

Where the boys are: raising emotionally healthy sons



photo by Lexi Logan,
www.lexilogan.com

We welcome back guest blogger Dina Ricciardo LSW, ACSW who addresses how to support the emotional health of a boy – Drs. Kardos and Lai

Your son is crying. A mad dash across the playground has led to a spectacular trip and fall, complete with a bloody knee and hands full of dirt. Part of you wants to hold him on your lap and console him until he stops crying. The other part of you wants to firmly wipe away his tears and tell him to be brave. Which part of you is right?

In a world where there is a great deal of emphasis placed on the emotional health of girls, our boys are frequently

overlooked. While girls are typically encouraged to develop and express a broad range of emotions, boys are socialized from a young age to suppress their feelings. As a result, many boys and men struggle to express fear or sadness and are unable to ask for help. It is time for us adults to stop perpetuating stereotypes and myths about manhood, and help each other raise emotionally healthy boys. Here are five ways for us to do so:

Make his living environment a safe space to express emotions.

Give your son permission to express *all* of his feelings. Boys typically do not have the freedom to show the full range of their emotions in school and out in the world, so it is essential that they have that freedom at home. Nothing should be off limits, as long as feelings are expressed in a manner that is not destructive.

Expose him to positive male role models. Boys need to be exposed to positive male figures who can indoctrinate them into their culture and teach them how to be men. It is an important rite of passage in a boy's development. Take a look around your social ecosystem and ask yourself, "Who would be good for my son?" Other parents, coaches, teachers, and pastors are examples of individuals who can play a positive role in his life.

Understand your unique role. Each parent plays a unique role in the development of a son, and that role changes over time. A mother is a son's first teacher about love and what it looks like, and this dynamic can breed a particular kind of closeness. As a boy grows and begins to develop his sexuality, however, it is natural for him to pull away a bit from his mother and turn more towards his father for guidance. While this distance can be unsettling for mom, it marks a new phase in a son's relationship with his father, who typically provides a sense of security and authority in a family as well as support for a boy's developing identity. Mothers still play an important role, but that role may look different. As

parents, it is important to re-evaluate what our sons need from us at each stage of their development.

Look at the world with a critical eye. Our culture not only glorifies violence, it equates vulnerability in males with weakness and attempts to crush it. That does not mean we have to accept this paradigm. Talk honestly with your son about how and when to be gentle and compassionate, educate him on how the world view softness in men, and never tolerate anyone shaming him when he exhibits these traits. There is no shame in showing vulnerability, it is actually an act of courage.

Take a look in the mirror. Whether you are a mother or a father (or both), be honest with yourself: what are your beliefs about manhood? Do you feel safe expressing all of your feelings, or are some of them off-limits? If you are perpetuating negative stereotypes about men or are not comfortable with a full range of emotions, then your son will follow in your footsteps. Regardless of our own gender, we cannot expect our children to be comfortable with their feelings if we are not comfortable with our own.

There are times when insuring the emotional health of your son will feel like an uphill battle. Keep the conversation open, and do not be afraid to talk with others about the dilemmas of boyhood and manhood. And if you are looking for an answer to the playground dilemma, then I will tell you that both parts of you are right. Sometimes our sons need loving compassion, and sometimes they need a firm nudge over the hump. You know your child better than anyone else, so it is up to you to decide which approach to use and when.

Dina Ricciardi, LSW, ACSW

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School: Motivate your child to embrace learning



photo by Lexi Logan

*“What will happen if your grade drops from an “A” to a “C”?”
I sometimes ask during a check-up.*

Many kids shrug and say, "Try harder next time, I suppose." Others look shocked and anxious about the possibility and are speechless.

Still others will point at their parents and say, "THEY would kill me."

Observe a toddler learning a new skill. You will see him repeatedly try to fit a ball into a hole until he is either successful or wanders away. He is not anxious or afraid of failure. He is not "stressed" about trying to learn. Although all children start this way, too often toddlers become big kids who end up in my office discouraged and worried about school performance. Today's guest writers, based on the work of Dr. Carol Dweck, discuss ways parents can influence their children so that they embrace learning.

