



Healthier Happy Lives

A resource for families from Stanford Children's Health

The Sleep of Your Dreams

*7 strategies for helping kids
get the rest they need*

Get Out! (Outdoors, That Is)

*Your guide to some of the
Bay Area's best green space*

Conversation Starters

*How to get kids talking around
the dinner table*

Reaction Action

*New breakthroughs in
fighting food allergies*

+ *An awesome pull-out
kids' activity book*

 **Stanford
Children's Health**

**Lucile Packard
Children's Hospital
Stanford**



Dear parents and friends:

At Stanford Children's Health, we are focused exclusively on one thing: the health and well-being of pregnant women, kids, and their families.

We started on the Stanford campus thanks to one dedicated mom — Lucile Salter Packard, our founding donor and visionary for children's health. Since then, we've expanded our extraordinary care by bringing it closer to more families with practices and partnerships spanning across the Bay Area, providing access to more than 1,000 Stanford doctors.

Having raised kids in the Bay Area, I know first hand that nothing is as important as the safety and health of the people we care about. It was with this in mind that we developed this publication. Within these pages you'll find helpful information on health and wellness, news about discoveries in research from our world-renowned Stanford experts, and a fun activity book just for kids.

We hope this publication inspires your family to live healthier, happy lives every day.

Here's to your family's health,



Christopher G. Dawes, CEO



Stanford
Children's Health



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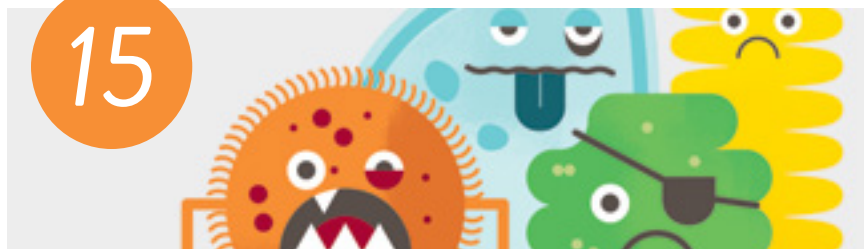
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GOING NUTS

NAVIGATING THE COMPLEXITIES
OF
CHILDHOOD
FOOD
ALLERGIES



The number of children with severe food allergies has risen sharply over the last 15 years. Fortunately, treatment options are starting to keep pace.

For 10-year-old Lindsay Ehrenpreis, having a severe allergy to tree nuts felt like living in a bubble. Not only did Lindsay have to stay away from all the “normal” food other kids could enjoy, she couldn’t have play dates at friends’ houses. Sleepovers were out of the question. And any time she went on a field trip, one of her parents came too, with a cooler full of food just for her. The worst part, though, was not the alienation from her classmates, or the extreme vigilance required of herself and her parents; it was facing the reality that exposure to even a minuscule amount of the allergen could be life-threatening. “She started to become terrified of any food that didn’t come from our kitchen,” says her mom, Ellen. “The consequences loomed large for her.”

Every day, nearly 6 million children (and almost two and a half million adults) face that same reality. If it seems like food allergies are becoming more and more commonplace, that’s because they are. “An epidemic” is how Dr. Kari Nadeau, director of the Stanford University Sean N. Parker Center for Allergy Research, characterized the situation in a PBS NewsHour documentary. The Centers for Disease Control and Prevention has found that food allergies among children increased roughly 50 percent between 1997 and 2011, and that increase was sharpest amongst children between 3 and 5 years old, which means the numbers are only going to grow. The non-profit group Food Allergy Research & Education—the largest private source

of funding for food allergy research—estimates that one out of every 13 children in the U.S. is affected.

The good news? Just as food allergies are increasing, so too is the medical field’s understanding of how to prevent and treat them.

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New thinking about early exposure

Most food allergies present themselves in the first year or two of life—which means, for parents, a baby’s first bite of eggs or peanut butter can be fraught



Lindsay Ehrenpreis was seriously allergic to tree nuts until she went through oral immunotherapy at Lucile Packard Children's Hospital Stanford. Now she eats nuts every day to maintain her body's ability to tolerate them.

Photos: Sarah Heberstreit/Modern Kids Co.

with anxiety. According to Dr. Sharon Chinthrajah, a clinical professor of allergy/immunology and pulmonary/critical care medicine at Stanford, however, early exposure can be a good thing. "The thinking on this has changed: It's now believed that diversifying a child's diet early on in life, not withholding particular foods, helps prevent allergies from developing," she says. She points to a landmark study released in early 2015 by King's College London that found early exposure to peanuts decreased the odds of a child developing a peanut allergy by 70 to 80 percent.

One important exception is among children who are at a higher risk for food allergies: "If you have a family history of allergies, or your child has had eczema, you need to be much more cautious," she says. "You should talk to your pediatrician or allergist about how and when to introduce foods."

Diagnosis & treatment

If your child does have a reaction to a particular food, Chinthrajah is quick to point out that it doesn't mean you're sentenced to a life of EpiPens. "Often people who think they have a food allergy actually have an intolerance, which is milder," she says. A true allergic reaction often involves hives, wheezing, swelling, abdominal pain, and, in severe cases, anaphylactic shock. Food intolerance, on the other hand, may involve a single symptom, like bloating. Since one true allergic reaction doesn't predict future reactions—the first exposure can produce something as mild as a rash but the next one can lead to anaphylaxis—getting an accurate diagnosis from an allergist is key. The process involves blood tests, skin tests, and food challenges, in which a child is exposed to a small amount of a potential allergen under a doctor's supervision.

Early exposure to peanuts decreased the odds of developing a peanut allergy by 70 to 80 percent.

If a child is diagnosed with a food allergy, the standard protocol is strict avoidance and reaction medicines. That was exactly how Lindsay's parents, Ellen and Ira Ehrenpreis, and her doctors approached her condition until they read about Dr. Nadeau's success in desensitizing other severely allergic children with a new treatment called oral immunotherapy. "I thought, 'Sign us up!'" Ellen says. "I couldn't believe that there was a possibility Lindsay wouldn't have to live with this the rest of her life."

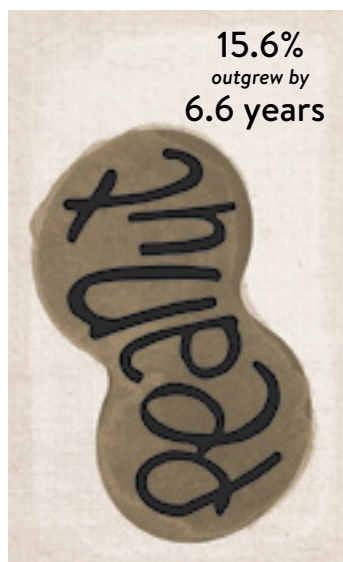
“Very carefully, we start with minuscule amounts of that food and give it at trace levels that won’t cause a reaction in [the allergic] person,” explains Nadeau. Every couple of weeks, doctors increase the dosage to desensitize the patient until she can tolerate a serving size (a process that typically takes a few years). Nadeau has also found that combining food exposure with a dose of omalizumab, a drug used to treat asthma, speeds up the success.

“With oral immunotherapy we’re slowly retraining the immune system not to mount a response to the food,” explains Chinthrajah. Once patients have completed the clinical trial, they still need to continue to carry their reaction meds and EpiPens at all times, and eat a serving of the food daily to keep the allergy from resurfacing. And the doctors are adamant that parents not try this at home. “It is absolutely only safe in a hospital setting,” says Chinthrajah.

When Lindsay began the trial at Stanford last year, her parents were anxious but hopeful. “She was reaching an age where she craved more independence,” says Ellen. “Her allergies were really beginning to restrict her socially.” After Lindsay was cleared to eat a daily dose of nuts, one of the first things she wanted to try was animal-shaped marzipan.

Not All Allergies Are Forever

The good news is that kids can outgrow allergies. Here are the percentages of kids that were found to outgrow the major food allergies, and the average ages at which they did so (according to a 2013 study published by the Annals of Allergy, Asthma & Immunology).





