Introduction: Myositis is the medical term for muscle inflammation and damages the fibers of a muscle. This causes muscles to be weak by interfering with the ability of the muscles to contract. It can cause muscle aches and muscle tenderness. In transient acute myositis, a young child suddenly develops severe leg pain and cannot walk normally. It usually occurs in children who are recovering from the flu or some other respiratory infection caused by a virus. In more severe cases, disorders such as rhabdomyolysis and Guillain-Barré syndrome must be excluded.

Aim: We report a series of previously healthy school-aged children with clinical and laboratory findings suggesting of transient acute myositis of childhood where no specific diagnostic investigations were performed. All of the children were hospitalized without any specific therapeutic intervention and were discharged after two or three days free of symptoms with no residual impairment.

Methods: Retrospective study all childrens admitted with transient acute myositis of childhood from January 2009 to January 2013 from HIPE search, canvasing of paediatricians about the children admitted under their care, biochemistry laboratory data, chart reviews.

Results: Case series of 8 patients admitted during this study period with transient acute myositis average length of stay in the hospital is 3 days. Median age at admission is 7.5 years all the 8 patients have upper respiratory infection 1 week to 10 days prior to the weakness and all eight of them have walking difficulty by the presence of calf tenderness, normal power, intact tendon reflexes, and elevated creatine kinase.

Conclusion: Transient acute myositis is a syndrome of mid-childhood that can be differentiated from more serious causes of. Onset in childhood may reflect an age-related response to viral infection, and hence no specific diagnostic investigation needed. However, hospital admission is occasionally required to follow clinical course and exclude more serious disorders.
A Multifaceted Intervention to Implement Guidelines and Improve Admission Paediatric Care in Kenyan District Hospitals: A Cluster Randomized Trial

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Background: The quality of care in paediatric units in hospitals within low-income countries is poor. To date, attempts at designing and implementing specific interventions targeting improvements in quality of care have been limited.

Methods: A cluster randomized trial was conducted in eight district hospitals in Kenya. We randomly assigned hospitals to a full intervention or partial intervention (control) arm. The full intervention delivered in four hospitals comprised introducing evidence based guidelines and job aides, training health workers, providing local facilitation, and supervision and regular written and face-to-face feedback on hospital performance. The four control hospitals received guidelines, abridged training, job aides and written feedback only. The primary outcome was improvement in performance for a set of indicators measuring structure, process and outcome of care at the end of the 18-month intervention period. (ISRCTN42996612)

Findings: Overall performance for 10 out of the 14 process of care indicators for common illnesses including malaria, pneumonia and diarrhea was significant higher in intervention compared to control hospitals. The indicators represent better performance in intervention hospitals for clinical assessment (mean assessment score = 0.94 versus 0.65 [range 0-1], adjusted difference 0.29 [95% CI 0.1, 0.54]), diagnosis (severity classification: pneumonia [95.1% versus 57%, 38.6% (9.9%, 67.3%)], malaria [92.5% versus 41.1%, (26.2%, 78%)], diarrhea [98.3% versus 84.8%, 14.4% (4.27%, 24.6%)]) and treatment (once daily gentamicin [89.2% versus 74.4%; 17.1% (8.0%, 26.1%)]; loading dose quinine [91.9% versus 66.7%, 26.3% (-3.66%, 56.3%)]; and adequate prescriptions of intravenous fluids for severe dehydration [67.2% versus 40.6%; 29.9% (10.9%, 48.9%)]. Inappropriate treatment practices reduced although the reductions were not statistically significant for high gentamicin dosing.

Conclusion: The multifaceted intervention was associated with major improvements in performance for most process of care indicators and provides a basis for designing strategies to improve inpatient care.
Children and adolescent age has a highest potential for intellectual and physical development with formation of life-long social skills including ones related to health.

We determined the relation of adolescents to negative factors affecting their health. Forty pupils aged 14 to 16 years were questioned. The study has shown that adolescents have a high health self-appraisal (87%). When answering for the question “Do you follow a dietary regime?”, 55% of responders had 3 times, 40% twice and 5% once a day diet with relatively satisfactory financial income. Poor diet was compensated by increased intake of fast food as a rule.

Ninety five pupils considered physical training lessons useful, 57.5% of respondents went in for sport.

Four percent of adolescents had permanent, 12.3% episodic (1-2 times) smoking experience, with boys predominating by 5 times than girls. This difference was marked due to imitation behavior (“to be as all”), dependence on friend reaction, passiveness for environment change, which was prominent in boys. A major peak for smoking onset was 14 years, then interest to smoking was decreased which was explained by a negative reaction of family and the fact that by this age adolescents assimilated a definite conception of healthy life mode. There are many smoking adults around adolescents, mainly family members (19%). The majority of pupils (99.1%) know that nicotine consumption results in negative outcomes. Pupils indicated that smoking could lead to problems with health (84.3%), relatives (67.5%) and friends (37.4%).

