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FROM THE PRESIDENT



Memories, Milestones and Madness

There is something about approaching a milestone that frequently results in one becoming sentimental. I suppose that I'm finding myself in that position as I approach that "half century" mark at what seems to have occurred at warp speed. The propensity is to catch myself pondering the doom and gloom prospects of aging and to make a quantum mental leap that invariably finds me having fallen into a life centered around Geritol and adult diapers. Why do I do that to myself? It's less than a pretty picture.

There are, however, benefits to becoming sentimental. In my healthier mental moments, I take inventory of some of my accomplishments and consider some of the many goals I have yet to achieve. I also reflect on how some of the professional experiences of my life have played themselves out. I consider what decisions lead me into a life in medicine and more specifically pediatrics. I review how many amazing technological advancements have occurred just in the context of my professional career and think about both diagnostic innovations and treatment breakthroughs. I reminisce about the things that have been frustrating and about the things that have made me laugh. Ultimately, I'm convinced that the next half century will be enriched by keeping an emphasis on the laughter.

Anyone in pediatrics knows what it is to laugh. That's not to say that the practice of medicine cannot be incredibly challenging and frustrating but come on; we work with kids. If they're not making you laugh, some of their parents' questions certainly are!

I'm sure at some point each of us have thought, "I should write a book!" After all, there's a wealth of material. The most difficult aspect of it might be in narrowing the focus. Recently, after one particularly harrowing night on call, I dragged myself out of bed thinking that the title of my book would be, "The Boogey Man in Your Parents' Closet" because really, kids aren't the only ones who become six times as scared after midnight. Things that in the light of day seem obviously intuitive, after midnight, take on a much more ominous prospect. Subsequently, the path that leads from "don't pass go, go directly to panic" occurs instantaneously.

We've all had that experience. The beeper goes off at 2 AM; you instinctively reach for the phone and punch a sequence of numbers to access your voice mail. On the other end, you're greeted by an apologetic but panicked message from a parent re-

Cont. on pg. 2



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questing that you call back immediately. Invariably, the messages with the greatest degree of urgency disclose the least amount of information in that initial call. Having memorized the position of the numbers on your telephone keypad, you can sometimes return the call without even turning on the light. “Hello Doctor, thank you for calling back so promptly. I hate to bother you at this late hour but our eighteen month old just drank out of the dog’s water and we didn’t know what to do.”

You can’t help it. Your mind races. First of all you wonder, “What’s your eighteen month old doing with access to the dog’s water at 2AM?” No matter, you feel compelled to give some helpful advice. “Huh, give the dog more water....” Crisis averted!

I’m sure at some point each of us have thought, I should write a book!

You feel like you can take a few liberties when you know the parents well. They’re more likely to appreciate your jocularity. After all, if you’re teasing them, the danger must be pretty inconsequential.

Always at 2AM. “My sixteen month old just swallowed a penny. What should we do?” You run through a litany of questions to obviate any potential of there being complications and you try to assure the parents that their child will be fine. Still a little apprehensive they conclude the call by asking, “Should we strain the stool to find the penny?” Again, your mind races with an appropriate response. “Depends on how badly you need that penny.” A little laughter brings any crisis to better closure.

Another early AM coin ingestion. (Why are coins so much more palatable in the wee hours of the morning?) “My daughter just swallowed a dime.” You go through a similar series of questions and once again assure the parents that a little time and a normal bowel movement will rectify the problem. You start wrapping up the call when you hear the inevitable last question, “Well then, when should we worry?” I might have reconsidered had I thought about it for more than a split second but at 2AM, I tend to be a little glib. “I guess I’d worry if she ends up passing five pennies and a nickel” It’s OK, she’s ten now, the parents still bring her to me, and to this day, they still call her their little change maker.