Although oral immunotherapy is still in clinical trials at Stanford and other hospitals, the treatment has seen its share of success stories, including Lindsay, who completed the program earlier this year and now just goes in for checkups every few months. Now 12 years old, Lindsay regularly eats out at restaurants with her family, goes out for ice cream with her friends, and even attended sleepaway camp for two weeks this summer—something that was inconceivable a year ago, says her mom. “She’s a totally different kid now; she has a whole new sense of freedom and independence.”

One out of every 13 children in the U.S. is affected by food allergies.

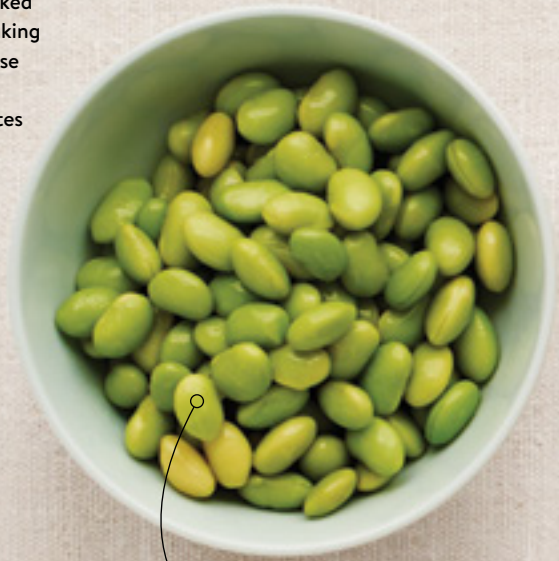
“The really rewarding part of what we do is seeing patients who come back and say their life has changed,” says Chinthrajah. “They can go to birthday parties, travel, eat out, and not live in fear.”



Learn more about oral immunotherapy treatment for food allergies at med.stanford.edu/allergies

eggs

An egg allergy doesn’t need to mean a life without baked goods. Look for vegan baking recipes, which typically use ingredients like banana, flaxseed, or egg substitutes for binding.



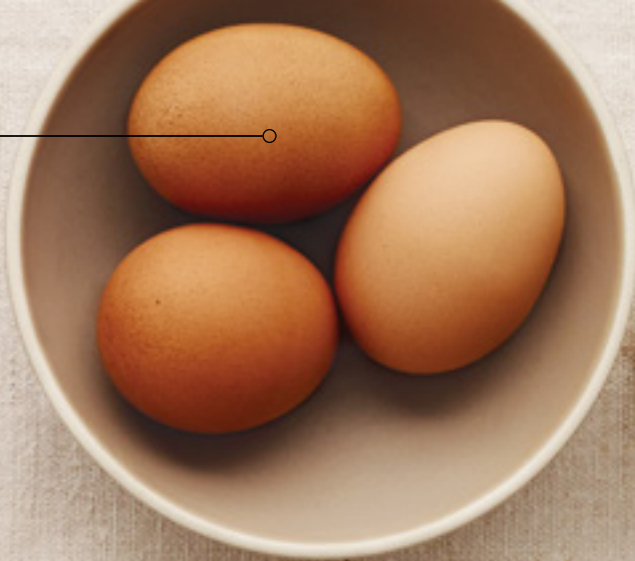
soy

Soy is often found in many packaged foods you wouldn’t suspect, including cookies, crackers, canned soups, and even canned tuna.

treenuts

Tree nuts and peanuts are often processed in the same facilities—so kids who are allergic to one are advised to avoid the other, to avoid the risk of cross-contamination.





milk



A true milk allergy will present itself through a range of symptoms, including hives, wheezing, and vomiting; someone who is lactose intolerant will only have digestive symptoms.

peanuts

Many people with peanut allergies have no reaction to foods made with peanut oil. It's believed that the proteins in peanuts that cause a reaction are not present once it's processed into oil.



shellfish

Unlike many other types of allergies, an allergy to shellfish often shows up in adulthood. Among kids, it's more common in boys; among adults, it's more common in women.



fish

Someone with a fish allergy isn't necessarily allergic to all fish. The most common allergy triggers are salmon, tuna, and halibut.

wheat

Good news for anyone with a wheat allergy: Between 2011 and 2013, the gluten-free foods market grew by 44 percent—with breads, cookies, and snacks making up a big chunk of that growth.





Beyond Butterflies

As summer winds to a close, a fourth grader develops frequent stomachaches, seems irritable and restless, and regularly refuses play dates. A second grader starts putting up a fight every morning about going to school. A toddler, newly installed in day care, is waking up at odd hours after two years of sleeping soundly through the night, needing what seems like excessive calming to settle back into sleep.

“Transitioning to the new school year is one of the most anxiety-producing moments kids experience,” says psychologist Tamar Chansky, author of *Freeing Your Child from Anxiety*.

For preschoolers, the combination of going into the classroom and being away from a parent or a regular caregiver for the first time is a lot to get used to.

Returning students often have concerns about whether they’ll be able to handle the more advanced assignments or still be pals with kids they haven’t seen for a while. Kids moving from one school to the next may feel exceedingly nervous about how they’ll navigate a new cafeteria or how their locker will work. “The anxiety comes around things they don’t have experience with,” she explains.



Here, Chansky and other experts offer advice about how to alleviate some of the pressure—for back-to-school and beyond.



Dial Down the Demands:

Kids today have heavier workloads, an ever-growing number of extracurriculars, less free time, and more of a sense that what they do now matters for their future, Chansky explains. Help them prioritize by having them pick one or two activities to avoid over-scheduling. And make sure they have some unstructured time every week, preferably away from a screen.



Make Sure They're Rested:

“When you’re not sleeping, your body is flooded with stress hormones,” explains child psychologist Lele Diamond, whose Bay Area practice, Symbio, focuses on whole-family mental health. Which means that when exhausted kids face a negative experience, it’s doubly hard for them to cope because they’re already so stressed. So create a sensible age-based sleep schedule and make sure they stick to it.



Give Them Previews and Practice:

If anticipating school seems to be the cause of your child’s anxiety, take him to see the classroom or arrange to meet the teacher before the year begins, Chansky suggests. Rehearsing the steps of riding the school bus or finding his locker will make those activities less of a scary unknown.



Check Yourself:

“Kids of people who struggle with anxiety are more prone to follow suit,” says Dr. Sanno Zack, who directs the outpatient clinic at Stanford’s Early Life Stress and Pediatric Anxiety Program. So it’s important that anxious parents be self-aware. If a kid is already worrying about certain things, and the parent is talking about being worried about those same things, then “it’s like the kid is hearing it in stereo,” Chansky explains.



Be a Supermodel:

Parents can help model brave behavior and a willingness to make mistakes. “Sharing that they too get nervous and demonstrating what they do to calm themselves and cope—this helps inhibited kids to practice overcoming their own apprehensions,” says Zack.



Guide Them Toward Good Distractions:

Social media, electronics, incessant and instant information—these are alluring distractions. But they carry a certain level of pressure to keep up and can keep kids from connecting to what’s most important, says Diamond. Activities like exercise, being in nature, working with your hands, and spending quality time with people you love, by contrast, modulate anxiety by releasing calming feel-good chemicals in the body.



Help Them Confront the Anxiety Monster:

Parents can be great coaches when they understand the strategies for helping kids beat anxiety, says Zack. The main thing is to gradually help them face whatever they want to avoid: “Learning to confront the anxiety monster is what takes away its power,” she explains.





When to Worry About Your Worrier

The difference between having ordinary worries—the ones that are temporary and easily forgotten—and having more extreme, inexplicable, intractable anxiety is a tendency to worry about lot of different things and often all at the same time, Zack explains. These are the kids who, as Chansky puts it, “leave no worry stone unturned.”

occurs in both boys and girls equally at younger ages, though in adolescence it’s about two times more likely in girls,” says Zack. “Whereas a child with a phobia is fearful of something specific, like dogs or needles, kids suffering from GAD are often afraid they might not be perfect or that things—bad things—are going to happen in life that they can’t control,”

GAD sufferers are often very high functioning at school while falling apart at home

And mostly they come into the world that way. Sometimes anxiety is triggered by a stressful life event—a death, a divorce, a move—or a developmental phase. But more often it’s innate. These are the kids that invent far-fetched scenarios to worry about in situations that most people would find completely non-threatening. Reassurance from their parents or other authority figures doesn’t help. “Generalized anxiety disorder (GAD)

Zack says. Their perfectionist tendencies mean GAD sufferers are often very high-functioning at school while falling apart at home (not sleeping, having emotional outbursts, picking fights, questioning parents excessively), so there may be a big difference between what parents are seeing and what the teachers observe.



