

their parents should never be detained, nor should they be separated from a parent, unless a competent family court makes that determination. In every decision about children, government decision-makers should prioritize the best interests of the child." The AAP policy statement further clarifies that "expert consensus has concluded that even brief detention can cause psychological trauma and induce long-term mental health risks for children." (Please note that all quotes and content regarding this issue were approved by the AAP for this editorial.)

Multiple publications report long-term depression and/or anxiety in immigrant children who were separated from family members in detention [1-4]. Many of the children under 5 were not reunited with their parents by the formal deadline of July 10th [5]. One of the NPR commentators put this in perspective by stating that it would be unacceptable if 100 people lost their luggage on an airline. The implication was that more care has been taken to make sure a suitcase is reunited with its owner than has been implemented to make sure a child is reunited with their family.

Although this topic may be controversial to some, it is important to speak up and take a stand in situations in need of a solution that directly impact the health and well-being of the children and families we serve. This reminds me of two individuals mentioned in my first editorial in Volume 11 Issue 1. Dr. Jay Freireich was instrumental in curing bleeding secondary to the treatment of childhood leukemia by identifying the need for platelet transfusion and Dr. Ignaz Semmelweis reduced the death rate from childbirth from 18% to 2% by employing hand washing. Both were ridiculed for standing up and proposing something that was considered quite controversial in its day. Separating children from their parents leads to preventable medical conditions and challenges the very premise of pediatric rehabilitation, which is to promote the health and function of the children and families that we serve. As team members we work with our patients to improve their function, to guide, educate, heal and be their voice!

JPRM is a world-wide vehicle offering all of us opportunities to communicate and collaborate. As always, we receive a steady stream of new manuscripts. We are looking forward to your input and involvement. See the *call for papers section* for topics that have generated interest from potential guest editors. We plan to publish these special topic issues in 2019 and 2020.

Please contact our new Managing Editor with your comments or inquiries:

Beckett Shea-Shumsky at JPRMBSS@gmail.com. Special thanks to Beckett for her help with 11.3, this editorial, and the references noted below.

Wishing you and yours the very best-

Warmly,

Elaine L Pico, MD, FAAP, FAAPM & R
Editor-In-Chief

References

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