– Drs. Lai and Kardos

Researchers under the leadership of Dr. Carol Dweck conducted a survey of parents of school aged children. The majority of parents thought it was necessary to praise their children's intelligence in order to give them confidence in their abilities and motivate them to succeed. Instead, this approach can lead to fixed mindsets in children. Kids with fixed mindsets believe "my abilities are what they are."

Instead, the most motivated and resilient students demonstrate a growth mindset. They are the ones who believe their abilities can be developed through their effort and learning. These students are resilient and persevere when tasks become challenging.

A study of students' brain waves revealed students with a fixed mindset were interested in whether they got an answer right or wrong, but when they were wrong, they paid little attention to the correct answer. Students who were praised for their intelligence later lied about their scores. They felt the errors were so humiliating that they could not own up to them. The students failed to persevere, believing they were no longer "smart," and therefore unable to meet academic challenges.

Students with a fixed mindset typically think it is best if they:

- Don't make mistakes – "I'm too smart to make mistakes."
- Don't need to work hard – "I'm smart and learning comes

naturally to me.”

- Don't try to repair mistakes- “I was wrong, and that is the end of it.”

Students with a growth mindset generally:

- Take on challenges
- Work hard
- Confront their deficiencies and correct them

How should parents talk to their children in order to develop a growth mindset?

- Wow, you got 10 out of 10 right! What strategy did you use to get a perfect score?
- What can you learn from this mistake that will help you do better next time?
- I am proud of how hard you worked on this project and look at how your hard work paid off!
- The strategies you used last time didn't work. Let's take a look at them so I can help you figure out better strategies to use next time.
- You're becoming such a good learner!
- Smart is not something you are; it's something you become. Let's figure out how you can become smart at this assignment.

What is your child's mindset? Ask yourself, what is your own mindset? Have a conversation with your child as you discuss your child's report card. Use any upcoming parent teacher conference to examine outlooks, attitudes, and strategies that are or are not supporting your child's academic progress.

- Where applicable, praise your child's positive skills and attributes. Celebrate instances you observed that contributed to positive indicators.
- When necessary, examine areas of poor performance and strategize with your child about how he or she can turn a weakness into a strength. Again, you may revisit situations you observed this past grading period in which your child took shortcuts, provided incomplete work products, or did not do his or her personal best.
- Make your expectations very clear in terms of why you value attributes or traits of resiliency, and how they can and will develop into habits that will serve your child well.

Grades are a distant second to the level of effort a child invests in personal learning in any setting.

Leonard H. Schwartz and Michael R. Testani

Mr. Schwartz and Mr. Testani have been central to the Central Bucks School System in Pennsylvania. After forty-three years as an educator in two school districts and five schools, Mr. Schwartz retired in 2012 . Most recently he served as the principal of Mill Creek Elementary School. Mr. Testani wrote this while he was the Assistant Principal of the Mill Creek Elementary School. Mr Testani now serves as the principal of Gayman Elementary School. This post was published in its full original form in the publication Principal's Prose of Mill Creek Elementary School.

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Staggering: How to tell if your child's back pack is too heavy



Dr. Lai staggers under the load of a back pack

Although we see in the news that ebooks are replacing textbooks, our kids' backpacks look heavier than ever. Returning is physical therapist Dr. Deborah Stack with

backpack pointers. -Drs. Lai and Kardos

With the return to school, we wanted to remind you of some healthy backpack tips. I recall the first day of school one year when the “first day of school” photo showed my not-quite-100-pound child bending in half under the weight of a backpack, trombone, lunchbox and art portfolio. I quietly decreed that it would not happen again. To make sure it does not happen at your house either, consider a few suggestions to keep your children healthy:

