Congenital muscular torticollis (CMT) is a condition in which the sternocleidomastoid (SCM) muscle is shortened on the involved side, leading to an ipsilateral tilt of the head and a contralateral rotation of the face and chin. It is a finding, not a specific diagnosis, is relatively common and is known by many names including wry neck, and loxia. It is commonly related to intrauterine positioning and often resolves with skilled physical therapy along with caregiver education on a daily home stretching program.

It is important to identify any underlying craniocervical vertebral anomalies or ocular abnormalities such as strabismus or congenital nystagmus that may be contributing to the abnormal head positioning prior to initiating therapy. Other nonmuscular causes of torticollis can include Sandifer’s syndrome resulting from gastroesophageal reflux, neural axis abnormalities and benign paroxysmal torticollis.

**KEY POINT:** Hip dysplasia is associated with CMT in up to 15% of cases

Only after failure of conservative management options should interventional options including focal botulinum toxin injections, or as a last result, surgical release, be considered. Focal botulinum toxin injections can be performed to facilitate relaxation of the spastic sternocleidomastoid muscle and to allow improved stretch and range of motion in patients with persistent limited range of motion after a trial of more conservative treatment measures.

If left untreated, congenital muscular torticollis can lead to persistent deformational plagiocephaly, progressive facial asymmetry, and these children may be at risk for later neurodevelopmental issues. Infants with CMT who are diagnosed earlier and have earlier intervention (continued on next page)
A common reason for referral to Physical Medicine & Rehabilitation specialists is “abnormalities of gait” such as idiopathic toe walking. Whether this toe walking is due to a central injury such as cerebral palsy, a neuromuscular condition such as muscular dystrophy or merely idiopathic toe walking, it can lead to problems with tripping, falling and fatigue. Additionally, as kids get older and grow, muscles that are tight can become even shorter, leading to contractures and (the child’s inability to “get flat”) and pain. Kids may benefit from specialized therapeutic interventions to correct the issue and prevent secondary complications from abnormal gait mechanics. Idiopathic toe walking can frequently be treated with a short course of outpatient physical therapy including a home strengthening program and education for caregivers, reminding their child to walk with their heels down.

More refractory cases may require additional interventions such as night time resting braces. When children sleep (adults too), the ankles are always in a position of ankle plantar flexion, allowing the Achilles tendons to shorten and tighten overnight while the patient is sleeping. The resting AFO’s help keep the ankle in a neutral position of dorsiflexion; therefore, keeping the Achilles tendon stretched overnight.

The next step involves the potential for focal botulinum toxin injections (if appropriate for spasticity) plus or minus serial casting. Serial casting is a process in which the patient is placed in an ankle cast for about a week (patient may bear weight and walk on it, go to school, etc. They just can’t get them off). The cast is then removed, the ankle stretched, and if it is felt there is more range of motion to be gained, a new cast is applied. A mechanical stretch on the Achilles tendon is achieved without the need for surgical intervention. This therapeutic process usually takes about 4-6 weeks.

Ankle contractures that have not improved through the methods mentioned above may necessitate surgical intervention, including tendon lengthening or tendon transfers, which are done by skilled, pediatric orthopedic surgeons.

Dr. Dillard completed his medical education and residency training at MCV in Richmond where he also served on the faculty for 8 years. He was recently lured to CHKD after losing his job at MCV. He enjoys spending time with his wife and three children as they enjoy all the outdoor activities Tidewater offers without getting too sunburned.

Did You Know?

Dr. Dillard & Lesher

Dr. Dillard graduated from the University of Virginia with a Bachelor’s degree in Biology. He attended medical school at the Medical College of Virginia and completed his residency at CHKD. Their children, Owen and Theo, love to go to the park. They also enjoy spending time together as a family.

Dr. Lesher completed her medical training at MCV as part of a combined Pediatrics / PM&R residency program. She returned to Hampton Roads and joined CSG in 2014. She and her photographer husband enjoy travel, culinary adventures and spending time with their Boxer pup “George”.
Many CSG Divisions routinely see new patients within 2 weeks of referral, however all will work with you to get urgent patients in. For more information, visit: www.csgdocs.com/specialties

"Partnership is something that makes CSG special, if not unique, in the field of large, academic Pediatric groups. Partners can be defined as a group of people engaged in a joint endeavor, for CSG that endeavor is improving the well-being of children, through patient care, teaching and research. It's a great pleasure to recognize our newest CSG partners and to welcome new providers to the CSG team!"