Finally, the infamous middle of the night “pooh” question. Feces has an uncanny ability to take on inexplicably scary characteristics when the sun goes down. Again, the piercing screech of the beeper knocking you out of a deep sleep. The carefully controlled voice on the other end of the phone pleading for an immediate call back. A hastily left telephone number with few additional details. Even your pulse accelerates a bit. The tone on the message seemed an attempt to maintain a sense of calm in an escalating emergency. You reach for the phone, take a reassuring breath and dial the number. “Doctor, thank you so much for calling back so promptly. We hated to bother you but our three year old started to stool, the stool came half way out and stopped. What should we do?” “Hmm, before I talk you through this, let me ask you... How do you know it’s just half way?” Pediatrics definitely has its perks. Midnight “pooh” questions are but a few of them!

Maybe we should write a book. Certainly, our cumulative experiences could fill volumes. A guess a half century does represent a milestone. Thanks to all of you who have helped me get here. I’m just hoping that the next half century will be filled with more chapters dedicated to laughter.



What is Too Much In-toeing?



Patricia C. McKeever, MD
Pediatric Orthopedic Specialist

A common concern of parents is the shape and alignment of their child's lower extremities. It is sometimes difficult for them to accept that most torsional deformities are normal for the child's age and that most deformities will resolve on their own with time.

Lower extremity positional deformities can exist at three different levels in the lower extremity. The evaluating physician always has to evaluate and examine the hip, the tibia, and the foot and ankle to determine where the "in-toeing" is coming from. The age of the child also needs to be considered because certain deformities present in certain age groups. Full evaluation must include range of motion examination of hip, knee, and foot and ankle, including evaluation of the patient's gait pattern.

Foot deformities, metatarsus adductus (forefoot turning inward), calcaneal valgus, calcaneus and clubfoot present in the newborn. Flexible foot deformities such as flexible metatarsus adductus straighten out spontaneously once the baby is kicking and moving his or her feet (85-90%). If the foot is slightly stiff, it will usually respond to the use of reverse last, straight last shoes or casting. It is rare for metatarsus adductus to be so rigid that it would require surgery.

Frequently a clubfoot treated early will respond to clubfoot casting followed by long term bracing. The more rigid clubfoot may also, in addition to casting, require a percutaneous Achilles tendon lengthening followed by casting and bracing.

Today, because the Ponsetti casting technique is being used more widely, fewer children with clubfoot deformity go on to open surgery (posterior medical release).

Toddlers frequently present with bow legs (genu varum). The role of the orthopedist in this deformity is to determine if the knee is stable. Physiological bowing can cosmetically appear severe, especially when the bowing originates in both the distal femur and the proximal tibia. Despite its cosmetically severe appearance, children with true physiological bowing have stable knees.

This bowing will straighten out by approximately age 3 to 4 years without bracing or shoe modification. It is important to educate parents that children frequently progress from a bow-legged position to knock-kneed position. This deformity also will spontaneously resolve. The more severe causes of bowing, such as nutritional rickets and Blount's disease (proximal tibial metaphyseal growth defect) are very rare. They require further work-up, including x-rays.

Femoral anteversion or medial femoral torsion is frequently the source of internal rotation in the

child whose parents complain that they are "pigeon toed." This rotational deformity becomes dynamically more obvious in early to mid childhood, at a time when children begin participating in running and field sports, such as soccer or baseball. This rotational deformity frequently looks worse when children are tired or when they are running.

True femoral anteversion, however, does not get worse. The dynamic motion of running allows the leg to rotate in during the swing phase of gait, looking more extreme than when the child is walking. Femoral anteversion does not cause a child to trip or fall. Frequently, children who retain some degree of femoral anteversion are fast, powerful runners. The internal rotation posture allows for more powerful efficient push-off in running gait.

There is a wide range of normal hip internal rotation. Femoral anteversion usually spontaneously remodels to direct the leg forward. If a patient retains some degree of femoral anteversion, it will not cause degenerative arthritis of the hip or knee in later life. Bracing with the Denis-Brown bar or twister cables has been shown to have no clinical effect on this deformity.