Silver Lining Playbook

If you suspect your child has generalized anxiety disorder (GAD), the best first step is to consult a child psychologist, pediatric anxiety specialist, or cognitive behavior therapist. He’ll evaluate the child by asking questions about what you’re noticing and by engaging the child in activities to get a full picture of her feeling and coping strategies, says Zack. If the therapist does diagnose GAD, he will outline a plan for how to treat it, including specific exercises that help kids reframe their anxious feelings and work through their fears.

“The good news,” says Zack, “is that GAD is very treatable,” even for kids who’ve been through trauma, and in many cases, relatively quickly. “The vast majority of children who engage in treatment improve with cognitive behavioral therapy or other approaches in as few as 12 to 20 weekly sessions,” she says. Best of all, the treatment typically has a lasting positive effect, leaving kids feeling more empowered and self-confident and setting them up with lifelong skills for managing life’s stressors.

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The Early Life Stress and Pediatric Anxiety Program at Stanford Children’s Health conducts ongoing research about helping kids manage anxiety and stress. Read about their latest research and find resources at: med.stanford.edu/elspap

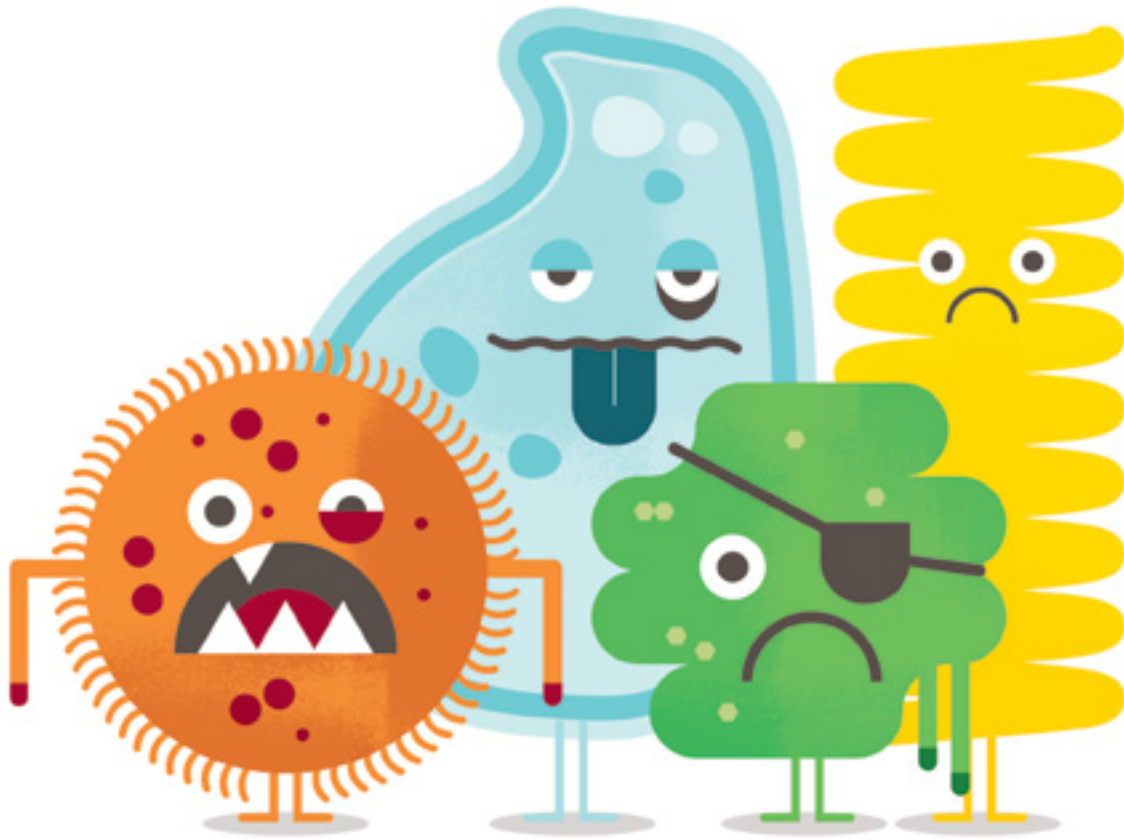


Resistance Movement

Kids who wash their hands at least four times a day have 24 percent fewer sick days from colds and flu, and 51 percent fewer sick days due to stomach illnesses.

— American Public Health Association





The school year has barely begun, but cold and flu season is around the corner and all you can think is: germs everywhere. The good news is that kids' immune systems are designed to resist disease-causing bacteria and viruses. And when it comes to keeping that system strong, there's a lot you should—and shouldn't—do.

DO



Make Hand-Washing a Habit

Teach kids to scrub their whole hands—up to the wrists and under the fingernails—and to do it long enough to sing the ABCs or “Happy Birthday” all the way through. A timer works well, too.

Get Them Vaccinated

Don't skip the annual flu shot (see Shot Talk, next page), and stick to recommended immunization schedules. Experts agree vaccines are extremely important for developing an immune system that prevents childhood diseases, and is strong for the long haul.

Keep Them Home When They're Sick

If your child runs a fever, keep him home for 24 hours after it breaks. Lots of rest will help him get better faster, and you'd want other parents to do the same.

Promote Good Gut Health

Many foods help build good gut bacteria, including yogurt (look for labels that say “live and active cultures” and don't have added sugar), kefir, pickled or fermented foods, cruciferous vegetables, beans, and blueberries. If your child is on antibiotics, which can wipe out both harmful and helpful bacteria, a probiotic supplement can help.

Disinfect During and After Illness

Change the bedding and wipe down light switches, doorknobs, and remote controls. When a child is sick, a little disinfecting goes a long way toward protecting the healthy and preventing relapse.

Get Them to Bed on Time

Sleep is when the body does all of its repair work, and not getting enough can inhibit the immune system. If you're not sure just how much your child needs, see So Just How Many Hours of ZZZs Do They Need?, page 36.

DON'T



Dole Out Daily Vitamins

Most kids get the vitamins they need through diet, provided they're eating balanced meals. That's true even for picky eaters, who are rarely nutritionally deficient. Children who live in the foggy patches of the Bay Area and don't see much sunshine may get a boost from some vitamin D. Always check with your pediatrician before starting any supplements.

Rush to Request Antibiotics

Since most colds and flus are viruses, and antibiotics only kill bacterial infections—like strep and some (but not all) ear infections—they likely won't help when a child gets sick. Taking antibiotics when they're not needed can actually be harmful because they wipe out the good bacteria along with the bad, which may leave your child's system with inadequate defenses.

Battle with Them over Bundling Up

Being cold doesn't lead to catching a cold (though bodies are better able to mount a defense when they're not working too hard to stay warm). Left to their own devices, kids will quickly learn that they'll be more comfortable playing outside if they're dressed appropriately.

Bother with Anti-Bacterial Soap

It won't help prevent viruses and studies show it doesn't fight bacterial infections any better than plain old soap and water. Also, it may breed new and stronger bacteria as old strains develop resistance to the antibiotics.

Let Vigilance Turn to Obsession

Kids are like sponges, so they'll soak up your germophobia and make it their own if you're not able to keep it in check.



A Good Shot



For most of us, getting the flu means feeling feverish and achy for a week or so, and then getting back to normal. But for some, it can be much more serious—even deadly. That’s why the Centers for Disease Control recommends everyone six months or older get the latest flu vaccine. Here, Stanford pediatrics professor and immune specialist Dr. Yvonne Maldonado addresses questions about the flu shot.

I've heard that people can get sick from the shot itself. Is that true?

YM: No, the vaccine doesn't cause the flu. But there frequently are overlapping viruses circulating at the same time as the flu, and those may cause symptoms similar to the flu. The shot's aftermath is generally just soreness at the injection site for a few days. Occasionally, people may experience one to two days of mild side effects—like low fever and weakness—that are much less severe than the actual flu.

What's the ideal timing for taking the flu vaccine in the Bay Area?