- Dr. Jamil Khan, President, CSG

**New Partners**

**Destiny Chau, MD**  
Anesthesiology  
Clinical Interests: cardiac anesthesiology

**Sanaz Devlin, MD**  
Hospital Medicine  
Clinical Interests: medical student and resident education

**Cyrus Heydarian, MD**  
Hospital Medicine  
Clinical Interests: pediatric palliative care and education

**Christine Houlihan, MD**  
Developmental Pediatrics  
Clinical Interests: autism, ADHD and cerebral palsy

**Michael Strunc, MD**  
Sleep Medicine, Neurology  
Clinical Interests: autism and sleep disorders

**New Faces**

**Cassyanne Aguiar, MD**  
Rheumatology  
"I moved here from New York and am really enjoying the change of pace that Virginia has to offer including the parks, beaches and beautiful weather. I feel very lucky to be part of the CSG/CHKD family!"

**Julia Burden, MD**  
Dermatology  
"Having moved to Hampton Roads for residency and fellowship, I fell in love with this area and now call it my home. I am very happy to be a part of the CSG family. When I am not working, I enjoy spending time at the beach and exploring the local restaurant scene."

**Lindsey Moore, DO**  
Allergy / Immunology  
"After several years of moving around in the military, I'm thrilled to lay down some roots on the East Coast. I enjoy cooking with my husband, playing/coaching soccer and watching my 7 month old baby boy change every day! Our therapy dog, Sundae, completes our family and hopes to share her happiness with all of you."

**Michael Strunc, MD**  
Sleep Medicine, Neurology  
Clinical Interests: autism and sleep disorders
Pediatric Pain Syndromes by Katrina Lesher, MD

Chronic pain can be debilitating. In the pediatric population, chronic pain can lead to decreased school performance, increased school absences, sleep disturbances and depression. Studies confirm how pediatric pain is often under reported, poorly controlled and frequently very challenging to manage as pain generators are different for every patient.

A multidisciplinary treatment approach is essential to the successful outcome for these patients, including therapeutic modalities, activity modification, pharmacologic management as appropriate and oftentimes additional interventions.

Amplified and regional pain syndromes can be particularly challenging to treat. Families are frequently referred to multiple specialists before the diagnosis of a pain syndrome is determined. Once acute pathology requiring intervention such as immobilization or surgery has been ruled out, a multi-system approach to pain management must be implemented with extensive education for the patient and the caregivers on how to manage the pain.

We emphasize to the family that the pain is “real”. The patient’s perception of their pain may be heightened or “amplified”, but they do feel pain. Gradually, non-painful cause increasingly painful sensations that lead the patient to protect the affected area, immobilizing it out of fear of pain with movement. This may lead to an acute decline in function which is often exacerbated by anxiety regarding touch, ROM and other requisite therapies. It is important to address all of these factors to ensure a successful outcome.

As the nervous system is largely responsible for mediating this type of pain syndrome, we frequently initiate neuropathic pain modifiers along with mechanical means of “resetting” the nervous system to return it to its previous baseline. Home programs include desensitization of the affected area, contrast baths, ROM and increased weight bearing on the affected extremity. Compliance with the home program is essential for successful resolution of symptoms and return to activities.

Specific therapeutic interventions including skilled outpatient therapies are utilized to supplement the home program. These may include heat, massage, myofascial techniques, TENS, ultrasound and kinesiotape. Aquatic therapy can be beneficial for this patient population. The water itself provides therapy without any movement of the patient through hydrostatic pressure. Frequent pressure on the pain exerts your body. The water “compresses” your entire body to relieve muscle aches and pains. The water can help to decrease swelling and pain, and lead to improved movement and range of motion.