1. A traditional backpack with **two shoulder straps** distributes the weight more evenly than a pack or messenger bag with a single strap.
2. Look for **wide, padded straps**. Narrow straps can dig in and limit circulation.
3. Buckle the **chest or waist strap** to distribute weight more evenly.
4. Look for a **padded back** to protect your child from pointy pencils etc.
5. Look for a **lightweight pack** that does not add much overall weight.
6. **Multiple compartments** can help distribute weight.
7. **Place heavier items** close to the spine instead of in front pockets.
8. **Compression straps** on the sides or bottom of the backpack can compress the contents of the backpack and stabilize the articles.
9. **Reflective material** allows your child to be visible on those rainy mornings.
10. **A well fitting backpack** should match the size of the child. Shoulder straps should fit comfortably on the shoulder and under the arms, so that the arms can move freely. The bottom of the pack should rest in the contour of the lower back. The pack should “sit” evenly in the middle of the back, not “sag down” toward the buttocks.

How much should that tike be toting? [The American Academy of Pediatrics](#) recommends no more than 10-20 percent of body weight and the American Physical Therapy Association recommends no more than 15 percent of a child's weight. Here's a chart to give you an idea of the absolute maximum a child should carry in a properly worn backpack:

Child's Weight (pounds)	Maximum Backpack Weight (based on 15% of body weight) (pounds)
50	7.5
60	9
70	10.5
80	12
90	13.5
100	15
110	16.5
120	18
130	19.5

Here are some ideas to help lighten the load, especially for those middle school kids who have a plethora of textbooks:

1. Find out if your child's textbook can be accessed on the internet. Many schools are purchasing access so the students can log on rather than lug home.
2. Consider buying an extra set of books for home. Used textbooks are available inexpensively online.
3. Limit the "extras" in the backpack such as one free reading book instead of five. I am not exaggerating; one day I found five free reading books in my child's backpack!
4. Encourage your child to use free periods to actually study, and leave the extra books in his locker.
5. Remind your child to stop by her locker between classes

to switch books rather than carrying them all at once.

6. Consider individual folders or pockets for each class rather than a bulky 3-ring notebook that holds every subject.

You may need to limit the load even further if your child is still:

- Struggling to get the backpack on by herself
- Complaining of back, neck or shoulder pain
- Leaning forward to carry the backpack

If your child complains of back pain or numbness or weakness in the arms or legs, talk to your doctor or physical therapist.

When used correctly, backpacks are supported by some of the strongest muscles in the body: the back and abdominal muscles. These muscle groups work together to stabilize the trunk and hold the body in proper postural alignment. However, backpacks that are worn incorrectly or are too heavy can lead to neck, shoulder and back pain as well as postural problems. So choose wisely and lighten the load. Happy shopping!

Deborah Stack, PT, DPT, PCS

With over 20 years of experience as a physical therapist, Dr. Stack heads [The Pediatric Therapy Center of Bucks County](#) in Pennsylvania. She holds both masters and doctoral degrees in physical therapy from Thomas Jefferson University.

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Pack healthy school lunches: beware of junk food disguised as healthy foods



Junk food in disguise

*Need ideas on how to pack healthy school lunches? Beware of junk food masquerading as healthy food. Dr. Roxanne Sukol, an internist who writes the popular nutrition blog *Your Health is on Your Plate*, mom of three children, and friend of Dr. Kardos's from medical school, shares her insights.*

What should we pack in our children's lunch bags?

The key to retraining our children to eat real food is to restore historical patterns of food consumption. My great-grandparents didn't eat potato chips, corn chips, sun chips, or moon chips. They ate a slice of whole-grain rye bread with a generous smear of butter or cream cheese. They didn't eat

fruit roll-ups. They ate apricots, peaches, plums, and grapes. Fresh or dried. Depending on where your family originated, you might have eaten a thick slice of Mexican white cheese (queso blanco), or a generous wedge of cheddar cheese, or brie. Sunflower seeds, dried apples, roasted almonds. Peanut butter or almond butter. Small containers of yogurt. Slices of cucumbers, pickles, or peppers. All of these make good snacks or meals. My mom is proud to have given me slices of Swiss cheese when I was a hungry toddler out for a stroll with my baby brother. Maybe that's how I ended up where I am today.