The potential of the growing skeleton to straighten out the leg and direct the foot forward is quite dynamic. Most true positional lower extremity deformities start resolving once a child



begins walking. As long as a child has growth potential, this remodeling will continue. Some children will correct a significant amount of femoral anteversion during their adolescent growth phase. In the rare case that medial femoral torsion does not correct and it is causing functional disabilities, a surgical derotation osteotomy can be justified.

Referring a child with lower extremity torsional deformities for an orthopedic evaluation is appropriate in several situations. If the deformities appear rigid, if the deformity appears more extreme than that expected for the child's age, or if the hip, knee, or foot and ankle appear unstable, an orthopedic evaluation is indicated to rule out more severe orthopedic conditions.

It often takes time and education for a parent to gain comfort and confidence with the idea that rotational deformities will spontaneously resolve. A good source of clear information on torsional deformities can be found in a review article in the *Journal of Pediatric Orthopedics* (10:559-563, 1990): "Lower Positional Deformity in Infants and Children: A Review" by Lynn T. Staheli, M.D.

Dr. McKeever sees patients at the Southern California Orthopedic Institute in the San Fernando, Santa Clarita and San Gabriel Valleys.

2009 Parmelee Review – A Look into the Cyber World of Children and Youth


Johanna Olson, MD, Vice President

Moving with a speed often associated with the digital processes she studies, Dr. Eisenstock updated our knowledge base about video games, blogging, twittering, texting, instant messaging and more. Her lecture was an impressive blend of the benefits of new media and social networking, mixed with essential tips on how to protect our children and youth from potential “digital dangers.”

Dr. Eisenstock also touched upon the importance of choosing safe “handles” (screen names) that don’t give away too much personal information, avoiding and reporting cyber bullying, cleaning up one’s cyber “footprint,” and the potential impact of research utilizing the Internet and other micro media. Needless to say, this qualified speaker has both the

knowledge and experience with digital media that is unprecedented. She firmly believes that pediatricians are excellent conduits for disseminating information to parents about safe cyber socializing, and provided our audience and members an unforgettable education.

Cyber communication is vast and ever increasing in its breadth and scope. In order to assist the Parmelee attendees in navigating this dynamic field, Dr. Eisenstock provided several handouts and helpful websites. To the right you will find a list of some of these important resources. We hope they will assist our members in understanding today's complicated cyber world and make them better able to assist both patients and parents.

On Thursday May 14, the attendees of the 2009 Parmelee were treated to a presentation on the timely topic “Cyber Checkup 2.0: What Digital Footprints Tell Us about Kids’ Health” featuring Bobbie Eisenstock, PhD, media educator and consultant specializing in the effects of the digital culture on children, teens and families. In ninety minutes, with the beautiful Los Angeles skyline of Castaway Restaurant as the backdrop, Dr. Eisenstock ushered the audience through a whirlwind of information about the digital age.

Cyber Checkup 2.0:
Raising the Digital Generation
Top 10 Parent Resources

Childnet International:
www.childnet-int.org

Common Sense Media:
www.commonsensemedia.org

Connect Safely:
www.connectsafely.org

I Keep Safe:
www.ikeepSAFE.org

National Institute on
Media and the Family:
www.mediafamily.org

Net Family News:
www.netfamilynews.org

Netsmartz:
www.netsmartz.org

On Guard Online:
www.onguardonline.gov

Point Smart. Click Safe.
Cable in the Classroom:
www.ciconline.org/pointsmartclickSAFE

Wired Safety :
www.wiredsafety.com

2009 PARMELEE LECTURE
Cyber Checkup 2.0: What Digital Footprints Tell Us about Kids’ Health
Bobbi Eisenstock, PhD

If you attended this meeting, please help us track what you learned by filling out the questionnaire below.

Please fax: 310-782-9856, email: meosborne@lapedsoc.org
or mail to: LAPS, PO Box 4198, Torrance CA 90510-4198.

