prosthetic devices and numerous physician visits, hospitalizations, and surgeries, this family turned a potentially devastating experience into one with cherished memories.

Today, the parents reflect on how their family coped with the reality of a debilitating disease. It was difficult for the parents to observe an eager, energetic child watch other children riding bicycles, running, or playing outdoor games. They are warmed by memories of watching their other children make the difference for their sibling. They all developed a strong bond through caring and sharing with one another. Coping as a family was an easy adjustment and, most of all, therapeutic. Today, more than 20 years later, the parents believe that each family member has grown with feelings of faith and trust. The experience proved to them that life will go on and that life is what you make it!

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One of the most difficult aspects associated with the disorder is the need to cope with a normally active child who feels well but must remain relatively inactive. It is important to emphasize that children should continue to attend school and engage in activities that can be adapted to the prescribed regimen. Suitable activities must be devised to meet the needs of a child in the process of developing a sense of initiative or industry. Activities that fulfill creative urges are well received.

Slipped Capital Femoral Epiphysis

Slipped capital femoral epiphysis (SCFE) refers to the spontaneous displacement of the proximal femoral epiphysis in a posterior and inferior direction. It develops most frequently shortly before or during accelerated growth and the onset of puberty (children between 8 and 15 years old; median age of 12 years old for boys and 11 years old for girls) and is seen more often in boys and obese children. The incidence is 0.3 to 24 cases per 100,000 children. Bilateral involvement occurs in up to 50% of cases (Loder and Skopelja, 2011c).

Pathophysiology