When my own children were toddlers, I gave them tiny cubes of frozen tofu to grasp and eat. I packed school lunches with variations on the following theme: 1) a sandwich made with whole grain bread, 2) a container of fruit (usually apple slices, orange slices, kiwi slices, berries, or slices of pear), and 3) a small bag of homemade trail mix (usually peanuts + raisins). The sandwich was usually turkey, mayo and lettuce; or sliced Jarlsberg cheese, sliced tomato, and cream cheese; or tuna; or peanut butter, sometimes with thin slices of banana. On Fridays I often included a treat, like a few small chocolates.

Homemade trail mix is one terrific snack.

It can be made with any combination of nuts, seeds, and/or dried fruit, plus bits of dark chocolate if desired. Remember that dark chocolate is good for you (in small amounts). Dried apple slices, apricots, kiwi or banana chips, raisins, and currants are nutritious and delicious, and so are pumpkin seeds and sunflower seeds, especially of course in homes with nut allergies. Trail mix can be simple or involved. Fill and secure baggies with $\frac{1}{4}$ cup servings, and refrigerate them in a closed container until it's time to make more. I would include grains, like rolled oats, only for children who are active and slender.

What do I consider junk food?

Chips of all kinds, as well as those “100 calorie packs,” which are invariably filled with 100 calories of refined carbohydrate (white flour and sugar) in the form of crackers (®Ritz), cereal (®Chex), or cookies (®Chips Ahoy).

You can even find junk food snacks for babies and toddlers now: The main ingredients in popular Gerber Puffs® are refined flour and sugar. Reviewers tout: “You just peel off the top and pour when you need some pieces of food, then replace the cap and wait for the next feeding opportunity.” **Are we at the zoo?** “He would eat them all day long if I let him.” **This is not a benefit. It means that the product is not nutritious enough to satisfy the child’s hunger.**

A note about drinks

Beware not only of drinks that contain minimal amounts of juice, but also of juice itself. Even 100% fruit juice is simply a concentrated sugar-delivery system. A much better approach is to teach children to drink water when they are thirsty, (See my post entitled **One Step at a Time**) and to snack on fresh fruit when they are hungry. Milk works, too, especially if they are both hungry and thirsty!

Roxanne Sukol, MD

*Roxanne B. Sukol, MD is board-certified in Internal Medicine and practices Preventive Medicine in the Wellness Institute at the Cleveland Clinic in Ohio. Dr. Sukol’s nutrition blog Your Health is on Your Plate celebrates ten years of blogging this summer. Since **her** patients (the grown-ups) are the ones packing the school lunches for **our** patients, we thank her for this post.*

Julie Kardos, MD and Naline Lai, MD

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No more night owl! How to adjust your child's sleep schedule for school



Great-horned owl, NPS Photo, Big Bend National Park

Okay, we admit it: our kids are definitely in summertime stay up late/sleep late sleep mode. With school starting soon, many of us now have to shift our children from summer to school year sleep schedules. Because school start times are constant (and early), the kids will have an easier time if you help them shift their bedtimes gradually over the period of a week or two toward the desired earlier bedtime. Remember, the average school-aged child needs 10-11 hours of sleep at night and even teenagers function optimally with 9-10 hours of slumber per night.

Here are some straight forward ways to help ensure good quality sleep for your child:

- 1) **Keep sleep onset and wake up times as consistent as possible 7 days a week.** If you allow your child to

“sleep in” during the weekends, she will have difficulty falling asleep earlier on Sunday night, have difficulty waking up Monday morning, and start off her week over-tired, more cranky, and less able to process new information—not good for learning. That said, you can allow your teens, who generally have a much earlier school start time than their biological clocks desire, to sleep in an hour or so on weekends to catch up on sleep.