The primary objectives of this program were for attendees to:

- Gain insight into kids’ online activities and parental monitoring practices.
- Identify age-appropriate resources in order to recommend safe and responsible web surfing and socializing with email, IM, text messaging, chat rooms, social networking and gaming, and what to do about bullies and strangers.
- Understand cyber benefits and risks and be able to educate patients about advantages and disadvantages, thus improving child health in the Digital Age.

1. Please list several specific things that you learned from this lecture.

2. Have you used any of this information in your practice? Yes No

3. Please give an example(s) of how you have used or intend to use the information that you listed in question #1 in your practice.

4. Did this lecture touch upon the incidence, diagnoses, management, or prognosis as it applied to different cultures, and/or male vs. female populations? Yes No

2009 Eve and Gene Black Summer Medical Career Program

We just received this IMPORTANT dispatch from one of our reporters, on the ground, with some of the new recruits for the Eve and Gene Black Summer Medical Career Program. Our reporter, Robert Hamilton, MD is in the trenches now, working side by side with these young and yet untested privates. Here is what he had to say about their first mission into the world of pediatric medicine...

A QUICK DISPATCH FROM THE FRONT...

DATELINE: JULY 6, 2009

BYLINE: ROBERT C. HAMILTON, MD, FAAP

Yesterday, at the break of dawn, my office was filled with six, excited, garrulous and smiling faces. It was day #1 of the Eve and Gene Black Summer Medical Career Program, sponsored Los Angeles Pediatric Society. After months of anticipation and preparation, this day for them had finally arrived. Two young men and four lovely young ladies, all clad in white smock lab coats hovered around my desk. It was the time to receive their final instructions and fan out into the world of pediatrics.

Their first mission was to Cedars-Sinai Hospital in West Hollywood. As the "private attending" for the month, I have the responsibility of teaching the house officers about the patients they cover. With these fresh recruits in tow, I arrived at the hospital and we marched successfully to the floor after a brief stop at the Starbucks' waterhole.

We were met by two interns and one resident on the floor. Then, the war began! Back and forth flew the questions and answers. Facts were flying. Blood types were discussed and there was meconium all over the place. One young male child was even seen to lose a body part (foreskin). It was a short engagement, but our recruits saw their first action!

As we drove back to our base camp on the road west to Santa Monica aboard the Hamilton Humvee (2003 GMC Yukon), these young privates expressed delight and awe. It was clear for them to see that pediatrics was not all labs or anatomy, but that there was a sense of camaraderie and purpose that was infectious. One female recruit was particularly effusive.

"Do you still want to be a doctor?" I asked after the skirmish. "More than ever!!" she responded.

I haven't heard those words in quite some time. It was a successful first mission. More battles await, but their enthusiasm is sure to see them through...

Our thanks to Dr. Hamilton for his exciting update. We extend our thanks to all our veteran counselors, their participating hospitals or practices as well as all those who generously support our young privates by donating to the Summer Medical Career Program. Now in its 40th year, this program has exposed over 2300 high school students to the world of medicine with many of its past participants going on to become medical professionals. There are even several former Eve and Gene Black participants now in the trenches assisting current recruits.

To learn more about this life changing program, a synopsis can be found on page 6 of this newsletter and on our website:

www.lapedsoc.org. This year LAPS received over 350 applications and could only place 46 deserving recruits. If you are in a private practice or a faculty member at a hospital in the area and you are interested in making a tangible contribution to our combat effort, LAPS WANTS YOU!





2009 Eve and Gene Black Summer Medical Career Program

The Summer Medical Career Program was established by the Los Angeles Pediatric Society in 1969. The purpose of the program is to encourage high school students to choose careers in the health professions. This is accomplished by providing firsthand experience observing doctors, nurses and allied health professionals at work in hospitals and through career guidance provided by counselors at each participating institution. For a period of four weeks students take part in a variety of activities affording direct contact with both the medical staff and patients. They rotate through the various departments in hospital and observe the role of health-care personnel in providing medical services. The program is different at every location and is usually tailored to meet the interests of the participants.

