



Sports Medicine For Kid-athletes

DR. RACHELA COEL
 Medical director and staff physician at Queen's Center for Sports Medicine

Where did you receive your schooling and training?

I grew up in Hawaii, and I went to Punahou. I attended University of California at Berkeley for my undergrad and I did my medical school and Ph.D. in social work at University of Illinois at Urbana-Champaign. I did my residency in general pediatrics at Children's Hospital in Los Angeles. After that, I went to University of Colorado for its primary care sports medicine fellowship.

What interested you in focusing on pediatric sports medicine?

I was a student-athlete in high school as well as in college, and I have always been active and loved doing sports, everything from surfing to soccer. My love of sports medicine started as an undergrad, and I realized in med school I particularly like working with a younger population.

In sports medicine, I'm working with people who are healthy and active and want to stay that way. Sports medicine is focused on putting people "back into the game" safely, quickly and efficiently. Some other areas of medicine are perhaps trying to stem the tide on a progressive problem, such as disease or illness, or trying to redirect the course or outcome of a medical condition. Although some conditions in sports medicine may be more chronic, for the most part, I find sports medicine to be commonly about turning pain and injury into a short-lived situation. Patients almost always return to their prior level of health and activity.

When I was in medical school, I found that a shoulder problem was often treated as just

a shoulder problem, but I discovered that a shoulder problem may also be a piece to a bigger puzzle. For example, an athlete may have a shoulder problem because they're over-training and they may be over-training because they're unhappy with their body image because of other things going on in their lives. I admit, it's a little unique, because of my social work background, I tend to look at the patient broadly — as a person, as a member of a family, as a student, an employee, and how all those pieces fit together. I like offering solutions that address the entire person, to get at the root cause of why



Dr. Rachel Coel engages a patient in exercises using a Swiss therapy ball to work on core stability and back strengthening
 LAWRENCE TABUDLO PHOTO

they are injured, and how we might prevent the injury from recurring. It's rare that a patient leaves this office with just an ankle brace, for example.

There's usually a multifaceted program: home exercises, physical therapy, nutritional guidance, lifestyle changes, sports performance and technique, and

occasionally surgery if necessary. I'm not a nutritionist or physical therapist, but I'm the coordinator who finds out what are the problems, what are the diagnoses and what are the treatments for each of those. If I don't offer those personally, we have a broad network at Queen's to take care of it.

What are some of the most common problems you see?

Things vary from younger children up through high school and into college. When you're younger, you're more likely to have growth plate injuries. That can be a fracture, also known as a break, where they fall and injure the growing part of the

bone. A 10-year-old comes to me and has broken their wrist when they fell playing soccer. I've got to think, "What is this wrist going to look like and act like five years from now?" That plan may be different from the 15-year-old who is no longer growing there. I take a patient's age and stage of growth and development into consideration when I'm treating their injury or pain. One injury I see year round is trampoline fractures. If you have two different body weights on the mat at the same time, the mat gets distended and one person goes flying. Only one child should be on a trampoline at a time.

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