- 2) **Limit or eliminate caffeine intake.** Often teens who feel too sleepy from lack of sleep drink tea, coffee, “energy drinks” or other caffeine laden beverage in attempt to self-medicate in order to concentrate better. What many people don’t realize is that caffeine stays in your body for 24 hours so it is entirely possible that the caffeine ingested in the morning can be the reason your child can’t fall asleep later that night. Know also that kids who drink “pre-work out” drinks may not realize that caffeine is one of the ingredients. Better to pre-hydrate with water. Caffeine can have side effects of jitteriness, heart palpitations, increased blood pressure, and gastro-esophageal reflux (heartburn). If your child already has a daily ice-tea, coffee, or other caffeine containing drink, let her wean down gradually- abrupt caffeine withdrawal can cause headaches.
- 3) **Keep a good bedtime routine.** Just as a soothing, predictable bedtime ritual can help babies and toddlers settle down for the night, so too can a bedtime routine help prepare older kids for sleep. Prevent your child from doing homework on his bed- better to associate work with a desk or the kitchen table and his bed with sleep.
- 4) **Avoid TV/computer/ screen time/smart phones just before bed.** Although your child may claim the contrary, watching TV is known to delay sleep onset. We highly

recommend no TV in a child's bedroom, and suggest that parents confiscate all cell phones and electronic toys, which kids may otherwise hide and use without parent knowledge, by one hour prior to bedtime. Quiet activities such as taking a bath, reading for pleasure, and listening to music are all known to promote falling asleep. Just be sure your kids put down the book, turn off the music, and turn off the light to allow time to relax in their beds and fall asleep. Many use this time for prayer or meditation.

- 5) **Encourage regular exercise.** Kids who exercise daily have an easier time falling asleep at night than kids who don't exercise. Gym class counts. So does playing outside, dancing, walking, and taking a bike ride. Participating in a team sport with daily practices not only helps insure better sleep but also has the added benefit of promoting social interactions.

Getting enough sleep is important for your child's academic success as well as for their mental health. We pediatricians have had parents ask about evaluating their children for attention-deficit hyperactivity disorder because of an inability to pay attention, only to find that their youngster's focusing issues stem from tiredness. Teens are often so over-involved in activities that they average 6 hours of sleep or less per night. Increasing the amount of sleep in these kids will alleviate their attention problems and resolve any hyperactivity.

Additionally, sleep deprivation can cause symptoms of depression. Just recall the first few weeks of having a newborn: maybe you didn't think you were depressed but didn't you cry from sheer exhaustion at least once? A cranky kid or sullen teen may become much more upbeat and pleasant if they get an extra hour of sleep each night.

Unfortunately for children, the older they get, their natural circadian rhythm shifts them toward the "night owl" mode of

staying up later and sleeping later, and yet the higher-up years in school start earlier so that teens in high school start school earliest at a time their bodies crave sleeping late. A few school districts in the country have experimented with starting high school later and grade school earlier and have met with good success. Unless you live in one of these districts, however, your teens need to conform until they either go to college and when they can choose classes that start later in the day or choose a job that allows them to stay up later and sleep later in the day.

For kids of all ages, a night time ritual of “tell me about your day” can help kids decompress, help them fall asleep, and keep you connected with your child.

Julie Kardos, MD and Naline Lai, MD

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Finger Foods for Your Famished Toddler



Got a baby starting on **finger foods**? Good news: You don't have to go broke over buying toddler Puffs®.

Babies and young toddlers don't have a lot of teeth. In fact, a full set of teeth does not come in until around two years of age. In the meantime, to help your new eater avoid choking, cut up food into tiny pieces. Now, sawing at food with a knife is not easy. Meet your new friend: the kitchen shears! For perfect finger foods, use shears to snip food into ideal toddler bite-sized pieces.

Cut table food into bite-sized pieces smaller than a grape, or approximately Cheerio® sized, and place on a clean surface,

such as the high chair tray. Plates are not necessary and often end up on the floor. Go ahead and give your toddler a fork but don't expect him to use it- most toddlers are eighteen months before they can master a fork or spoon. Always be present when he is eating in case he starts to choke. Toddlers tend to put a handful of food in their mouth at one time, so teach your child to eat pieces of food "one at a time."