YM: The vaccine is usually available starting in September, and flu season runs from October to March. Getting your kids vaccinated sooner is better, so their bodies can build up immunity to the virus. However, vaccinations as late as January can still help provide protection when the flu is circulating.

Our family was vaccinated, but we all still got the flu. What happened?

YM: Flu vaccines are 60 to 100 percent effective, depending on the year, the population, and the age of the patient. Early each year, vaccines are formulated to protect against three to four viruses that flu experts predict will be most common during flu season. But some years, there may be viruses circulating that aren't covered by the vaccine. If you get vaccinated and still get the flu, your symptoms will likely be less severe and won't linger as long, which means you'll have a lower risk of complications as a result.

The flu shot isn't as important as other vaccines, is it?

YM: Flu vaccinations can not only help keep your family from getting sick, they also protect people around you who might be at greater risk of serious complications, like infants under 6 months, older adults, and people with chronic illnesses. Recent studies showed that the flu vaccine reduced children's risk of flu-related pediatric intensive care unit admission by 74 percent during flu seasons from 2010 to 2012, and that babies of women who got the shot while pregnant were 92 percent less likely to be hospitalized for the flu.

Is the nasal spray as effective as the shot?

YM: Recent studies suggest that kids between 2 and 8 may get more protection from the spray. Some kids need two doses of vaccine (and they don't have to be in the same form). The spray also works for older children and for adults up to age 49 who aren't pregnant or on long-term aspirin treatment, and who don't have asthma, egg allergies, or weakened immune systems. It's easy to take, so some people prefer it to an injection. Babies between 6 months and 2 years, pregnant women, and adults over age 50 need to take the shot instead.

Who should be vaccinated?

YM: Everyone in the family who is 6 months and older—including kids' caregivers—should get the flu vaccine each year. Talk to your doctor about which vaccine is appropriate, and any potential allergies or complications.

Meet Dr. Maldonado

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From whooping cough to polio to flu, Dr. Yvonne Maldonado, chief of infectious disease at Stanford Children's Health, is one of the fiercest enemies any virus could encounter.

Her work studying some of childhood's most devastating diseases—malaria, polio, measles, HIV—has taken her from small towns in Northern California



to Mayan enclaves in remote Mexico and impoverished villages in Zimbabwe. One of Maldonado's current projects

is heading up a study to investigate the person-to-person transmission and environmental spread of the live, oral polio vaccine in Mexican communities. The results of the study could affect public policy not only in Mexico, but all around the world.

Maldonado, a mom of three, sees her work with children as a way to improve the health of everyone in the world. "There's no doubt that keeping children healthy is the right path to keeping us all healthy."





The seemingly ordinary act of eating together as a family can have a surprisingly profound effect on nearly all aspects of kids' psychological and social development. Here are some simple ways to make it happen at your house.

The list of benefits for kids who regularly share family meals is pretty astonishing: They are more likely to eat healthfully, maintain an appropriate weight, have larger vocabularies, and get better grades. They're also less likely to engage in risky behavior, including early sexual activity and drug, tobacco, and alcohol use.

"Kids who regularly eat at home with their parents come to see family dinner as this very safe space they can rely on," says Jenny Rosenstrach, a mom of two and blogger behind dinneralovestory.com

If you already have family dinners, great. But if you don't, don't panic. Getting started doesn't mean that you need to have dinner together every single night. Start with whatever you can make work

with your family's schedule—even if that's just once or twice a week. And if dinner just isn't doable, try ritualizing a special breakfast each weekend. More important than the specifics of the meal, obviously, is the family togetherness time. "The idea is to enjoy yourself, not make yourself crazy," says Miriam Weinstein, mother of two and author of *The Surprising Power of Family Meals*.



Good nutrition is an important aspect of family dinner, but the relating, talking, conversation part is crucial. (See *Say What?*, opposite page, for conversation starters.) So don't let technology get in the way. "Kids who are paying attention to a small screen, or a large one, are not getting the social and psychological benefits of a family dinner," says Dr. Thomas Robinson, professor of pediatrics and medicine and director of the Center for Healthy Weight at Stanford Children's Health. And don't think you

need to do all the cooking yourself. In fact, you shouldn't. Once kids are capable of helping out, says Weinstein, participation is the key to making family dinners a valuable and intimacy-building experience. So give everyone a job. Little kids can set the table. Bigger ones can help with chopping, mixing, and dishes. Make it easy for kids to look forward to this time by putting them in charge: Let them help pick the menu and enlist their help in shopping and preparation. "Older kids and teenagers are perfectly

capable of cooking a meal once a week," Weinstein says. "Instead of assuming that teenagers won't participate, assume that they'd like to be given the opportunity to participate." She laughs. "Just don't expect them to thank you." Though once in a while they may surprise you. "My 13-year-old was actually sad that we weren't having family dinner the other night," says Rosenstrach. "It's one of the high points of her day."



say what?

The food is on the table, everyone has assembled, and no one is saying a word. Sound familiar? Whether your kids are in preschool or high school, there are ways of getting them to open up. Just don't start with "How was your day?"

Try any of these tactics to get them talking:

roses & thorns

Each family member has to share one thing from their day that was awesome—those are the roses—and one thing that wasn't so awesome—the thorns. In addition to initiating some real conversation, this has the welcome benefit of clueing you in to some things in your kids' lives—anxieties or accomplishments—that they might otherwise have kept to themselves.

wish of the week

Start a family journal in which each member of the family writes down one wish for the coming week—"I hope I ace my chem test" or "I wish I could play with Sammy every day"—and shares that wish aloud during the meal. It's a great way to learn what's going on in their minds and for them to learn what other family members are thinking about. The best part is that since all the wishes are recorded in a notebook, you end up with a cool keepsake and can go back and browse through past entries—another great way to spark conversation.

card tricks

You can buy boxes of TableTopics® cards—or make your own. Each card is printed with a conversation starter, such as "Which famous athlete would you like to meet?" or "What's your favorite dessert?" A teen version offers more advanced questions, like, "What will be the most exciting thing about getting to leave home?"

the million-dollar question

Asking "What would you do with a million dollars?" is a classic. But there are lots of great variations: What would you do if you didn't have to go to school for an entire year? Whom would you invite to your birthday party if you could invite anyone in the whole world?



getting it just right

You want your children to have healthy appetites. But some appetites are a little too healthy. Meanwhile, others are too finicky. Dr. Thomas Robinson, professor of pediatrics and medicine and director of the Center for Healthy Weight at Stanford Children’s Health, has helped many thousands of children and families achieve and maintain healthy weights. He offers these tips for keeping all kinds of eaters on track.

for big eaters

TEMPER TEMPTATION

To make it easier on everyone, only buy or make the kinds of foods you want your kids to eat (e.g., keep the cookies out of the cupboard). And serve from the kitchen, not family style: “If you have to get up from the table to get more, you’ll eat less than if the food is right there in front of you,” Robinson says. Salads and veggies can be an exception to this rule if you want your kids to fill up on healthy foods first.

STAY IN THE ZONE

To cut down on snacking, make the dining room or kitchen the place people eat. Period.

DOWNSIZE DISHWARE

Downsize your plates, bowls, glasses, mugs, serving dishes, and utensils to help with portion control. Children and adults serve, eat, and drink more when using larger dishware. In research studies, when they eat off smaller dishware, kids don’t feel more hungry, take more helpings, or compensate for eating less at one meal by eating more at the next.

STAY OFF SCREENS

Avoid eating with television, computers, tablets, or phones. Besides the obvious impact on family discussions, being distracted while eating makes you eat more by making you less tuned in to the tastes and feels of the foods, and less aware of how much you’re eating.

DO DISHES

Get everyone in the family in the habit of eating everything—even snacks—off of plates or in bowls. “When you eat out of a bag or box, it’s much harder to appreciate how much you’re consuming,” Robinson says.



for picky eaters

DON'T PLAY SHORT ORDER COOK

Just because your kid turns up her nose at what you're serving doesn't mean you have to make her a different dish. It's okay for her to wait until the next meal. You can also make sure there's at least one (healthy) option on her plate that you know she likes (unsweetened applesauce or carrots and hummus are good options) so she won't go hungry.

