Parent’s perception of their influence on their child’s physical activity
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Childhood Physical Activity (PA) has declined in the western world in recent years. To combat child inactivity, government programs have been organized to promote PA within families. It is important for physiotherapists understand the influence parents perceive to have on their child’s PA habits in order to better encourage a positive parental influence. The purpose of this study is to explore how parents perceive their influence on their child/children's PA through an interpretative phenomenological analysis approach. This qualitative study used a phenomenological approach with semi-structured interviews conducted with five participants. The interviews were analyzed using elements of IPA. Master themes developed by their corresponding sub-themes: Creating an environment of opportunity, barriers to PA, and Parent and child interactions. The findings suggest that parents perceive themselves to have a greater positive influence on their children rather than negative. The barriers that parents create are not perceived to prevent their child’s PA, but rather restrict it. Many participants reported enjoying doing PA with their children and used PA as an opportunity for family time indicating a dual purpose for PA. Physiotherapists and programs focused on family health could implement ways to reinforce the perceived influences that are correlated with higher levels of PA and provide education to help prevent parents from becoming barriers and increase their positive influence.

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Anesthetic considerations for syndromic children undergoing eye surgeries in an out-patient facility
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In freestanding eye hospitals and centers, we come across pediatric patients who can present discreet features of an underlying congenital abnormality to complex syndromes with co-morbid issues. The primary evaluation of importance to the anesthesiologist includes airway assessment, the presence of a congenital cardiac disease, neuromuscular disease and / or a metabolic disorder. There are common dysmorphic features found in many of these affected children. There are also very discreet signs and symptoms of structural defects in the airway, heart and muscle system that may become apparent when the child is placed under general anesthesia. This presentation reviews important aspects for the peri-operative pediatric anesthesia risk assessment in children with syndromes who present for eye evaluations and surgeries. It is not this author's intention to categorize and discuss all the syndromes and congenital disorders that exist, but to delineate the important problems and features commonly found that may affect perioperative outcome. The risks that surround a genetically compromised child when undergoing general anesthesia should be delineated and a plan fomented to adhere with appropriate standards of care. The intensity of service required for disease complexity, whether in an outpatient environment or an in-hospital referral, should reflect the best possible clinical outcome. In general, healthy children undergo many of the same risks as adult patients under anesthesia. The difference is that these children have challenging presentations and the need for visual improvements will have them exposed to precarious situations only with special planning should ensure them a safe and positive outcome.

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