A weekly stipend of \$75.00 is given to each student to cover incidental expenses and a certificate of completion is presented at the end of the program. In addition, two \$500 scholarships are awarded each year from the Rissman/Seidel Scholarship Fund.

Funding is provided by contributions from individuals and groups, Medical Careers Unlimited Medical Group Members and our new Circle of Friends and Donors. To show our appreciation, contributions received this year for the Summer Medical Career Program or the LAPS general fund are listed below. All are cordially invited to join. You will help students get started in the right direction, just as perhaps someone helped you.

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Jim Seidel, MD, PhD & Eve Black Memorial Fund on page 8

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- Shigeo Sumida, MD
- Vasanti Voleti, MD
- Paula Whiteman, MD
- Kenneth Williams, MD
- Burt Willis, MD
- Guillermo A. Young, MD

Jim Seidel, MD, PhD Memorial Fund

- Barbara Adler
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- Allergy Asthma Care Center Inc.
- Harold Amer
- Carol Berkowitz
- Eve Black
- Lettie Burgett
- Mary Ann Carlson
- Paula J. Chou
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- Jess Diamond
- Graydon Funke
- Maritza L. Garrido
- Gloria F. Castle
- Marshall Goldberg
- Stephen Greenberg
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- Elaine & Ivan Kamil
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- Howard Reinstein
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- Michael & Shelia Siegel
- Louis Smolensky
- Dr. & Mrs. Carlo Tabellario
- Barton Wald
- Anita W. Weinstein
- E. David Weinstein
- Shirley & Irv Whiteman
- Lillie M. Williams

2009 Eve and Gene Black Summer Medical Career Program Participating Hospitals

Cedars-Sinai Medical Center, Los Angeles • Childrens Hospital Los Angeles • Harbor UCLA Medical Center, Torrance
 Kaiser Permanente Medical Center, Panorama City • Martin Luther King, Jr. Multi-Service Ambulatory Care Center, Los Angeles
 LAC/USC Medical Center, Los Angeles • Los Robles Regional Medical Center, Thousand Oaks
 Olive View Medical Center, Sylmar • Santa Monica/St. Johns Hospital, Santa Monica • Simi Valley Hospital, Simi Valley
 St. Mary Medical Center, Long Beach • Medical Center of Tarzana, Tarzana • UCLA Medical Center, Los Angeles
 White Memorial Medical Center, Los Angeles



**EVE BLACK MEMORIAL FUND
DR. JIM SEIDEL MEMORIAL FUND**



The Los Angeles Pediatric Society has established the **Eve Black Memorial Fund** and the **Dr. Jim Seidel Memorial Fund** in support of the Eve and Gene Black Summer Medical Career Program.

You may make donations online with your credit card at www.lapedsoc.org or with a check made payable to the Los Angeles Pediatric Society. Mail to P.O. Box 4198 Torrance, CA 90510-4198.

LAPS is a private, tax-exempt, not-for-profit organization pursuant to Section 501 (c)(3) of the Internal Revenue Code.

EVE BLACK MEMORIAL FUND

DR. JIM SEIDEL MEMORIAL FUND

Name: _____

Address: _____

Phone: _____

Email: _____

DUES NOTICES AND DIRECTORY UPDATE

The 2009 - 2010 dues notices will be out next month. You may pay online through our website www.lapedsoc.org at any time.

In response to numerous requests, LAPS is in the process of updating its membership directory both online and published. Currently the online directory contains member name and city only. This information is in a public domain and is available to anyone visiting our website.

In your dues notice you will receive a form which will allow you to update and indicate your online listing preferences. At this time you will be able to: opt out of being listed at all or add other contact information such as specialty, address, phone number and email.