Complementary and alternative treatments are often used as adjuncts to their formal therapies including acupuncture, massage, relaxation and distraction. Counseling is an essential tool to recovery as it aids in developing coping skills for pain and can help address any underlying anxiety regarding their health.

WHEN TO REFER: Any patient with reports of pain out of proportion to physical exam findings and with no known underlying musculoskeletal pathology.

The Relationship Between Asthma and Food Deserts in the Hampton Roads Area

by Maripaz Morales, MD

Food deserts have been described as locations in the United States that are devoid of fresh fruit, vegetables and whole foods. Instead, they have been supplanted by convenience stores and fast food restaurants. We recently published an article in the Journal of Allergy, Asthma & Immunology where we explored patients’ access to affordable, good quality fruits and vegetables in asthmatic children living in Hampton Roads. Data was collected from patients, aged 6 to 18 years, seen between January 2014 and March 2015 for well-child or routine immunization visits.

The study showed about 53% higher rate of asthma for children who live in a food desert, defined as residence of at least 1 mile or farther from a grocery store. It was observed that 57.8% of the subjects (n=1181) lived no less than 0.5 miles away from a grocery store while 10.87% (n=222) lived at least 1 mile away.

Living farther than 1 mile from a grocery store was associated with 53% higher odds of having asthma compared to children who did not live in a food desert. The study controlled for obesity and allergic rhinitis (OR =1.53 95% CI, 1.06-2.23 P value=.022). If only convenience stores stocked more fresh fruit and vegetables.

Did You Know?

Chronic pain is often associated with these common signs and symptoms:

- Anxiety
- Decreased Appetite
- Decreased School Performance
- Depression
- Family Dysfunction
- Fatigue
- Irritability
- Sleep Disturbance

Dr. Morales completed her Allergy/Immunology Fellowship at North Shore/Long Island Jewish Medical Center in Long Island, New York after her Pediatric training in NYU/Brooklyn Hospital Center. Inasmuch as Dr Morales likes spending time with her awesome patients, staff and colleagues in the Allergy clinic, she finds her happiest self in the company of her daughter Bella and her family in the Peninsula/Williamsburg area where they currently reside.

Dr. Morales completed her Allergy/Immunology Fellowship at North Shore/Long Island Jewish Medical Center in Long Island, New York after her Pediatric training in NYU/Brooklyn Hospital Center. She has been active with research in IBD, EoE, GORD, VAP, food allergies and anaphylaxis. She has served on numerous committees including vice chair of the IRB at EVMS and most recently as director of infusion services for CHKD. She was an hard working board member of the food allergy support group of the Tidewater (FASGOT). She has been a wonderful physician, mentor and friend to all. Lauren will be missed by many.

Dr. Frank Aiello is retiring after 30 years in practice in Developmental and Behavioral Pediatrics. He has been practicing in the Hampton Roads area since 1993. He came to our pediatric community after U.S. Air Force active duty service as a Developmental Pediatrician at Wright-Patterson AFB, Dayton, OH. He completed a fellowship at The Kennedy Institute for Handicapped Children, Johns Hopkins University in 1988. While maintaining his busy practice at CHKD/CSG, Dr. Aiello supported the teaching mission for EVMS Pediatric Residents and Medical Students. He served at the national level as a member of the AAP Early Hearing Detection and Intervention Task Force, helping to advance the training of Pediatricians across the country regarding the problem of deafness in infancy. Frank has served this community with dedication to providing the best care to the children with disabilities whom he has has had the privilege to serve. He has been named to the prestigious list of Pediatricians for 5 years and has supported the expansion of the Developmental Pediatrics division to the present multidisciplinary program. Upon retirement, he plans to enjoy time with his family, travel, and pursue his interests in wellness, philosophy and humanism.

In June, two of our colleagues and good friends will move on from CSG/CHKD.

Dr. Lauren Willis will move with her family to Missoula, Montana. She first came to CHKD in 1999 from her fellowship at St. Louis Children's Hospital/ Washington University. Lauren has been active with research in IBD, EoE, GORD. She has served on numerous committees including vice chair of the IRB at EVMS and most recently as director of infusion services for CHKD. She was a wonderful physician, mentor and friend to all. Lauren will be missed by many.

