

THE REST OF YOUR LIFE

Bicycling as a Way of Life

For Dr. Christiane Stahl, bicycling is not so much a hobby as a way of life. She's been commuting by bike to school or work since she was 8 years old.

"I use public transportation, but the nice thing about a bike is you're kind of out there on your own," said Dr. Stahl of the department of pediatrics at the University of Illinois at Chicago. "It's a little more individual and gives you more time for reflection. You're not distracted by all the social interactions that are going on when you take public transportation."

Every day she bikes 5 miles to work "if it's not actively precipitating and the wind is not more than 20 miles an hour against me." Even Chicago's harsh winter days don't stop her. "I have little booties that I put over my bike shoes and big puffy bike gloves and hats to wear under my helmet," she said. No special tires are required during her winter commutes be-

cause the route she takes includes a network of bike lanes that "get cleared out pretty well" by the city's snowplows. However, degradation of the bike chain from road salt is an ongoing issue.

Among her favorite vacations are bike trips she's taken through Germany, Wisconsin, and South Carolina. Her easiest and most spontaneous trip "was on the back of a tandem bicycle around the Chicago area—taking advantage of the great trail system, the outdoor concert area of Ravinia Park, and views of Lake Michigan," she said. "Plus, I was in beeper range the whole time, and it's easy to make callbacks from the back of a tandem so no cross-coverage arrangements were required."

An advocate for bike safety, Dr. Stahl has served as a medical volunteer for Bank of America's Bike the Drive, an annual bike ride along scenic Lake Shore Drive that benefits the Active Transportation Al-

liance (formerly the Chicagoland Bicycle Federation), a not-for-profit biking, walking, and transit advocacy organization.

She noted that as more people take up bicycling as an inexpensive and environmentally friendly commuting tactic, upgrades in the separation of auto and bicycle traffic will be needed. "Until we do that, we're going to see rising rates of injury, because I think more people will turn to bicycling as a way of getting around," she said. "Compared with Europe, we have so far to go in terms of creating safer bikeways. I'm hopeful that will occur over the next decade or 2."

A self-described devoted helmet wearer, Dr. Stahl had one serious injury on a bike: a low-speed face plant when she dropped a wheel into a grate on the sidewalk. "Fortunately, I was just outside the hospital emergency room," she said. "I got a fair number of facial lacerations, but I didn't have any head injury."

While she knows her share of bicyclists who set goals to improve their speed or endurance—and fret about reaching those goals—Dr. Stahl is content to enjoy bicycling on her terms.

"For me, biking is not goal oriented,"



Dr. Christiane Stahl, a pediatrician based in Chicago, bikes 5 miles to work.

she said. "On the rare occasions when I'm sitting around and want to get out of the house, I'm just as likely to jump up on my bike and head out aimlessly. That's one of the chief joys of riding my bike: to explore, look around, and see things."

—Doug Brunk

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CT Makers Unveil Some New Safety Features

BY ALICIA AULT

Manufacturers of computed tomography machines announced that they have agreed to a standardized set of features that will help ensure that patients receive the appropriate radiation dose when being scanned.

In a conference call with reporters, Dave Fisher, executive director of the Medical Imaging & Technology Alliance (MITA), said that the industry had been working for years to make CT machines safer and that the timing of the announcement was not related to either the Food and Drug Administration's recent heightened interest in radiation or an impending House Energy & Commerce Health Subcommittee hearing on radiation safety.

The five CT manufacturers—General Electric, Siemens, Philips, Toshiba, and Hitachi—all agreed to participate in the MITA "dose check" initiative, said Mr. Fisher.

There are three new main safety features.

First, machine operators will receive an on-screen alert—possibly in the form of a pop-up window—when they exceed recommended dose levels. The alert is akin to a yellow caution flag, said Mr. Fisher. The recommended dose—the reference dose—will be determined by clinicians at hospitals and imaging centers, not manufacturers, he said.

The second safeguard will also likely

come as a pop-up window: a warning if the dose reaches hazardous levels that could result in burns, hair loss, or other injuries. This "red flag" can be configured to prevent the scan, Mr. Fisher said.

Again, clinicians, not manufacturers, will have the power to determine whether they want to block a scan or have some other series of instructions or steps to prevent harm, he said.

Finally, manufacturers have agreed to a standardized method of image storage so that they can be incorporated into a registry—if such a registry is developed, as the Obama administration has proposed.

The new features will not likely be available until late 2010 or early 2011, Mr. Fisher said. They may come as software upgrades to older machines or add-ons to new scanners being developed now. The process may be delayed if the FDA decides that the features need regulatory clearance, said Mr. Fisher.

In a statement, MITA said that the safety initiative is being supported by the American Society of Radiologic Technologists and the Alliance for Radiation Safety in Pediatric Imaging.

"The safeguards proposed by MITA represent a major step forward in managing radiation dose during CT scans performed on children, who are much more sensitive to radiation than adults," Dr. Marilyn Goske, chairwoman of the alliance and a professor at Cincinnati Children's Hospital Medical Center, said in a statement.