Responders also indicated that since early school they got the information of positive and negative factors for health and growth. This aspect, and problem of medical culture in family should be paid a special attention in preventive work among children and adolescents.
Rotavirus Infection in Children: Seasonality and Age Distribution- Data from a Primary Care Clinic in Romania

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Background: Rotavirus infection is considered to be the most prevalent cause of viral gastroenteritis in children, the disease being considered to be winter diarrhea affecting mainly infants and small children.

Objective: To assess the incidence, severity and seasonality of rotavirus infection in a population of children, patients in a primary care clinic.

Materials and Methods: We conducted a retrospective study consulting the electronic medical files (EMR) of all children presenting with Acute gastroenteritis who were checked for Rotavirus or Adenovirus infection based on the antigen stool analysis in an outpatient clinic in Bucharest. Data were collected during a period of 35 months between January 2010 and November 2012. There were followed the seasonal incidence of the rotavirus and Adenovirus infection, age of the patients and the outcome.

Results: There were 33 (11.2%) children aged 0-5 years diagnosed as Rotavirus positive in the studied period and 19 (5.9%) cases diagnosed as Adenovirus positive out of 320 samples examined. Sex distribution showed a male predominance both in the Rotavirus group (56.42% boys versus 44.58% girls) as in Adenovirus group (79% boys versus 21% girls). Seasonality was variable for Rotavirus with small outburst during “cold” month of the year (December, January, February, March). No seasonality or outburst were detected for the Adenovirus infection. Most affected age groups were children aged 1 and 2 years both in the Rotavirus positive group and the Adenovirus positive group. 10 (30.3%) cases out of Rotavirus group required day time admission for iv perfusion, 1 (0.03%) case required a longer stay in the hospital.

Conclusions: This study showed data consistent with other study findings (male predominence, occurrence during winter season). We can also conclude that the Rotavirus is spread through interhuman transmission climate factors influencing this transmission.
The Meaning of Taekwondo Practice for the Adolescent

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Introduction: The Taekwondo is a Korean martial art that has been around for about two thousand years. The word Taekwondo means "way of the feet and hands through the mind" and despite being fight, has a philosophy that consists in valuing perseverance, integrity, self-control, courtesy, respect and loyalty.

Objective: To know the meaning that adolescents attach to practice Taekwondo.

Methodology: A descriptive qualitative study developed in State School at the southern zone of São Paulo/Brazil. Attended three teenagers aged 12 to 17 years, practicing Taekwondo. Data collection was through semi-structured interviews initiated by the guiding question "Tell me what it means for you to practice Taekwondo." The analysis of the sessions followed the purposes of qualitative analysis, comprising the steps of coding and categorization.

Results: Adolescents showed that Taekwondo has helped in the construction of the character, making them a better person and more expansive, through learning about respect and discipline, become calmer and prefer the peaceful path to aggression. They also note that family unity is favored. Start creating perspectives for teaching Taekwondo, seeing the recognition of students, and when they can teach, they feel someone useful. Finally, Taekwondo also brings challenges, such as the difficulty of the practice, the championships and the evidence to change lanes, but to receive support from the teacher, friends and family, realize the benefits physical and behavioral and decide to continue with the order to expand your world and can leave the country to practice it.

Conclusion: It can be noticed that Taekwondo significantly influences the lives of its practitioners, is an important element in the construction of the adolescent as a citizen and promoting the health and development. Opens up the prospect of nursing performance in different health contexts.
The Use of PROMIS® to Assess the Health Status of Patients Presenting for Chiropractic Care Within a Practice-based Research Network

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Background: Evidence-informed practice expects that aspects of a patient's quality of life will have demonstrable improvements. The use of health-related quality of life is remains virtually non-existent in chiropractic. To address this deficit, we examined the use of the NIH Patient Reported Outcomes Measurement Information System (PROMIS) for patients presenting for chiropractic care in a practice-based research network.

Methods: This study received IRB approval from Life Chiropractic College West (Hayward, CA). In addition to examining for socio-demographic information, the PROMIS-29 Profile v1.0 was used. Data analysis data utilized descriptive statistics in addition to the NIH PROMIS Assessment Center, an online research management tool.

Results: A convenience sample of 211 patients (average age = 40.44 years; 51 males: 160 females) participated in our study. This cohort was highly educated with 50% attaining a baccalaureate degree or higher. Over 80% of the patients presented with LBP with an overall average duration of 4.84 years. Pre-treatment (T_pre) and comparative (T_comp) T-Score measures (standardized to the US population) found the following quality of life domain values: emotional distress -anxiety (T_pre=51; T_comp=50; higher/worse than 54% of the US population); emotional distress-depression (T_pre=49; T_comp=48; higher/worse than 46% of the US population), fatigue (T_pre=51; T_comp=49; a change from higher/worse than 56% to 48 % of the US population), pain interference (T_pre=56; T_comp=52; a change from higher/worse than 66% to 50 % of the US population) and average pain intensity from 3.71 t0 2.63 (0=no pain; 10=worst imaginable pain), physical functioning (T_pre=45; T_comp=48; a change from better than 38% to 50% of the US population) and sleep-related impairment (T_pre=48; T_comp=46; a change from higher/worse than 45% to 38% of the US population).

Conclusion: The health status of chiropractic patients were successfully measured with demonstrable improvements. We support further research in this field.