DON'T FORCE IT

Insisting kids eat something can often backfire, making them less likely to like it. It is, however, okay to have a one-or-two-bite rule. And don't give up on certain foods. It's normal for children to be wary of new foods. Studies have found that it can take 10 or more exposures to a new taste before a child starts to like it, and that liking increases with every new exposure.

FIND WAYS TO BE FLEXIBLE

Choose recipes that are easy to customize—homemade pizzas with choose-your-own toppings, tacos served bar-style with all the fixings, deconstructed salads where each person can pick what goes on his plate. That way, you're only making one meal but everybody gets something they like.

BAN BRIBERY

Bribes may work in the short term but backfire in the long term, by making the reward more desirable and making the food you want them to eat even less desirable than when you started. This especially applies to dessert: Using sweets or dessert as a reward for eating healthy vegetables will just make kids like healthy foods even less.

PUT A STICK IN IT

Sometimes a little novelty does the trick. Some kids who won't touch a chicken breast can't get enough of a chicken skewer, for example. Have fun with the food, and your pickiest eater might give it a try.

SET THE EXAMPLE

Eat and enjoy the foods you want your children to eat. Parents are powerful role models and if they make a face or offhand remark that shows they don't like a food, their child will see that as permission to follow along. If parents act genuinely positively about the benefits and enjoyment of eating healthy foods, their children are more likely to eat them as well.

DON'T RELY ON DISTRACTIONS

Distracting picky eaters with television, movies, or phones can sometimes get them to eat food mindlessly, which is why parents use this strategy. But it backfires in the long term by interrupting the process of becoming familiar and mindful of the enjoyment, taste, and feel of foods they eat. Eliminating screens from the dinner table will help you raise a healthy eater with a healthy relationship with food and eating.

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Is your child struggling to maintain a healthy weight? Learn more about the Stanford Children's Health Center for Healthy Weight at weightcontrol.stanfordchildrens.org



Smooth moves

It's hard to beat a brightly colored smoothie—whether you're looking for a healthy breakfast or afternoon snack, or just a fun (no-cook) kitchen activity to do with the kids.



1. Very Berry

Berries may be small but they pack a huge punch when it comes to fiber and flavonoids—both of which are key in fighting disease.

- 2 C Fresh or frozen blueberries (or any mix of blueberries and other berries)
- 2 Fresh or frozen bananas
- 1 Avocado
- 1 C Greek (or soy or coconut) yogurt
- 2 Tbsp Chia seeds (optional)

2. Good Morning Sunshine

This sunny blend is full of vitamin C and myriad minerals. Adding ginger makes it a great tummy tonic—just remember, a little goes a long way.

- 3 C Papaya or peach
- 1 C Carrot juice
- ½ C Lemon juice
- 2 C Greek yogurt
- 1 Tbsp Fresh ginger (optional)
- 1 Tbsp Honey

3. Power Punch

This tangy treat offers protein and calcium from the yogurt and lots of antioxidants from the brightly colored berries.

- 1 C Strawberries
- 1 C Raspberries
- 2 C Mango chunks
- 1 C Greek yogurt
- 1 C Coconut water (or any milk or water)

Delicious ideas

These blends are proven combinations, but feel free to improvise or mix and match. For ingredients that freeze well—bananas, berries, most tropical fruits, and leafy greens—use either fresh or frozen. If you go with fresh, add a couple of handfuls of ice for that frosty effect.

If you've got kids who won't go for anything green, there are ways of getting in the good stuff without raising their suspicions. Start with avocado. Its flavor is hard to detect, and its creamy texture is perfect for smoothies. If you want to work in leafy greens, go for baby spinach or kale (remove stems and ribs). A handful of greens blended with other ingredients often goes unnoticed.

Each recipe makes four 8-ounce smoothies.



4. Green Machine

Even kids who turn up their nose at greens on a plate will often willingly sip them through a straw—particularly when they're blended with favorite fruits.

- 2 C Fresh baby spinach leaves
- 1 ½ C Pineapple chunks
- 1 ½ C Mango chunks
- 2 C Water (or coconut water or any type of milk)

5. Maple Almond Joy

Real maple syrup is sweet, yes. But it's also dripping with antioxidants and minerals like zinc and manganese. Mix it with almond butter—which is packed with protein and healthy fats—and you have a powerful way to start the day.

- 2 Bananas
- 2 C Almond milk (vanilla-flavored works best)
- 4 Tbsp Almond butter (or peanut or sunflower butter)
- 2 Tbsp Maple syrup
- 2 Tbsp Chia or flaxseeds (optional)
- 1 Tsp Cinnamon (optional)
- 1 Tsp Vanilla extract (optional)
- 1 Tsp Almond extract (optional)



Park Prescription

Here's some medical advice you'll want to jump (or run or bike) to heed: Mounting research shows that regular doses of nature go a long way toward keeping you—and your kids—healthy and happy.

Studies have linked outdoor walks with boosts in creativity, improved problem solving, lower stress levels, and even a heightened attention span for kids. When kids are exposed to regular doses of bright natural light, they're more alert and happier during the day and sleep better at night.

This is all especially great news for residents of the Bay Area, where the opportunities for outdoor adventure are boundless. So grab the kids, throw on some sneakers, and take advantage of the healing energy and bonding opportunities that exist just outside your door.

Where to Go



Mount Diablo

With 150 miles of trails, the East Bay's nearly 20,000-acre Mount Diablo State Park is one of the best places for family hikes. Don't miss Rock City, a series of wind-carved sandstone caves that are perfect for explorers of all ages. In early spring, masses of wildflowers bloom all around the rock formations. In late summer and early fall, the park is a popular place to spot tarantulas. (Don't worry. Despite their scary reputations, they're actually docile and essentially harmless.)

Indian Rock Park

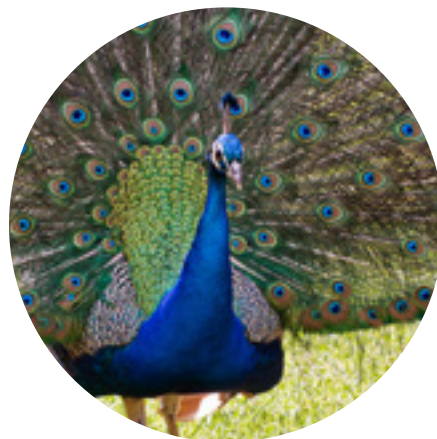
Bring older and more adventurous children to Berkeley's Indian Rock Park. You can climb the carved steps up to a gorgeous view of San Francisco Bay.

San Francisco has more accessible green space than any other city in the nation: 98 percent of residents live within a half mile of a park.

Ardenwood Historic Farm

You can spot close to 100 species of birds, buy fresh produce, tour the Victorian garden, and walk right up to cows, rabbits, goats, and sheep at Ardenwood Historic Farm in the East Bay on the outskirts of Fremont.

The East Bay Regional Park District is the largest regional park district in the entire country, with 65 parks and more than 1,200 miles of trails.



Picchetti Ranch

Along the three-mile loop through Santa Clara's Picchetti Ranch Open Space Preserve, which is due west of San Jose and includes an old farm and winery, you'll see everything from wild roses to peacocks.



Stow Lake

Get away from it all without leaving the city at Golden Gate Park's Stow Lake in San Francisco, where you can rent paddle- or rowboats by the hour to cruise around beautiful bridges, a Chinese Pavilion, even a little waterfall, spotting wildlife along the way. The boathouse, originally built in 1893, couldn't be more charming.



Have a stroller?

Paved pathways abound in the Bay Area. Try out the Nimitz Way Trail at Inspiration Point outside Berkeley near the San Pablo Reservoir, the Verna Dunshee Loop around the east peak of Mount Tamalpais just north of Sausalito, or the Stream Trail at Redwood Regional Park between Oakland and Walnut Creek.



What to Bring

- 1 When walking or hiking, wear layers and carry a small daypack or backpack with water, food, hats, and sunscreen—and don't forget a cell phone in case of emergency.
- 2 Bring along tools that encourage exploration, such as binoculars, a magnifying glass, a small digging tool, a bag for found “treasures,” or a journal.
- 3 Pack plenty of high-protein snacks. Nuts, dried fruit, and granola bars are good, portable options.



