

Pediatric Orthopedics.

James William*

Department of Orthopedics, Fremantle, Australia

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Description

According to the National Commission on Certification of Physician Assistants' 2019 Statistical Profile of Certified Physician Assistants, 18.7% of all physician assistants work in a surgical subspecialty, with orthopaedics accounting for 58 percent of those in surgical subspecialties. As a result, while this issue may be essential to that group, it may be even more so to those in primary care and paediatrics, given that this issue concentrates on paediatric orthopaedics. Patrick Parenzin, a guest author, has assembled a group of experienced authors and themes that are prevalent in the paediatric community and demand special attention. The issue begins with a review of the assessment and management of adolescent concussion by Jain and Kotch.

Bennett discusses cerebral palsy's physical elements. Dedo discusses upper extremity trauma, Rodriguez discusses anterior knee discomfort, and Parker and Lemay discuss hip developmental dysplasia. Kolenko, who examines idiopathic scoliosis, and Bruener, who talks back pain in adolescents, both cover spine and back concerns.

Bennett discusses toe walking in this issue, and our guest editor examines toeing, bowing, and flatfeet in toddlers. Human trafficking is the illegal use of force, deception, or compulsion to gain labour or a commercial sex act. Millions of men, women, and children are trafficked every year around the world, including in the United States. I attended a presentation on human trafficking a few years ago and met the speaker. The speaker, Charity Parenzin, is the author of an essay in this issue titled "Human Trafficking: Recognizing the Signs."

A pediatric orthopaedist is the best-trained and most experienced doctor to properly evaluate and treat musculoskeletal (bone, joint, or muscle) problems in a child who is still growing. This includes newborn babies through teenagers. Pediatric orthopaedic surgeons choose to make the care of children the focus of their medical practice. The unique nature of medical and surgical care of children is learned from advanced training and experience in practice.

Pediatric orthopaedic surgeons are doctors who have the following education and training:

- Graduated from an approved medical school (typically four years)
- Graduated from an approved orthopaedic surgery residency program (typically five years)

- Completed additional subspecialty training in pediatric orthopaedics and pediatric spinal deformity (typically one year)

Musculoskeletal disorders in children differ from those in adults. Because children are still growing, their bodies' reactions to traumas, diseases, and malformations may differ significantly from those found in adults. What appears to be a problem in a youngster is sometimes only a phase of growth that will pass with time. Intoeing a toddler is a wonderful example of this. Some of the growth-related difficulties that youngsters have with their bones and joints do not even present in adults. Furthermore, even for the same problem, a child's evaluation and therapy varies significantly from that of an adult. Children with complex pediatric problems are best managed by a medical-surgical team approach. Pediatric orthopaedic surgeons diagnose, treat, and manage children's musculoskeletal problems, such as:

- Limb and spine deformities noted at birth or later in life (clubfoot, scoliosis, limb length differences)
- Gait abnormalities (limping)
- Broken bones
- Bone or joint infections and tumors

Children are not to be mistaken for small adults. They may be unable to express their concerns, respond to medical queries, or be patient and cooperative during a medical examination. Pediatric orthopaedic surgeons understand how to assess and treat children in a way that makes them feel at ease. They understand the anxiety that comes with having a child with a musculoskeletal disease, and they've worked with worried family members before. The offices of most paediatric orthopaedic surgeons are set up and designed with children in mind. Specially designed equipment, toys, films, and reading materials all contribute to a welcoming and nonthreatening environment for children.

*Correspondence to

James William

Department of Orthopedics,

Fremantle, Australia,

E-mail: James01@yale.edu

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