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compared to adult patients ([www.bariatric-surgery-source.com/adolescent-bariatric-surgery.html](http://www.bariatric-surgery-source.com/adolescent-bariatric-surgery.html)). Research has also found that the sooner an obese patient loses weight, the lower his or her achievable weight will be, the site notes.

### Obesity and Pediatric O&P

Obese pediatric patients with limb loss face much of the same challenges as do obese adult patients, according to Highsmith and Donald R. Cummings, CP, LP, Orthotics and Prosthetics Department, Texas Scottish Rite Hospital, Dallas.

“One of the biggest problems is dealing with volume changes in the residual limb throughout the day, and as children grow, their residual limb circumference and body weight increase,” Cummings says. “When you add obesity to these normal challenges, it really exacerbates them.”

More patients are requiring components rated for heavier weight levels, even up to 500 pounds, Cummings says, which limits the variety of components available to them. It is especially difficult to match weight ratings to activity levels for obese children, who may be highly active. More durable components often are rated for lower weights, thus these active but obese youngsters can experience considerable component breakage. Balancing patient safety, activity levels, and component weight ratings can be a real challenge, Cummings says. “Most pediatric components are rated up to 100 pounds, but when you have

a child heavier than that, although still in pediatric sizes, you may have to try to use and adapt adult-size components so they aren't as likely to break.”

Adolescent patients who are obese have fewer problems with balancing components with activity and weight levels since they are generally able to use adult-size componentry.

However, maintaining good socket fit is still the major challenge, Cummings explains, and more fatty tissue in the limb causes larger changes throughout the day, and muscles can't provide a firm foundation for controlling the socket. Obese patients also are more prone to skin breakdown due to increased pressure from the prosthesis.

Highsmith recommends talking frankly but tactfully with parents and patients about addressing weight issues. He provides a perspective on sports and exercise choices since several aspects should be considered. Parents, for example, need to factor in whether there are equipment costs and entry fees for the sporting activities they are considering. Some questions to ask are: “Does the child want to do this activity? What is the cost and time involved?” For children who have poor body image or are not self-confident about their abilities, putting them in a high-visibility sport may not be a good choice. “For instance, in baseball, the spotlight may be on that individual child at bat, and whether he succeeds or fails, it's in front of everyone.” Lower-visibility sports, such as soccer, where there

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