LAPS is also in the process of updating and publishing a membership directory that will only be made available to its members. Once again you will have an opportunity on your dues notice to: opt out of being listed at all or add any other contact information such as specialty, address, phone number and email.

We hope with your cooperation, we will be able to compile a comprehensive document that will benefit the needs of our membership.

Help Us Help You

Help us better serve you and all our members. Please submit the information requested below by Fax: 310-782-9856, email: meosborne@lapedsoc.org or mail to: LAPS, PO Box 4198, Torrance, CA 90510-4198. Thank you.

1. What specific subjects/topics would you like to see addressed in LAPS CME meetings and/or in our newsletters?
2. Would you be willing to speak at a meeting or submit an article?

Name: _____

Email or Phone Number: _____

Subject/Topic: _____

INTRODUCING ONLINE CLASSIFIED ADS FREE TO MEMBERS!



LAPS is introducing a classified ads listing service on the LAPS website. We will begin with a three month trial period in order to better understand the needs of our advertisers.

During our introductory period:

- Postings will be free for MEMBERS
- Ads will be posted on LAPS website: www.lapedsoc.org
- Ads can include position postings, locum tenens, sale of practices or medical equipment.
- Ads are limited to 50 words or less.
- All ads are subject to approval prior to posting
- Postings for NON-MEMBERS are for a minimum of three months at a low introductory cost of \$30.

For more information or to send us your posting:

Please contact Ellen at eseaman@lapedsoc.org

Or call 310-503-1527



LAPS GOES GREEN JOIN OUR EFFORT

Starting with this Summer issue, the Los Angeles Pediatric Society emailed a link allowing its members to view and print the newsletter from the LAPS website: www.lapedsoc.org. If you received this email link and you wish to receive a newsletter via US Mail, please let us know.

If you received your newsletter via US Mail and you would like to join in our effort to save trees, please send your current email address to: Ellen Seaman at: eseaman@lapedsoc.org Thank you for supporting LAPS in this effort.

Note: Archived newsletter issues can also be found on our website.

Los Angeles Pediatric Society 66TH BRENNEMANN LECTURES

15 CME Credit Hours • October 22-25, 2009 • *Disney's Paradise Pier*® Hotel

Please See Our Website for Complete Meeting Brochure with Lecture Topics and Schedule
REGISTER ONLINE WITH YOUR CREDIT CARD AT www.lapedsoc.org

FACULTY

David Ferry, MD – Cardiology
 David L. Hill, PhD – Reproductive Medicine
 Chester Koh, MD – Urology
 Wilbert (Bill) Mason, MD – Infectious Disease
 Mark Surrey, MD – Reproductive Medicine
 Vincent J. Wang, MD – Emergency Medicine

ACCREDITATION

The Los Angeles Pediatric Society is accredited by the Institute for Medical Quality/ California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. The Los Angeles Pediatric Society takes responsibility for the content, quality and scientific integrity of this CME activity.

The Los Angeles Pediatric Society designates this educational activity for a maximum of 15 *AMA PRA Category 1 Credits*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education.

The California Board of Registered Nursing has approved 15 hours of continuing medical education. Provider number is CEP11121.

JOIN US SATURDAY FOR THE CLIFFORD RUBIN KEYNOTE LECTURE

"Advances and Controversies in Reproductive Technology: Social Implications as Seen Through Octomom"

by Mark Surrey, MD and David Hill, PhD

Don't Forget to Sign Up for Your Round Table Sessions

- No. 1 Hypercholesterolemia: What's the Big Deal?
David Ferry, MD
- No. 2 Orthopedic Emergencies, Local Anesthesia and Nerve Blocks
Vincent Wang, MD
- No. 3 Vaccine Fears and Controversies: How to Approach Reluctant Parents
Wilbert Mason, MD
- No. 4 UTI – What Should the Pediatrician Do for Their Patients in 2009?
Chester Koh, MD

MEETING ADVANCE REGISTRATION

Los Angeles Pediatric Society 66TH BRENNEMANN LECTURES, October 22-25, 2009
Disney's Paradise Pier® Hotel, 1717 South Disneyland Drive, Anaheim, CA 92802 • 714-520-5005
 Registration must be cancelled by September 22, 2009. Administration charges of \$35 apply after this date.

