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Rocky Mountain Youth Sports Medicine Institute

Why should my child see a pediatric sports medicine specialist?

Children and teens often have injuries or illnesses that affect sports performance or the ability to exercise and be active. Pediatric Sports Medicine specialists have the expertise and experience to know how to approach the wide range of injuries that affect school-aged athletes. Their **extensive, specialized training** makes them the natural choice for helping children and teens to overcome these types of injuries.

We recognize that **children and teens are not small adults**. Our physicians are skilled with their interaction, dialogue, and examinations, and they are comfortable adjusting their style depending on the individual's developmental stage. Once the problem is identified, our entire staff begins the process of educating the family. We often provide **interactive educational material** and unique teaching techniques to help the whole family fully understand the injury.

In growing children, injuries and medical problems affecting the bones, muscles, ligaments, tendons, and joints (a.k.a., musculoskeletal injuries) often are quite different from conditions more commonly seen in older patients. These injuries often require different treatment plans that are specific to the age of the patient. Pediatric Sports Medicine specialists have a **wide range of treatment options** that are specific to these types of injuries in the developing athlete.

We provide comprehensive care for the unique sports-related medical needs of children and teens:

- Detailed assessments
- Surgical and non-surgical treatment options
- Onsite state-of-the-art diagnostic imaging (x-ray and MRI)
- Casting/bracing
- Counseling on safe return to play
- Injury prevention and performance training
- Physical therapy
- Nutritional counseling
- Same day or next day appointments

Pediatric Sports Medicine Physicians are equipped to diagnose, treat and manage the following injuries in children and teens:

- Sprains and strains
- Fractures and avulsions
- Ligament injuries (e.g., ACL tear)
- Dislocations
- Cartilage injuries (e.g., cartilage tears in joints)
- Overuse injuries (e.g., stress fractures, tendinitis)
- Apophysitis (Growth plate injury)
- Concussions
- Nutrition and supplement issues
- Exercise-induced asthma
- Eating disorders
- Heat illness
- Unique conditions of the athlete with special needs



Questions Commonly Asked of Our Experts

Rocky Mountain Youth Sports Medicine Institute

A program of Rocky
Mountain Hospital for Children
at Presbyterian/
St. Luke's Medical Center

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If you have any questions for
our youth sports medicine
experts, send them to
Karen.Romero@HealthONECares.com.

We will post questions and
answers to common concerns on
our website:

YouthSportsMed.com

Should my child drink water or sports drink?

Water usually is the best choice for exercise unless your child is involved in work-outs longer than 60 minutes. At that point, the energy stored in muscle is becoming depleted and electrolytes in the body have been lost in the sweat. Therefore, for these longer bouts of exercise, have your child consume a sports drink that contains carbohydrates (for fuel) and salt/potassium (for electrolytes).

When can my child start to lift weights?

Research has shown that even young children can safely begin strength training. If your child is ready to participate in organized sports, they are probably ready to begin strength training (This typically corresponds to age 6-8 years). The key to making this activity safe is to provide supervised training that emphasizes safety precautions and proper technique/ use of equipment. The training regimen should involve lower weight, higher repetition lifting. Body resistance exercises are a great choice for young athletes. Maximal lifts or any type of Olympic-style lifting should be avoided.

Should my child compete wearing a brace?

If your child is recovering from an injury, it might be appropriate to wear a brace to compete. For example, if the athlete has had a significant ankle sprain, research has shown that an ankle brace may help prevent another ankle sprain. Not all braces have been shown to be as effective as the ankle brace, but there are other braces that may help athletes compete during the recovery phase. For athletes who have not had an injury, the use of bracing is controversial, as there is a lack of evidence that bracing is helpful to prevent an injury from happening in the first place. The most important concept for the athlete to understand is that regaining range of motion, strength, and balance after an injury is the best method of preventing future problems.

Bracing cannot substitute for the hard work needed to rehabilitate an injury.

Should my child take performance-enhancing supplements?

Prior to considering a supplement, an athlete needs to determine what they are wishing to accomplish by using the supplement. Proper training, adequate rest, and optimized nutrition are the best ways to enhance performance. If an athlete is not maximizing these methods, supplementation will likely be unsuccessful and the athlete's expectations will continue to prove unrealistic. In general, most supplements have not been studied in youth and using them should be discouraged because of this fact. There is no requirement for supplements to be proven safe by the Food and Drug Administration (FDA). The products often do not live up to claims and they may not contain what they list as ingredients. Additionally, because of the lack of regulation, the product may contain traces of illegal, potentially dangerous, substances.

How can my child stay active if he or she is injured?

Having an injury can sometimes be a blessing for an athlete! During the injured period, the athlete can focus on gaining strength of other muscle groups. For example, core muscle training is usually allowed and can be an effective method of enhancing sports performance in a multitude of sports. Additionally, time can be spent on stretching tight muscles, a common problem in children and teens that may have contributed to injury. During the injury recovery period, flexibility around the injured joint and other joints can often help the athlete once they are ready to return to participating.

Which is better for my child's injury – ice or heat?

In the case of a sudden, acute injury, the best choice is to use ice. The swelling and inflammation associated with acute injury often results in significant pain. Ice applied directly to the injured area helps to reduce swelling, and therefore can be useful in controlling pain in the first 24-48 hours after a new injury. Ice can be applied with an ice pack. Applying ice directly to the skin should generally be avoided. Joints like the ankle respond well to submersion in a bucket of ice water. Heat tends to be more useful in more chronic injuries as a method of increasing blood flow to the area in order to relax and loosen tight, painful tissues. Physical therapists may even alternate ice and heat during specialized treatments for the athlete.