Forget the toddler-food aisle, just grab your shears and cut away. Below are finger foods to help you get started. These foods are appropriate for babies who are able to finger-feed, starting anywhere between 7 to 9 months of age, even without teeth:

canned mandarin oranges

fruit cocktail (in juice, not syrup)

bananas

diced peaches

diced pears

diced melon

diced berries, cut blueberries in half at first

diced cooked apples

raw tomato pieces

avocado

beef stew

liverwurst cut into small pieces

diced cooked meat

Cooked, diced chicken

Diced cooked fish (careful to discard any bones) [click here for U.S. Food and Drug Administration recommendations](#)

tofu (extra-firm is easiest to cut)

black beans, cooked or canned (rinse off the salty sauce they come in)

egg salad or hard-boiled egg pieces

bits of scrambled egg

soft cheese- such as American or Munster

vegetable soup (just scoop out the veggies and give them to your

child. You can put the broth into a cup for him to drink)
diced cooked veggies such as peas, carrots, corn, broccoli, zucchini,
etc.
diced cucumbers
cooked diced squash
cooked diced potatoes, sweet potatoes, or yams
rice (rinse the rice grains in cold water prior to cooking to wash
away trace amounts of arsenic that can be found in rice, couscous,
quinoa
noodles
pierogies
mini ravioli
macaroni and cheese
waffles
pancakes
french toast
crackers with cream cheese
toast with jelly
toast with nut-butter (soy, peanut, almond, sunflower, etc.)
stuffing
Cheerios®

If your baby still likes his cereal, you can continue to offer
it (We both still like oatmeal- it's not just for babies!).
Just be sure to vary the types of grain that you offer your
baby.

Bon appetite!

Naline Lai, MD and Julie Kardos, MD
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Yellow? All about newborn jaundice and bilirubin



Can you pick out the jaundiced one?

Pediatricians often cringe when they find newborns swathed in a yellow blanket. The color always seems to accentuate a baby's jaundice and we're not fond of jaundice.

Jaundice, an orange-yellow coloration of the eyes and skin, is caused by a blood breakdown by-product called bilirubin. We all break down blood, but it's more difficult for the newborn's liver to process it into a form that his or her body can get rid of. Eventually, we get rid of bilirubin by peeing and pooping it out. Bilirubin is what gives the yellowish color to urine and stool.

Why do we care about jaundice? In the 1950s and '60s, infants who had died from a neurological issue called kernicterus were

found to have extremely high levels of bilirubin (jaundice) – up into the 100s of mg/dl. High levels of bilirubin can cause hearing and vision issues. Even at lower levels, jaundiced babies tend to be more sleepy and eat sluggishly.

Nowadays, for a full term baby, we generally let the bilirubin level rise to 20 mg/dl at most before starting treatment, and often we treat even earlier. More than 60% of newborns appear jaundiced in the first few days of life, but most never need any special treatment because the jaundice self-resolves. Conveniently, the first line of treatment is simply feeding more: the more milk that goes in, the more pee and poop that comes out, bringing the bilirubin with it. If improving intake does not lower the bilirubin enough, the next step is shining special lights (phototherapy) on a baby's skin.

Jaundice first starts noticeably in the eyes and face. As bilirubin levels rise, the yellow (jaundice) appears more and more down the body. Yellow in the face of a newborn is expected. If you see yellow in the belly, call your pediatrician. Levels naturally rise and peak in the first few days and we have graphs and apps to predict if the bilirubin may reach treatable levels.

Some babies are more likely to have higher bilirubin numbers and thus appear more yellow:

- Premature babies, because they have immature livers.
- Babies who have different blood types than their moms. Certain blood type differences can cause some breakdown of blood even before a baby is born, therefore increasing chances of an elevated bilirubin after birth.
- Babies who acquire bruising during delivery; they have more blood to break down.
- Be aware, there are a few other less common risk factors, and if needed, your pediatrician may address

them with you.

