

Stay Alert to Health Complications From Dancing

ARTICLES BY SUSAN LONDON
Contributing Writer

VANCOUVER, B.C. — Overtraining, disordered eating, and lower extremity injuries are some of the many health issues that physicians who care for young dancers may encounter, according to a pediatric sports medicine specialist.

Several factors increase young dancers' risk of health problems, said Dr. Chris G. Koutures, who is in private practice in Anaheim, California. These young athletes often put in long hours, and they have multiple instructors, so there is a lack of continuity in their training. "I tell the families—parents especially—you must be the arbiter for your child, because each instructor does not know what the previous one was doing," he said.

In addition, dancers typically train in minimally supportive footwear and on unforgiving surfaces, he noted. Many of them now dance year-round between performances, recitals, and summer dance camps. The training can be intensive, pushing them past their abilities and experience.

Preparticipation evaluations and annual physicals provide good opportunities for anticipatory guidance on dancing and for early detection of health issues, Dr. Kou-

tures said at a meeting on pediatric and adolescent sports medicine sponsored by the American Academy of Pediatrics (AAP).

Dancers should be encouraged to perform different types of dance (in moderation) for variety, and to take 2-3 months off per year to allow their bodies to grow and recover.

Along those lines, Dr. Koutures said to be alert for signs of overtraining. Affected dancers may have declining dance performance, loss of interest in the activity, sleep and appetite disturbances, a flat affect, and little social interaction.

Considering growth periods also is important, according to Dr. Koutures. During the major growth period—which occurs during ages 10-14 years in girls and ages 12-16 years in boys—dancers may be less flexible, become uncoordinated, and experience anatomic changes, such as widening of the pelvis and lengthening of the limbs. "During this time, it may be more sensible in all activities to back off a little bit," he said.

When it comes to developmental status, he pointed out that puberty and menarche may be delayed in dancers if their caloric intake does not meet their energy demands. "These are things we bring up with the family," he commented. "It



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orrhea. "The female athlete triad is unfortunately very common in the dance world, and this can give you issues—not just when you are a teenager, but for the rest of your life," he said.

The female athlete triad is defined as the relationships among energy availability, menstrual function, and bone mineral density associated with athletic training that may manifest into disordered eating, amenorrhea, and osteoporosis, according to the American College of Sports Medicine.

Anemia and iron deficiency are particular concerns in this population because many dancers are vegetarians, Dr. Koutures noted. "If a young person comes in and says 'I don't eat meat,' especially if they are in an image sport, be very quick to screen them with a CBC, and ferritin and iron studies," he advised.

Dancers also may be at increased risk for low bone mineral density because of some of the factors mentioned above, as well as inadequate calcium intake and inadequate exposure to the sunlight needed to produce vitamin D. He suggested considering a DXA scan in dancers who have stress or low-impact fractures, menstrual irregularity, or disordered eating.

Dr. Koutures reported that he had no disclosures in association with his presentation. ■

doesn't have to be this way if they get enough calories."

Keep a close eye on body mass index. "When you see a young athlete starting to lose weight, really get aggressive in finding out what external factors may be making this occur," he said.

In addition, in female dancers, menstrual status warrants close watching and prompt intervention in the case of amen-

Clinical Criteria Help Guide Return to Activity After Mono

VANCOUVER, B.C. — Physical findings, laboratory values, and imaging results are of little use in determining when it is safe for young athletes with infectious mononucleosis to return to play. Ultimately, the decision on how long to keep them away from physical activity is a clinical one, according to Dr. Chris G. Koutures.

Young athletes with mono may experience fatigue and weight loss, but the issue of greatest concern is enlarge-



ment and increased fragility of the spleen, Dr. Koutures said at a meeting on pediatric and adolescent sports medicine sponsored by the American Academy of Pediatrics.

"Most documented splenic ruptures—but not all—take place within 4-21 days of symptom onset," he noted, adding that rupture can occur even with minimal activity and in the absence of trauma.

Palpable splenomegaly can be helpful, Dr. Koutures said. "That, in combination with mono symptoms, is an absolute contraindication to sport activity." But on the flip side, the absence of palpable splenomegaly is not informative and does not clear the athlete for sports participation.

"My standard approach is to tell them right away, I don't want you going back to any exertion until you are feeling better," said Dr. Koutures, a pediatric sports med-

icine specialist in private practice in Anaheim, Calif.

At the first visit, physicians should document in the chart the day of symptom onset, because athletes and their parents may later try to backdate this event to permit earlier return to play, he cautioned.

The literature recommends holding athletes out for anywhere from 2 to 24 weeks from symptom onset, but the most common recommendation is about a 3-week period of no activity, Dr. Koutures said.

The first few weeks should be easy because athletes feel so unwell, but by the third week, they often feel normal and are eager to get back to play. However, he said this week still lies within the window during which most splenic ruptures occur.

After the 3-week period, athletes who are afebrile, have had resolution of palpable splenic or liver enlargement, and are back to school or work may try some light, noncontact conditioning activity for a week, with the aim of offsetting fatigue and weight loss, Dr. Koutures said. "This has not been shown to aggravate or prolong the course of mononucleosis," he observed. If that week goes well, the athlete may gradually progress to contact and impact activities. ■

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Dr. Koutures, a pediatric sports medicine specialist in private practice in Anaheim, Calif.

Physicians Can Play a Key Role In Keeping Sports in Balance

VANCOUVER, B.C. — Physicians can help young athletes and parents keep sports in balance and avoid problems such as overuse injuries and overtraining syndrome, according to a sports medicine specialist.

"So many of our kids are involved in sports, especially between the ages of 8 and 20. It's kind of a microcosm of life for a lot of kids," said Dr. Joseph A. Congeni, medical director of sports medicine at the Akron (Ohio) Children's Hospital. When kept in balance, sports participation has numerous benefits for young people and allows them to learn many of life's lessons, he added. "However, it may be overemphasized in our society."

Commenting on some trends in pediatric sports participation over the past 20 years, he said, "Maybe the dreams have intensified some—Olympic gold, college scholarship, or professional athlete." In addition, children are now participating in sports at younger ages, partaking in year-round competition and camps, and training with high intensity and volume. Not surprisingly, overuse injuries have become more common during the same time period, he said at a meeting on pediatric and adolescent sports medicine sponsored by the American Academy of Pediatrics.

Discussing early sports specialization, Dr. Congeni called the early childhood years "the golden period," and said the goals for young athletes should be free play and a wide variety of activity. "I have a problem with kids in the age range of

6-10 being involved in one sport year-round," he commented, whereas such specialization may become reasonable in middle school or high school, depending on the level of competition and volume of training and whether the goal of specializing is the child's or the parent's.

The risks of sports specialization at any age include overuse injuries, such as stress fractures; overtraining syndrome (burnout), which in fact leads to a decrease in athletic performance; emotional and psychological problems; and the situation in which the child is trapped in fulfilling the parent's dream. "Beware of the ages 12-16," Dr. Congeni advised. "That's when the parent's dream can sometimes get to be pathologic." He suggested discussing these risks with parents and young athletes.

"Parents, coaches, and athletes are all looking for the cutting edge, and what we have to emphasize in our offices is looking at basic training guidelines first," Dr. Congeni recommended. For example, a child should be eating a balanced diet and training with appropriate technique. Attending training centers or camps may be reasonable if it is something that the young athlete wants, he said. However, the athlete and parents should be counseled about realistic expectations as far as improving performance, and the athlete must be adequately prepared for the intensity of these programs.

Dr. Congeni reported that he had no conflicts of interest. ■