

# “Children are not young adults”

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The growing skeleton and the manifestations of its anomalies, poses peculiar sets of challenges for health workers treating children with orthopaedic disorders. This is especially true when such children and adolescents are seen and treated in the office of orthopaedic surgeons.

In India and across the subcontinent, certain taboos, customs and tradition are further hinderances for providing appropriate and timely treatment in children.

Children and their parents are extremely apprehensive when they visit the clinics of physicians. The first job of a physician then is to put the child and parents at ease. The Clinic decor, the demeanour of the medical and nursing staff and a friendly environment puts the child at ease and helps perform a thorough examination or procedures if need be.

It is preferable that the child be lured with a some form of a distraction like music, toys or even child friendly edibles so that a thorough clinical examination may be performed or a out patient procedure can be done

The radiographs of children may appear different from that of adults. One needs to aware of the ossification process during the attainment of skeletal maturity so that a physiological change is not interpreted as pathology and vice versa.

Applying a cast in a child can turn out to be a Herculean task at times. It is extremely important that every member of the clinic team performs their jobs optimally, whether it be restraining, distracting the child or helping the physician with the procedure

Certain disorders and deformities are peculiar to children. Diagnosing these deformities with a relevant investigation, keeping a diligent follow up and managing them timely are key determinants to successful treatment.

Children come in all shapes and sizes. Also no two children of the same age are alike. One needs to modulate the methods of examination and treatment so that a tailored regime for a specific child may be designed.

Finally, children with neurological, neuromuscular and muscular disorders have their own sets of challenges. Managing them on out patient basis needs patience and perseverance which can only come with experience.

To summarise, children are not young adults. The peculiarities of disorders in the immature skeleton need to be understood, diagnosed, treated and rehabilitated optimally.

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Conflict of Interest: NIL  
Source of Support: NIL

#### How to Cite this Article

Keny SM. “Children are not young adults”. Journal of Clinical Orthopaedics Jul-Dec 2022;7(2):08.

Submitted Date: 11 Jul 2022, Review Date: 19 Aug 2022, Accepted Date: 21 Sep 2022 & Published Date: 10 Dec 2022

© Authors | Journal of Clinical Orthopaedics | Available on [www.jcorth.com](http://www.jcorth.com) | DOI:10.13107/jcorth.2022.v07i02.S09

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