A Smile for Jenny

BY JEFFERY L. MOORE

It had been a hard day for Jenny. It was her first day of physical therapy, the day after surgery, a day that had also been difficult. Everything had happened so quickly. Two days before she had fallen at school and broken her leg. Jenny had been rushed to the emergency department, where she and her parents learned she had sustained a pathological fracture caused by fibrous dysplasia.

I began Jenny's physical therapy by working with her on ambulation and transfer training, or how to get in and out of bed and chairs. The cast on Jenny's leg was heavy. The first time she stood and tried to move the cast while using a walker was a frustrating and painful challenge for a seven-year-old child. Jenny did not smile much that day.

The next day was a little better for Jenny. She made it out of her room and into the hallway, but she was afraid she would fall again and that her leg would begin to hurt. Jenny knew I was trying to help her move around and she worked hard; however, she still had more tears than smiles.

Jenny was the only child on the orthopedic floor. The floor did not have a play area or many activities to keep a child busy. St. Paul Medical Center, Dallas, does not often have young patients, so Jenny did not have anyone else her age to visit. The nurses and other medical staff encouraged Jenny to move about, but they were all adults in the different and often frightening world of the hospital. Jenny's parents and grandparents stayed with Jenny; however, they were nervous and tired just as she was. I spoke with Jenny's doctor, and he agreed that Jenny needed a visit from another medical person, a specialist.

That night after supper, as Jenny and her parents were watching television, a knock came at the door. In walked the specialist, who introduced himself as Dr. Sylvester Silly. He explained that Jenny's doctor and physical therapist were concerned about a condition called olecranon stagnatosis—an acute disorder of the funny bone.

Dr. Silly had a large, red sponge nose; unkempt hair; high-water, rumpled scrubs; a too-

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short lab coat; and cowboy boots. He began his evaluation to confirm the diagnosis. As Jenny's bewildered parents watched, Dr. Silly performed the squeak test on Jenny's finger joints to see if they all squeaked at the proper pitch. He used his stethoscope to monitor her brain waves. A close examination of the elbow joint itself confirmed Dr. Silly's suspicions: Jenny's funny bone was in need of repair.

Often the symptoms of olecranon stagnantosis can be relieved with balloon animals. Through evaluation and a review of patient history, Dr. Silly determines which animal to prescribe. In Jenny's case, dogs were in order. Few hospital pharmacies carry balloon dogs, so Dr. Silly had to fill the prescription himself at bedside. Using a balloon syringe, Dr. Silly inflated a balloon and began "constructive surgery." The first few twists produced a head and ear, then the forelegs, hind legs, and tail. Because Jenny had been so brave during the evaluation, Dr. Silly gave her a clown ring and a pocket clown to carry with her. Dr. Silly wished her well. As he was going out the door, he saw a smile come to Jenny's face.

I saw Jenny the next day. She had slept well the night before and looked much better. She had a new pink cast that was lighter and bright enough to stop traffic. Jenny was going home. This was her last physical therapy session before she left. We reviewed her transfers, and she learned how to walk with crutches.

I helped Jenny and her parents load her things into their van. Before she got in, she showed me her clown ring and asked if I knew Dr. Silly. I assured her we were close friends and that I would tell him good-bye for her. As they were driving away, I noticed that Jenny was still smiling.