Hydrating your baby will help jaundice. You should watch the number of wet diapers your newborn has in a day. Wet diapers are a sign of good hydration. In the first week, she should have about one wet diaper for every day of life (so on day of life one= one wet diaper, day of life two=two wet diapers, etc). Also watch for bilirubin to start coming through the stool. At first, your baby will poop out the black stool called meconium, but as milk starts going through her system, expect the stool to turn yellowish. ([click here for more information about the colors of newborn poop](#)) . As with the urine, look for one bowel movement for every day of life (so day of life one=one bowel movement diaper, day of life two=two etc). Eventually some newborns poop every time they are fed, although some max out at 3 or 4 bowel movements per day.

So, if you hold up your newborn baby in a yellow blanket to show your pediatrician and call the baby “our little pumpkin” you’ll know why she raises an eyebrow.

[Click here for other fun medical color facts.](#)

Naline Lai, MD and Julie Kardos, MD

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Happy Birthday-Two Peds in a Pod Turns Seven! About seven-

year-olds



We are so proud that Two Peds in a Pod® turned SEVEN this week!

It's the golden age of seven– too old to take a nap and too young to drive. Some parental worry will now subside. Finally, you will be able to clean your garage out on the weekend without wondering if your kid has stuck her head in a bag of mulch.

Seven Wonders of your Seven-year-old's World

Entering first or second grade, a seven-year-old will often sport a toothless grin (and still believes in the tooth fairy) as she continues her march to independence and self care. **Wondering** what she is capable of? Now she is able to set an alarm, wake up for school, get dressed and brush teeth on her own. However, self care will not be as meticulous as the care

you give, so be prepared to dot sunscreen on the large patch of skin that she missed.

Wondering if your child is too old for you to read to him at bedtime? We recommend you not only continue to read aloud to your child, but have your child read out loud to you. Read higher level, more interesting books to him (chapter books), which will inspire him to become a better reader. He is now transitioning from learning to read to reading to learn. In other words, he will start to gain information from reading. Bedtimes become busy, with electronics and extra curricular activities crowding up the family schedule, but persevere.

Wonder if your child can do his own homework? Improve your child's self-esteem by allowing him do his own homework. Encourage success by setting up a quiet, clean place away from his younger siblings. At this age, homework is not supposed to take more than 10-20 minutes- if it does, alert the teacher. Let your child see natural consequences of not doing homework (teacher will have a repercussion, refrain from double punishing). Set up good expectations.

Wonder if you or your child is ready for sleepovers? Remember: kids do not sleep at sleepovers. If you will not sleep at night because a) your child is at a family's home that you are not familiar with, b) your child is at your own home and you will be constantly interrupted by the thumping of feet running about, or c) you dread how crabby and whiny your child will be in the morning, don't do it. Despite any accusations you may hear, you will not be the only parent in history to say "no" to a sleepover. Many times in the office when we see an ill child, the parent starts out the office visit with, "Well, she was at a sleepover and the next day she came down with a fever/sore throat/cough/etc."

Wonder how your child conducts himself when he is away from you? A seven-year-old is fully capable of entertaining his own friend at your home and remembering "yes, please" and "no,

thank you” in a friend’s home. Make sure your seven-year-old has memorized your phone number as well as his address.

When you get into a car with a seven-year-old, he not only can buckle himself up in the car (another **wonder** of the seven year old world and a huge improvement from having to kneel in the back seat straining your back as you buckled him up as a toddler) but also he will likely remind you to do the same. Seven-year-olds are rule followers. A strategy you can use at home to encourage desired behavior is to say “The rule in our house is that everyone cleans up his own mess,” rather than saying “Clean up your toys because I said so.” (Although he may ask, he still needs to be in a booster seat.)

Our 7th **wonder** of the seven year old world: when your seven-year-old recovers from a nasty stomach virus, it is possible that NO ONE ELSE in the family will catch it. A seven-year-old can use a basin, run to the toilet, wash his own hands, and change his own pajamas. You just have to supply the watered down gatorade (and comfort, as older sick kids still appreciate a parent’s cool hand and reassuring words) and remind him to keep drinking.

We are excited to have reached our 7th year writing practical pediatrics for parents on the go. That’s hundreds of posts on topics that you have suggested to us both in the office and online. Please continue to share our content- we **wonder** if we can reach 7 million families this year!

