Preference for the no-stirrup method

I am a little behind in reading *Canadian Family Physician* and have just now seen the item by Dr Michelle Greiver[1] about doing pelvic examinations without using stirrups. It is great that Dr Greiver has articulated a method that I'm sure someone other than her and I has employed. I agree entirely with her comments on this topic.

I began doing pelvic examinations without stirrups about 15 years ago. I did, and periodically still do, (non-scientifically) survey my patients, asking them to state their preference. Without exception, my patients prefer the no-stirrup method, and therefore I continue to use it. I use the traditional method only for such procedures as inserting intrauterine contraceptive devices and doing endometrial biopsies.

I, too, would be interested to hear whether other physicians have come to employ a similar technique.

—Don Klassen, MD, CCFP, FCFP
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by e-mail

Reference

1. Greiver M. No stirrups? [Practice Tips]. *Can Fam Physician* 2001;47:1979.

Exercise and children with asthma

In the November 2001 issue of *Canadian Family Physician*, an item[1] in the "Briefing" section states that between 10% and 18% of Canadian children have asthma. This statistic means there are a lot of children who have to understand what happens to their asthma with exercise. It is important that family practitioners encourage their asthmatic pediatric patients to engage in regular physical activity, especially in light of the articles in the January 2002 issue of *Canadian Family Physician* promoting physical activity. Parents play a vital role in educating themselves and their children about exercising with asthma. Children with asthma should live a very active life.

More than 90% of asthmatics have exercise-induced asthma. With some simple information, exercising with asthma can be very comfortable. Children with asthma should be aware of how cold weather, allergies, and respiratory illness can make exercise difficult. A warm-up period before exercise is essential to help promote a refractory period and ease symptoms. For cold weather, a face mask can help keep the air more humid and warm.

The use of a short-acting β-agonist, such as salbutamol, 10 to 15 minutes before activity results in less coughing and wheezing. Long-acting bronchodilators, such as salmeterol, are gaining in popularity, as they provide relief from exercise-induced bronchospasm for up to 9 hours. Patients need to be reminded that these medications do not replace corticosteroid therapies.

Because obesity rates are increasing in children, we should encourage children with asthma to maintain healthy weights and not to be inactive due to fear of possible asthma symptoms. A handful of studies have looked at the relationship between asthma and obesity. It is unclear whether obesity leads to asthma in childhood, but there is the suggestion that obesity is associated with increased asthma morbidity in children. Belamarich et al[2] found that obese, inner-city children with asthma use more asthma medication and wheeze more than non-obese children with asthma.

Regardless of the unanswered research questions surrounding asthma and obesity, it is important that family physicians encourage obese asthmatic children to reduce their weight to help prevent development of other chronic diseases, such as type 2 diabetes and heart disease.

Research and clinical guidelines have been focused on asthma symptoms that can worsen with exercise. More recently, a shift has occurred to look at the possible benefits of exercise on the status of childhood asthma.

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