Photo: Raymond Horn, Food & Prop Stylist: Jerrie-Joy/Pat Bates & Associates

How to Keep Everybody Smiling

Give your kids a mission, like a nature scavenger hunt. There's one in the Extraordinary Kid Extras insert in this publication, and lots of downloadable options on [Pinterest.com](https://www.pinterest.com)

Check out [geocaching.com](https://www.geocaching.com) to see if another nature lover has left a "treasure" for you to find somewhere in the park or along the trail.

Let your little ones lead; kids will feel more engaged if they set the pace and determine the course of your nature walk.

Work toward a family goal by signing up to walk five trails or a total of 26.2 miles as part of the Regional Parks Foundation Trails Challenge. Get a free guidebook and T-shirt when you register at www.regionalparksfoundation.org

Healthy Parks Healthy People, a national program designed to promote the health of people as well as the planet, offers free guided nature walks in numerous Bay Area parks every Saturday. Check out the schedule and detailed descriptions at instituteatgoldengate.org





FINGER ON THE PULSE

Ever wish you had a good reference for developmental milestones right in the palm of your hand? Or emergency instructions for a burn or broken bone at your fingertips? How about an easy way to get kids interested in their own health within arm's reach?

Yep, there are apps for all that.



BEST FOR:

What to do
in case of
emergency

Red Cross First Aid

Cost: Free | Systems: iOS, Android

Accidents happen. And, in the heat of the moment, we're not always exactly sure what to do. The Red Cross's official First Aid app provides easy-to-read step-by-step instructions for handling emergencies. How to apply pressure on a bleeding wound, for example. Or what to do for heatstroke. It also includes preparedness checklists for all manner of natural and chemical disasters, and a handy hospital finder that requires just one click. (The Red Cross also has a Pet First Aid app for four-legged family members.)



BEST FOR:

Keeping tabs
on developmental
milestones

Developmental Milestones

Cost: \$2.99 | Systems: iOS, Android

Clean, clear, and concise, this helpful app gives pithy explanations for where children should be at each stage in terms of social, fine motor and vision, gross motor, speech and language, and dentition (or teeth) development. A 3-year-old with proper gross motor skills ought to be able to stand and hop on one foot, for example, while a socially on-track 4-year-old should "understand present, past, and future." A tab for red flag signs lets you know when there might be something to worry about.



BEST FOR:

New parents who need help keeping track of it all

Baby Bundle

Cost: Free | System: iOS

Created by a pediatrician and mom of three, this intuitive app enables parents to time feedings and naps, track diaper changes and head circumference growth (all growth data can be charted and compared against national norms), even log ounces of milk pumped and stored (fridge or freezer). It includes checkup and vaccination schedules, health information customized to your baby's stage, and a place to record multiple children's milestones—in notes or images. Bonus: It can turn your iPhone or iPad into a baby monitor, so you can keep an eye on your sleeping beauty from wherever you are.



BEST FOR:

Eliminating your bulging folder of medical records

Capzule PHR

Cost: \$0.99 | System: iOS

This personal-health-record storing app, which has a modern, easy-to-navigate interface, is designed to keep all your medical information in one place. It can be backed up to the cloud and synched with other devices, so it allows for easy access to, as well as smart safeguarding of, your whole family's data. That data can include illness histories, tests, scans, images, medications, appointments, emergency info, and more. Use this app to visually monitor variations in health conditions for multiple family members, send prescription refills, manage insurance and doctor info, track immunizations, and get medication reminders.



BEST FOR:

Getting kids moving without labeling it "exercise"

Jump Jump Froggy

Cost: Free | System: iOS

Adorable graphics featuring animated animals—and not just frogs—will charm young kids into trying this playful fitness app. Each of the four games included focuses on one basic fitness move: hopping side to side with the frog, jumping with the flies, sit-ups with the snake, push-ups with the ant. The player has to do the move to score points and advance to higher levels. Charming music and clever animation keep it feeling fun. Play alone or against a buddy.



BEST FOR:

Inspiring kids to learn about how their bodies work

The Human Body by Tinybop

Cost: \$3.99 | System: iOS

Gorgeous and witty illustrations, layers of detail, and clever interactions make this wonderfully unconventional anatomy app (for kids 4 and up) feel like anything but a lesson. Turn on labels for older kids to see which system they're poking around in, or leave them hidden for littler kids who just want to explore the gurgling sounds of the digestive tract, or the pumping action of the heart, or what happens to the teeth when we eat certain foods, or how the eardrum works when you say something, and so much more.



THE BED TIME STORY

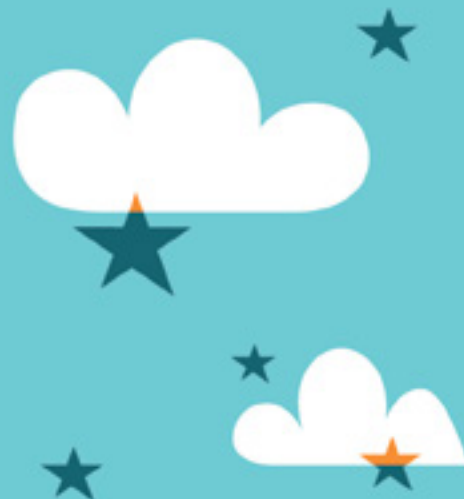


While your little peanut may look perfectly peaceful all tucked up in bed, her developing brain is actually a crazy busy place during sleep, host to all kinds of extremely important functions. Among these activities is memory consolidation—putting experiences in order, learning what’s important, and un-learning what’s not.

“This is crucial for everyone, but especially for kids, who are developing both mentally and physically,” says Dr. Nanci Yuan, director of Stanford

Children’s Health Sleep Center. “We are learning more and more about the impact of sleep on regulatory hormones. For example, in kids, the most intense period of release of growth hormone is shortly after the beginning of deep sleep.”

Knowing the importance of sleep, though, doesn’t always add up to a household of champion sleepers. What can parents do to help their kiddos get better rest? Bay Area pediatric sleep consultant Dr. Angelique Millette offers these suggestions:





1 Incentivize & Reward

Motivate kids who have a hard time staying in their room at night with their very own alarm clock. (There are several made for children that light up when it's okay to rise.) Reward them for waiting until the appointed hour—perhaps using a sticker chart, tracking seven consecutive nights to earn a special treat, or with fun one-on-one time, such as 10 minutes of playing a board game in the morning.

2 Start with a Script

For younger kids, write up a bedtime-ritual plan. Make sure the child participates in deciding how many books, cuddles, etc. (it will help him identify his own settling needs). List the steps in sequence—"Put on pj's, Brush teeth, Read books, Cuddle, Lights out"—so everyone knows exactly what will happen. Review it together beforehand. When it's written and rehearsed, the child is more likely to internalize it and less likely to ask for things that are off-script.

3 Remember, It's a Phase

If after all your best efforts you're still facing a little insomniac, don't despair. Try to pull back and consider what might be going on—sometimes they regress as they face a new developmental milestone. Sometimes they're struggling to process a significant event. Trust your intuition. And if you're unsure, talk with your pediatrician or contact a sleep consultant to help you create a plan that you can stick to.

4 Carve Out Quality Time

Some kids are unsettled at bedtime because they're longing for more attention from Mom or Dad. Spend a few minutes asking them questions about their day (focusing on the positive) or tell them things you've noticed about them, as it makes them feel recognized. For fussy babies, spend an extra 5 or 10 minutes cuddling and making eye contact or saying soothing words.



5 Follow Their Dreams

If your child had a nightmare or didn't sleep well the night before, ask him about it in the morning. If he can talk about a bad dream, it's less powerful and scary. Tell him that you understand he's been frightened by his imagination and reassure him that he's safe.

6 Respect the Routine

Sticking to a set bedtime helps children feel secure because it offers predictability. Kids of all ages (and grown-ups too) should ideally sleep and rise within the same 30-to-60-minute time frame every day—yes, weekends too. This may mean discouraging teens from sleeping in on Saturday mornings, since it can disturb their circadian rhythm.

7 Power Down



Electronic screens are a bad idea before bed, as their light stimulates the brain, making kids feel wired just when they should be resting and inhibiting the production of sleepy-time hormones melatonin and serotonin. Ideally, kids should turn off screens at least one to two hours before bed.