Thank you for your suggestions and comments over the years.

Sincerely, Julie Kardos, MD and Naline Lai, MD

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Time out from summer for an important flu update



Time out from summer for a flu update

We interrupt your summer to bring you a Flu vaccine reminder and update.

Although flu (influenza) may be far from your minds, as we enter hot July, pediatricians are already ordering flu vaccines in preparation for Back to School. When the time comes, parents should add “schedule flu vaccine” to their back-to-school list as flu vaccines will arrive in offices as early as late August. Even immunizations given in August will last the entire winter season.

For fans of the nasal spray version of the flu vaccine—bad news. Turns out, data from the past 3 years shows the nasal spray is not nearly as effective as the injectable version. The American Academy of Pediatrics and the American Center

for Immunization Practices both recommend giving only the injectable version of flu prevention for protection against influenza.

Nonetheless, for the inconvenience of a pinch, the vaccine is still worthwhile. A total of 77 children died from flu in the US during the 2015-2016 flu season and many more children were hospitalized with flu related complications such as pneumonia and dehydration. Flu is highly contagious and spreads rapidly within households and schools, including daycare centers. People are contagious from flu one day prior to showing any symptoms of flu.

While most people who become sick with the flu survive, they will tell you it is a tough week. In addition to having a high fever that can last 5-7 days, a hacking cough, and runny nose, those stricken will tell you that every part of their bodies hurt. Even the movement of their eyes can hurt. In addition to the physical effects, our high school and college level patients are particularly distraught about the amount of schoolwork they miss while recovering from the flu.

An ounce of prevention is worth a pound of cure, which is why the flu vaccine is so terrific. There is no "cure" for the flu- you have to let your body fight it out. Unfortunately antiviral medications such as oseltamivir at best shorten the duration of flu symptoms by about one day. Flu vaccines work by jump starting your body's natural immune system to produce disease fighting cells called antibodies. Vaccines are given yearly because flu virus strains often morph between flu seasons.

For more Two Peds In a Pod posts about flu and about vaccines in general: How to tell the difference between the common cold and the flu, Fact or Fiction: a flu vaccine quiz, Getting back to basics: how vaccines work.

OK, now back to your summer fun!

Julie Kardos, MD and Naline Lai, MD

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Bring on the heat: Hot Tub Folliculitis



Note that the hot tub folliculitis rash is worse under the area of the swimming suit at the top of the thigh.

From the start, a family I know was suspicious of the hot tub sanitation at the resort where they recently stayed. As time went by, even though the water looked clear, the hot tub seemed less chlorinated, and the water more tepid. They dubbed the tub “the scuz tub.” After their return, one of the kids broke out in the rash of hot tub folliculitis pictured above. You could say, they figured out just what the “scuz wuz”.

Hot tub folliculitis is a skin rash caused by a bacteria called *Pseudomonas aeruginosa*. The rash appears a day or two after soaking in a hot tub. A light pink bump appears around hair follicles (hence the name). As you can see in this photo, the rash is typically worse on areas of skin where bacteria was trapped under a swimming suit. The rash can cover all body surfaces, including the face, if your child dunked his head under water.

The rash can be slightly itchy but is not usually painful. No other symptoms develop such as fever or sore throat. The rash is not contagious, but often other people who swam in the same hot tub also break out.

Treatment is to wait it out. Typically by one to two weeks, provided your child does not go back into the hot tub, the rash resolves on its own. If your child feels very itchy, you can treat her with oral diphenhydramine (brand name Benedryl). Rarely, just like mosquito bites, the rash can become infected with other bacteria if your child scratches too much.

Pseudomonas thrives in warm wet places. In fact, it’s the same bacteria that causes “[swimmer’s ear](#).” Tight control of chlorine and acid content of the hot tub water limit the growth of the bacteria. Unfortunately, you cannot tell the *Pseudomonas* content of water just by eyeing it.

May you bring back a better souvenir than this family did on your next vacation.

Julie Kardos, MD and Naline Lai, MD

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