PLEASE SEE OUR WEBSITE: www.lapedsoc.org FOR ONLINE PAYMENT.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Round Table Sessions (No Charge)

Fri. Session: 1, 2, 3, 4 (enter number in box) Pref: 1 2

Sat. Session: 1, 2, 3, 4 (enter number in box) Pref: 1 2

Tuition Fee: (Includes Round Table Sessions)	By 9/22	After 9/22	
Physicians: Members of LAPS	\$500	\$550	\$ _____
Physician Non-members	\$550	\$600	\$ _____
Pediatric Residents Hospital:	\$100	\$125	\$ _____
Allied Health Personnel Category:	\$250	\$300	\$ _____
Emeritus with LAPS	\$150	\$200	\$ _____

Discounted Disneyland® Resort Tickets: Valid 10/19/09 to 11/02/09.

Use this form to purchase tickets by check by 10/05/09. Pickup not available until 6:00 pm, Thursday, 10/22/09. Tickets may be purchased online at <http://www.disneyconventionear.com/LAPediatricSociety09>

One-Day Theme Park Ticket

Either *Disneyland*® Park or *Disney's California Adventure*® Park

(Ages 3-9) \$51 # _____; (Ages 10+) \$61 # _____ \$ _____

One-Day Disneyland® Resort Park Hopper® Ticket

Both *Disneyland*® Park and *Disney's California Adventure*® Park

(Ages 3-9) \$71 # _____; (Ages 10+) \$81 # _____ \$ _____

Two-Day Disneyland® Resort Park Hopper® Ticket

Both *Disneyland*® Park and *Disney's California Adventure*® Park for two days

(Ages 3-9) \$103 # _____; (Ages 10+) \$123 # _____ \$ _____

One-Day Twilight Ticket after 4:00 pm Either *Disneyland*® Park or

Disney's California Adventure® Park (Ages 3+) \$38 (not available at gate) # _____ \$ _____

Pre Order Boxed Lunch (Must be ordered by 10/21/09)

Friday \$26 Turkey # _____ \$26 Vegetarian # _____ \$ _____

Saturday \$26 Turkey # _____ \$26 Vegetarian # _____ \$ _____

Grand Total \$ _____

Please make checks payable to: Los Angeles Pediatric Society and return to:
 LAPS, PO Box 4198, Torrance, CA 90510-4198.

FOR MORE INFORMATION:

Email: meosborne@lapedsoc.org OR eseaman@lapedsoc.org • Phone: 310-503-1527 • Fax 310-782-9856



66th ANNUAL BRENNEMANN LECTURES – DON'T MISS THEM!



Marshall G. Goldberg, MD, FAAP, FAAAA&I Program Chairman

Like vintage wine the Brennemann Lectures continue to improve with age. Our 66th series will once again be held on October 22-25, 2009 at Disney's Paradise Pier Hotel. The lectures begin on Friday morning, October 23rd. Again we have a crackerjack group of speakers who will tackle a number of pediatric issues. David Ferry, MD (Cedars-

Sinai, UCLA) will address a number of current topics in Pediatric Cardiology including Hyperlipemia and the role of the Pediatric Cardiologist before instituting stimulant drug therapy. Advances in Pediatric Urology will be in the capable hands of Chester J. Koh, MD (Childrens Hospital of Los Angeles). Robotic surgical techniques and UTI management will be part of his agenda. Wilbert (Bill) Mason, MD (Infectious Disease, CHLA) an old friend to LAPS and an entertaining and informative speaker, will be on hand to discuss areas of inter-

est in infectious disease as well as vaccine controversies. Vincent Wang, MD (Emergency Medicine, CHLA) will bring us up to speed on such issues as management of fever in the young infant, orthopedic emergencies and other areas of interest.

