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year-old presents to the ED with left hip and
e pain. He refuses to bear weight on his left
The symptoms have been evolving over the
months. Radiographs of the hips are
What is the most likely diagnosis?
Case Presentations, September 2008

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**Wheezing Rhinovirus Illnesses in Early Life
Be Linked to Subsequent Asthma**
scape Medical News, October 1, 2008

**ICE Weight Management Programs May Be
Active in Children and Adolescents**
scape Medical News, October 1, 2008

**Continuous Glucose Monitoring During
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scape Medical News, September 26, 2008

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CME Chest Physical Therapy No Benefit in Pediatric Pneumonia

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- Journal of Pediatric Health Care
- Journal of Pediatric Psychology
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- Pediatric Critical Care Medicine
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General Practice Factors and MMR Vaccine Uptake: Structure, Process and Demography
MMR vaccine coverage fell during 1998-2004 due to a hypothesized link to autism. Which general practice demographics and structural and immunization process factors are related to high MMR uptake?
Journal of Public Health, September 18, 2008

Highlights in Nonhymenoptera Anaphylaxis
Current Opinion in Allergy and Clinical Immunology, September 17, 2008

How Can I Help Teens Who Are Victims of Cyberbullying?
Medscape Nurses, September 15, 2008

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REUTERS 
HEALTH INFORMATION

Chest Physical Therapy No Benefit in Pediatric Pneumonia

CME

News Author: David Douglas

CME Author: Laurie Barclay, MD

Disclosures

Release Date: September 19, 2008; Valid for credit through September 19, 2009

Credits Available

Physicians - maximum of 0.25 AMA PRA Category 1 Credit(s)™ for physicians

September 19, 2008 — Chest physical therapy in children with pneumonia does not lead to faster resolution of symptoms and may even prolong them, researchers in Brazil report in the September issue of *Thorax*.

As investigator Dr. Linjie Zhang told Reuters Health, "The results of this study suggest that chest physical therapy should not be routinely indicated for children hospitalized with acute pneumonia."

Dr. Zhang and colleagues at the Federal University of Rio Grande came to this conclusion after studying 98 children up to 12 years of age who had been hospitalized for pneumonia. They were randomized to standard pneumonia therapy along with chest physical therapy or to standard pneumonia therapy alone.

The median time to resolution was 4 days in both groups and the

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Learning Objectives

Upon completion of this activity, participants will be able to:

1. Describe the effect of chest physical therapy when added to standard

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CME/CE Test

Questions answered incorrectly will be highlighted.

According to the study by Zhang and colleagues, which of the following statements about the effect of chest physical therapy when added to standard treatment for children hospitalized with pneumonia on time to clinical resolution and on duration of hospitalization is *correct*?

- ☐ Median time to clinical resolution was shorter in the intervention group vs the control group
- ☐ Chest physical therapy is a useful adjunctive therapy for children hospitalized with pneumonia
- ☐ The findings support the recommendations of the British Thoracic Society guidelines regarding chest physical therapy in children with acute pneumonia
- ☐ Persistence of low arterial oxygen saturation was shorter in the intervention group

According to the study by Zhang and colleagues, which of the following statements about the effect of chest physical therapy when added to standard treatment for children hospitalized with pneumonia on duration of respiratory tract symptoms and signs is *not* correct?

- ☐ Compared with the control group, the chest physical therapy group had a longer median duration of coughing
- ☐ Compared with the control group, the chest physical therapy group had a longer median duration of rhonchi
- ☐ The persistence of coughing and rhonchi always represents an unfavorable clinical evolution
- ☐ This study does not rule out a benefit of chest physical therapy in children with impaired mucociliary clearance or those with complications such as atelectasis and pleural effusion requiring chest drainage

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According to the study by Zhang and colleagues, which of the following statements about the effect of chest physical therapy when added to standard treatment for children hospitalized with pneumonia on time to clinical resolution and duration of hospitalization is *correct*?

Answer: The findings support the recommendations of the British Thoracic Society guidelines regarding chest physical therapy in children with acute pneumonia

These guidelines suggest that chest physical therapy is not beneficial in children with acute pneumonia and should not be performed in these patients. Median time to clinical resolution was similar in the intervention group and the control group, as was duration of hospitalization, persistence of fever, abnormal respiratory rate, chest indrawing, and low arterial oxygen saturation.

According to the study by Zhang and colleagues, which of the following statements about the effect of chest physical therapy when added to standard treatment for children hospitalized with pneumonia on duration of respiratory tract symptoms and signs is *not correct*?

Answer: The persistence of coughing and rhonchi always represents an unfavorable clinical evolution

The persistence of these respiratory tract symptoms and signs may not necessarily represent an unfavorable clinical evolution because these findings may reflect effective mobilization of tracheobronchial secretions by chest physical therapy.

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Activity Evaluation

Chest Physical Therapy No Benefit in Pediatric Pneumonia

Although optional, we encourage you to please complete the activity evaluation form before proceeding to your certificate.

1. The activity supported the learning objectives.

- ☐ Strongly Agree
- ☐ Agree
- ☐ No Opinion
- ☐ Disagree
- ☐ Strongly Disagree

2. The material was organized clearly for learning to occur.

- ☐ Strongly Agree
- ☐ Agree
- ☐ No Opinion
- ☐ Disagree
- ☐ Strongly Disagree

3. The content learned from this activity will impact my practice.

- ☐ Strongly Agree
- ☐ Agree
- ☐ No Opinion
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ I am not currently in practice

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- ☐ Strongly Agree

Upon completion of this activity, participants will be able to:

1. Describe the effect of chest physical therapy when added to standard treatment for children hospitalized with pneumonia on time to clinical resolution and on duration of hospitalization.
2. Describe the effect of chest physical therapy when added to standard treatment for children hospitalized with pneumonia on duration of respiratory tract symptoms and signs.

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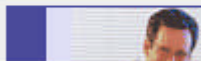
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