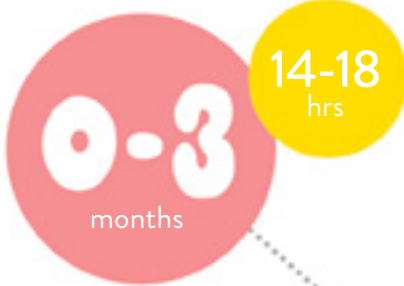




So just how many hours of ZZZs do they need?



Newborns



In the first month or so, newborns mostly sleep, but only in short stretches of two to four hours, and they don't follow much of a pattern. (The circadian rhythm hasn't kicked in yet.) Essentially, when they aren't feeding, they're sleeping.

Toddlers



Toddlers 1 to 2 years old need one to two naps of at least an hour. Some may take one longer sleep; others might do better with two shorter naps. At this age, many kids like to have a transitional comfort object, like a bunny or blanket. Hint: Have more than one.

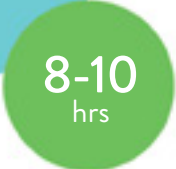
Infants



By the time infants are about 4 months, a pattern should emerge of shorter naps during the day after feedings and a longer stretch of up to six hours at night (thank goodness!), as they now have a sense of the difference between day and night. Toward the end of their first year, babies should be taking two to three naps daily. Make sure whatever they're doing before sleep time doesn't overstimulate them, and that the room is quiet and dark.



Teenagers



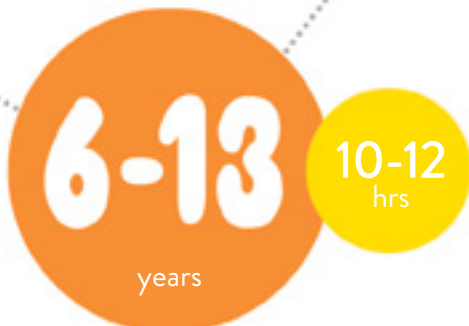
Teenagers need 8 to 10 hours of shut-eye and many aren't getting adequate rest. Screen time is a common culprit; consider requiring that devices be stored outside of the bedroom overnight.

Preschoolers



Preschoolers ages 3 to 5 should still be sleeping about half the day. Around 4 years old, they'll want to stop napping. If they can go the whole day and seem to be happy and secure, let them stop. If they seem overtired at the end of the day, move their bedtime up an hour earlier as they're transitioning.

Schoolkids



For kids 6 to 13, overstimulation can cause sleep problems. Make sure their schedules aren't too jam-packed.



Give 'Em Some Skin

Science proves that skin-to-skin contact between babies and parents benefits both parties. (As if you needed another reason to cuddle.)

Psychologists say there are five types of love languages, but to newborn babies, only one really registers: physical touch.

“Skin-to-skin time right after delivery can be a wonderful, strong start for both mother and baby,” says obstetrician Dr. Susan Crowe, a clinical associate professor of obstetrics and gynecology at Stanford School of Medicine. Which is why, whenever possible, Crowe advocates that newborns be placed immediately upon the mother’s abdomen at delivery. (A recent study published in *JAMA Pediatrics* shows that there may be benefits to waiting, even a few minutes after delivery, to sever the umbilical cord.)

“After the cord is cut, the baby should be moved up to the mother’s chest,” says Crowe. It’s something traditional cultures have always done instinctively and is now understood scientifically as an incredibly beneficial way to welcome a baby for both mother and child. “The skin-to-skin contact causes a release in oxytocin—known as the ‘love hormone’—in the mom. It helps the uterus contract, which reduces bleeding, and also warms up the

mother’s body, which comforts the baby and results in less crying and lower rates of hypoglycemia,” Crowe explains.

“Skin-to-skin contact causes a release in oxytocin—known as the ‘love hormone.’”

The rush of oxytocin not only makes Mom a super warm and cozy place for a newborn to nestle, it also enables mothers and babies to recognize each other’s unique scent. In addition, it triggers the newborn’s instinct to find and latch on to the breast—something

that everyone thinks is so easy and instinctual for both mother and child, that is, until the moment arrives and the awkwardness is all too real. A 2012 study published in *Neonatology* showed that 95 percent of mothers who experienced skin-to-skin contact with their newborns were breastfeeding exclusively 48 hours after delivery, and 90 percent continued exclusive breastfeeding six weeks later; yet another reminder of just how important our hormones are in determining how we function.

Because more and more research is showing how crucial that initial connection and communication are for the well-being of both moms and babies, some hospitals are working to make this type of contact possible even in the case of cesarean sections. “For women who planned to have a vaginal delivery, an unexpected change of plans can result in a huge sense of loss,” Crowe says. “Being able to hold their baby can take some of

that sting out.” Lucile Packard Children’s Hospital Stanford, where Crowe serves as the director of outpatient breastfeeding medicine services, is adapting its cesarean procedures so that moms and newborns can have that bonding moment while still getting the attention and recovery assistance they each need.

For premature babies that require medical attention right after birth, immediate skin-to-skin contact may not be possible. “But as soon as they are stabilized, we strongly encourage parents to do it,” says Dr. Philip Sunshine, emeritus professor of pediatrics at Stanford Children’s Health. Sunshine conducted the benchmark studies on the benefits of skin-to-skin contact for preemies, way back in the late 1960s. Now, skin-to-skin contact is part of daily protocol in the NICU. “We think it’s so important for healthy development,” says Sunshine.

And “when Mom is the one requiring more intensive medical care, her partner should be wearing a loose-fitting or button-up shirt so that the baby has easy



Meet Dr. Sunshine

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Dr. Philip Sunshine, emeritus professor of pediatrics at Lucile Packard Children’s Hospital Stanford, has saved 40,000 babies over his 60-year career. Recognized as one of the creators of neonatology, Dr. Sunshine and his innovations have forever changed newborn care.

Decades ago, when Sunshine was starting out, doctors were taught to isolate premature babies in a sterile room. Dissatisfied with this approach, Sunshine and the team at Stanford began conducting experiments where parents were allowed into the nursery

with their preemies, and found that the infants benefitted from being held. Now, family time in the NICU is a common practice around the world.



Sunshine was also part of the team that first implemented neonatal intensive care, ventilation, and IV nutrition. Before then, babies born at less than 28 weeks had a mortality rate of close to 90 percent, says Sunshine, and today, more than 90 percent of them survive.

At 85 years old, Sunshine is no longer pulling all-nighters in the NICU, but he still spends at least 17 weeks a year caring for patients in the hospital. “I have the stamina and the enthusiasm for the work,” he says. “So there’s no reason to stop.”



access to another chest,” says Crowe, since studies suggest that newborns benefit from skin-to-skin contact with either parent immediately after delivery. “This might not be the standard in delivery rooms everywhere, but it can be accommodated if you make it part of your birth plan.”

Of course, physical affection and connection through nurturing touch don’t—and shouldn’t—stop after leaving the hospital. Regular infant massage provides lasting benefits for the baby and parent. And we’re not just talking about moms. Partners, who sometimes feel less attached to their children in the beginning than mothers do, can also reap huge rewards. A 2011 study published in *The Journal of Perinatal Education* found that partners who practiced infant massage experienced significantly less stress than those who didn’t. And all the “work” that’s required is the pleasant task of stroking and cuddling a baby.

Partners who practiced infant massage experienced significantly less stress than those who didn’t.

As your child gets older, this regular skin-to-skin contact can evolve. Encourage your toddler to crawl into bed with you for a morning cuddle, make back rubs part of the tucking-in process for your 6-year-old, or give your less touchy-feely tween the occasional foot or neck massage while watching movies together at home.



Check Your Oil

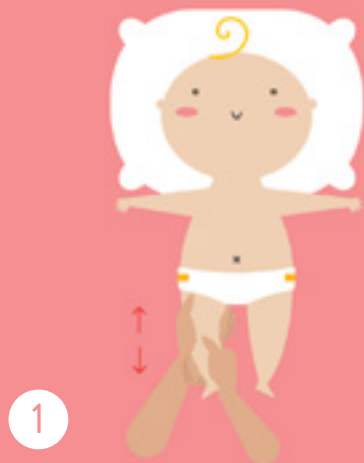
There are masses of massage oils, balms, and creams marketed toward babies—many with safe, simple ingredients. But you can probably find what you need right at home in your pantry.