The Clifford Rubin Lecture-ship should prove to be both informative and timely. Our keynote speakers, Mark Surrey, M.D. (Reproductive Medicine, Cedars-Sinai, UCLA) and David Hill, PhD (Cedars-Sinai, UCLA) will present "Advances and Controversies

in Reproductive Technology: Social Implications as Seen through Octomom."

Personally, I think this program rivals the best we've offered in the past and when you add in the attractions of the Disneyland-California Adventure Land venue, what could be better? A terrific opportunity to combine education and entertainment not just for attendees but for the entire family. The weather should be great in October and the park less crowded. LAPS hopes to see you all at "The Magic Kingdom."

Please See Our Website: www.lapedsoc.org for a Complete Meeting Brochure

HOTEL ACCOMMODATIONS

Disney's Paradise Pier® Hotel
1717 S. Disneyland Dr., Anaheim, CA 92802

NEW! Make your room reservation online by using the following link:

<https://resweb.passkey.com/go/LAPS1009> or access this link through www.lapedsoc.org

- Eighty (80) rooms are available to registrants at the special rate of \$165 per day, single or double occupancy, plus a daily resort fee of \$12 and tax.
- The resort fee includes: self-parking for two vehicles, local phone calls, guest room wireless internet, fitness center access and the newspaper on weekdays (subject to change).
- These rates apply from October 19-29, 2009.
 - Note:** Special rates will be available only until September 22 or until all 80 rooms are taken. Once these rooms are taken, regular hotel rates will apply.
- If you do not wish to book online, you may contact the hotel reservations desk directly at 714-520-5005.

WE RECOMMEND YOU MAKE YOUR RESERVATIONS EARLY.
The Los Angeles Pediatric Society disclaims any responsibility for hotel arrangements.

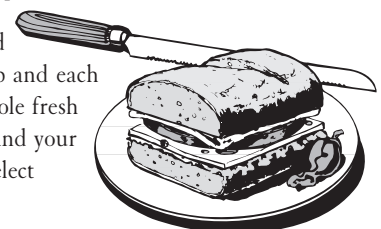
NEW! BOXED LUNCH at BRENNEMANN LECTURE PRE-ORDER NOW

DON' T GO HUNGRY AT YOUR ROUND TABLE - NEW this year, LAPS is offering a boxed lunch on a pre-order basis, ONLY. Lunches can be ordered until Wednesday October 21. This lunch is offered as a service to our registrants at a pass through cost of \$26. This meal can be ordered and paid for online along with your meeting registration or in advance by check.

Some of the many reasons to consider the purchase of this meal are:

- Continental Breakfast is at 7:30am and the Round Table Sessions do not end until 2:00 pm on Friday and 1:15 pm on Saturday.
- You can pick up your portable, self contained boxed lunch on your way to your Round Table Session.
- If you eat at your Round Table Session, you have more time later to play at Disneyland® with your friends and family.
- If you are commuting to this meeting, you will be able to eat during the Round Table Session rather than in your car.
- Although dining is available at other Disneyland® hotels or the Downtown Disney® District, there is no onsite luncheon dining at Disney's Paradise Pier® hotel after 2 pm.

The boxed lunch consists of a smoked turkey sandwich OR a vegetarian wrap and each boxed lunch also includes a piece of whole fresh fruit, fresh baked cookie, condiments, and your choice of water or soft drink. You may select beverage when you pick up your meal.





los angeles pediatric society

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Join Us for the 66th Annual Brennemann Lectures!

October 22-25, 2009

Disney's Paradise Pier® Hotel

For Registration Information see pg. 10 and 11



FREE FOR MEMBERS!

Online Classified Ad Postings. See page 9 for more information