

In the case of pediatric obesity, it is very important to recognize that the child may not be seeking physical therapy for diagnosis and treatment of obesity; rather, it may exist as a comorbidity of a more physical impairment, such as back or knee pain. For the obese population, ventilation and respiration measures may also need to be examined, to ensure safety with aerobic and strengthening activities within the treatment plan. Knowledge of the potential for weight gain as a side effect of some antipsychotic drugs used in some cases to treat attention deficit hyperactivity disorder or autism, mood stabilizers, antidepressants, and oral steroids such as those used to treat asthma is also important for the pediatric PT. In some cases, parents or educational staff may need education regarding these side effects that may be contributing to changes in the weight status of a child. It is imperative to be comprehensive in the history and physical aspects of the examination to include consideration of the whole body structure and function that may be related to the functional limitations of the presenting diagnosis. A comprehensive review of the musculoskeletal and neuromuscular systems must be performed, because impairments may result in developing joints related to a child's elevated weight status. Because it relates to both primary diagnosis and overall health-related fitness level, it is important to measure muscle performance as well, through manual muscle testing and other measurements outlined earlier. Particular attention must be paid to risk factors, including ethnicity, cultural beliefs, family/caregiver resources, education, social interaction, activities, and support systems