Infant Massage USA, the American chapter of an international association promoting touch, recommends using simple cold-

pressed, unscented fruit and vegetable oils like grapeseed or sunflower. They’re edible, nontoxic, and loaded with linoleic acid, a gentle and beneficial essential fatty acid. (Bonus: These natural oils won’t slick your hands the way many massage varieties do, so you can more safely pick up your baby afterward.)

Infant Massage 101

First, set yourself up in a calm, quiet spot that's comfortable for both of you, ideally at a time when Baby is in a good mood, and not too soon after eating. The idea is simply to caress each part of your baby's body, spending about a minute in each area and seeing how your baby responds. After some practice, you'll learn through nonverbal cues—jiggling arms, heavy eyelids—which areas and types of touch are most appreciated.



1

A good place to start is with the legs while Baby is laying face up. Wrap both your hands around one thigh at a time and softly “milk” them by sliding your hands down toward the ankles. Once you reach the feet, stroke the tops. Then lightly press your thumbs into the soles, and stroke each toe.



2

Repeat these actions for Baby's arms, hands, and fingers.



3

Place your hands in a prayer position in the center of Baby's chest and repeatedly move them outward toward the armpits with your palms flattened. Then place one hand flat across the top of the chest and stroke down vertically.



4

Gently turn Baby over onto her tummy and use your fingers to trace small circles on either side of the spine, starting at the neck and moving down to the tailbone.



5

Finish with long strokes from the shoulders all the way down to the feet.



Rules of Engagement

The benefits of physical fitness for kids are hard to overstate. Here's how to encourage well-rounded athleticism while minimizing the risk of injury.

We sign them up for teams and make sure they get to practice. We cheer and console them. We even give over our weekends to watch them take to the field, court, track, pool, or rink. Why?

Because we know how important it is for their little bodies to run, kick, leap and swing. And not just their bodies. We know that the hustling, sweating, and scoring are as good for their psyches as they are for their physiques.

For all the benefits sports can provide, however, experts say it's critical that parents set limits for kids. According to the Centers for Disease Control, more than 2 million high school athletes and more than 3.5 million kids under age 14

receive medical treatment for sports injuries each year. "Kids are playing harder and faster every year, it seems," says Dr. Gerald Grant, chief of pediatric neurosurgery and concussion expert at Stanford Children's Health.

While a knock to the head should certainly raise alarm bells for parents, concussions aren't the only concern.

More than half of all sports injuries in middle and high school students are caused by overuse of particular muscles, something that's starting to affect younger athletes, too. "We're definitely seeing an increase in overuse injuries, and at a younger age, in our practice," says Dr. Meghan Imrie, clinical assistant of pediatric orthopedic surgery at Stanford Children's Health. Experts attribute the uptick in repetitive-stress injuries to the trend toward focusing on one sport at an earlier age. The American Orthopedic Society for Sports Medicine, for example, reports a five-fold increase between 2000 and 2009 in serious elbow and shoulder injuries among youth baseball and softball players.

The problem is that kids are committing to one position and often playing without an off-season. "Parents have been sold a bill of goods that kids need to work out year-round in the same sport," says Tim Brown, former wide receiver for the Oakland Raiders and NFL Hall of Famer. "I coach the track team at my daughter's school, and I remind them on a weekly basis that a big part of working out is rest."



"Parents have been sold a bill of goods that kids need to work out year-round in the same sport."

- Tim Brown,
coach and NFL
Hall of Famer

Imrie recommends that at the first sign of pain—whether that's a soccer player's inflamed kneecap or a baseball player's sore elbow—kids should sit out until the pain resolves (which may be a day, or may be weeks). When the pain is gone, they can ramp up their activity level. For the most part, overuse injuries are not permanent, particularly if they're caught early. "The more concerning thing," says Imrie, "is if a child is in pain, they're not playing 100 percent, and can make a mistake on the field that results in a more acute injury."

The Centers for Disease Control, whose guidelines state that children 6 and older should get 60 minutes of physical activity every day and recommend that the activity include aerobics as well as muscle- and bone-strength building, advises parents to find ways of getting their kids moving that are age-appropriate, enjoyable, and offer variety.

Imrie also suggests getting kids to try activities other than their main sport—advice that's echoed by professional athletes.

"By playing different sports, you are using different muscles, thereby giving other muscles rest," says Brown. And there are other reasons too: "What you learn on the basketball court about your skills will be totally different than on the football field," he says. "Playing multiple sports makes for a more well-rounded athlete, not a one-trick pony."



INCREASE OF CONCUSSION

Whether your child heads a soccer ball too hard or gets tackled on the football field, it's always best to err on the side of caution when it comes to head injuries, says Stanford Children's Health chief of pediatric neurosurgery Dr. Gerald Grant. Here's his advice for parents.





Monitor your child

Headache, dizziness, vertigo, and having trouble focusing are all common symptoms of a concussion. Kids also report “just not feeling like themselves” after a concussion, says Grant. He notes that girls tend to report milder symptoms, such as drowsiness or noise sensitivity, than boys, even when their injury is just as severe.



Take a time-out

At Stanford, children with head injuries are told to stop playing a sport until symptoms subside, “but they’re no longer put in a dark room like the old days,” says Grant. Instead, he says it’s best to let kids return to a more low-key version of their normal life, with check-ins at the doctor (at Stanford, doctors check things like balance and eye tracking, but also talk to parents about their child’s attention span and school performance). “We also now encourage return to aerobic fitness much sooner as long as there is no risk for contact. The goal is to return the child back to ‘brain health,’” says Grant. Once a doctor signs a release, typically within a week or two, a child can get back in the game.



Get medical attention

For the above symptoms, go to your doctor; for red flags like sleepiness, vomiting, or a worsening headache, go immediately to the ER.



Teach kids to be honest

Most head injuries do not affect kids long-term, provided they speak up about their symptoms, get them checked out, and take the time to recover.



Meet Dr. Grant

Dr. Gerald Grant, chief of pediatric neurosurgery at Stanford Children’s Health, places a special value on developing relationships with patients and their families. “I just love the family unit,” he says. “I love that our hospital gets to place its focus on kids, and what they need.”

In a single day, he might operate, conduct research on the blood-brain barrier, teach a class to medical students, and also spend time with his wife and three children—all with an amazingly steady demeanor.

It’s a quality he honed while working as a surgeon in the U.S. Air Force. Stationed in Iraq during the war, his team performed surgeries in a tent, through blackouts and under fire. Whether handling countless concussions or removing rocket shells embedded in soldiers’ brains, “I stayed calm by focusing on the mission,” Grant says.

That confidence is reassuring for families who find themselves facing a child’s grave illness or injury. “He didn’t say, ‘I’m going to try to take this tumor out of your daughter’s head.’ He said, ‘I’m going to take it out,’” said Jennifer Zimmerman, whose then 7-year-old daughter, Emily, was diagnosed with a brain tumor the size of a golf ball.

Two years later, Emily is tumor-free and doing all the things a normal 9-year-old kid does. “Kids are so pure,” Grant says. “They just want to get better so they can be kids again. And it feels great to be a part of making that happen.”

Which Sport Is Right for Your Child?

Finding an activity that suits your child's personality sets the stage for a lifelong love of being active.

Action Heroes



Faster than the speed of lightning, your child would literally climb the walls if he could.

Football, martial arts:

“Kids who are more aggressive may enjoy sports like football or martial arts that involve lots of contact,” says John Engh of the National Alliance for Youth Sports.

Social Butterflies



Your child loves nothing more than a party—and is often the life of it.

Baseball, basketball, volleyball:

These are all sports that encourage teamwork, but also allow kids to shine individually, says Engh.

Shy Guys & Girls



Your child takes some warming up (and may cling to your pant leg in the meantime).

Running, swimming, soccer:

Solo sprinting or swimming may be just the thing for kids who prefer alone time. Soccer is also a good option, as it offers the anonymity of a group on the field (versus the pressure of all eyes on the player at bat).

Natural Performers



Your child was dancing and putting on “shows” almost as soon as he or she could walk.

Cheerleading, dance, gymnastics:

These all involve a good amount of showmanship, while also giving kids a workout.



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