Dr. Frank Aiello is retiring after 30 years in practice in Developmental and Behavioral Pediatrics. He has been practicing in the Hampton Roads area since 1993. He came to our pediatric community after U.S. Air Force active duty service as a Developmental Pediatrician at Wright-Patterson AFB, Dayton, OH. He completed a fellowship at The Kennedy Institute for Handicapped Children, Johns Hopkins University in 1988. While maintaining his busy practice at CHKD/CSG, Dr. Aiello supported the teaching mission for EVMS Pediatric Residents and Medical Students. He served at the national level as a member of the AAP Early Hearing Detection and Intervention Task Force, helping to advance the training of Pediatricians across the country regarding the problem of deafness in infancy. Frank has served this community with dedication to providing the best care to the children with disabilities whom he has had the privilege to serve. He has been named to the prestigious list of Pediatricians for 5 years and has supported the expansion of the Developmental Pediatrics division to the present multidisciplinary program. Upon retirement, he plans to enjoy time with his family, travel, and pursue his interests in wellness, philosophy and humanism.
Tell us about yourself.

“I met my future spouse Michelle in 7th grade science class, and we’ve been married for nearly 27 years. She and I are blessed to have two fantastic daughters who both graduated their respective programs in early May 2017. Bethany completed her Masters in School Counseling at Appalachian State University and is now looking for a position in the Hampton Roads area. Lauren graduated from Clemson University and will enter the East Carolina University Masters of Public Health program this August. Michelle has a Bachelor in Elementary Education from Penn State University, and I attended a small school in northwest Pennsylvania, Allegheny College, for my Bachelor in Economics. Additionally, I completed a Masters in Public Health at the University of Pittsburgh.

I am a big fan of Pittsburgh sports, mostly football and hockey. I grew up playing ice hockey, and I currently enjoy golfing but am horrible at it. My family and I occasionally play tennis together and love the beach. We purchased a home in Virginia Beach and are excited to settle there soon.”

Where else have you lived and worked?

“I was born and raised outside of Pittsburgh, Pennsylvania and moved to North Carolina in 2008. I have had a diverse career in healthcare having worked in health insurance, managed care, acute hospitals, behavioral health, physician practice management, community hospitals, and academic medical centers.”

What attracted you to CSG?

“Across my career in healthcare, the one area that I have enjoyed the most is working directly with physicians on practice operations and in developing and growing services. Partnering with physicians to help improve access to quality care for vulnerable populations has been a consistent theme throughout my career, and pediatrics fits in perfectly with my professional goals. I liked the fact that CSG is physician-owned and has a track record of a very successful combination of focusing on quality patient care and educating the next generation of healthcare providers while being very entrepreneurial and forward-thinking.”

What have you enjoyed most since you moving to Hampton Roads?

“We greatly enjoy the beach and hope to see more of it. I’ve been pleasantly surprised by Norfolk. Temporarily living on Granby Street over the past few months has exposed me to a thriving downtown and now renovated waterfront, along with some great restaurants. The festivals and outdoor music, particularly on weekends, has also been enjoyable. I have no problem selling the area to prospective physicians and other practitioners being recruited. I find myself telling them sometimes more about Norfolk than the beaches!”

Who is Brad Marino? CSG’s New CEO...

Do you have an idea for the next newsletter? Email: CSGHelp@chkd.org

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CSG’s Mission is to: Provide High Quality Care and Excellent Service; Provide Efficient, cost competitive healthcare; Promote Medical Education and Research; Enhance relationships with healthcare providers and delivery systems.

- CSG is comprised of over 180 Pediatric Physicians along with more than 60 Advanced Practice Providers practicing in 27 Pediatric Specialties!
- CSG’s Neonatologists, Hospitalists and Pediatricians provide neonatal care at 8 area hospitals 24/7 – 365 days per year.
- In 2016, CSG Specialists provided over 140,000 outpatient care visits.
- CSG’s Emergency Medicine Specialists and Pediatricians saw over 50,000 children in the CHKD Emergency Room last year.
- CSG supports the Patient Center Medical Home Model of Care by supporting our community-based pediatric colleagues!