Child safety seat guidelines have been issued by the American Academy of Pediatrics (AAP). As part of a nationwide campaign, cosponsored by Allstate insurance company, "All kids safe" emphasizes safety on the road, at home, and at play. At the center of the campaign kickoff is the issue of child safety seats and school transportation safety.

The AAP recommendations for proper use of child safety car seats include the following:

- Infants should ride in a rear-facing child safety car seat until they weigh 20 pounds *and* are 1 year of age so as to reduce the risk of cervical injury in an accident.
- Infants weighing more than 20 pounds before 1 year of age should be placed in a rear-facing car seat approved for use with heavier infants until they reach their first birthday.
- Avoid placing infants in car seats in the front seat of a vehicle if it has a passenger-side front air bag. The rear seat is the safest spot for child safety seats, regardless of the child's age.
- Premature and small infants weighing less than 7 pounds should ride in an infant-only car seat with a 3-point harness system, or if the seat is a convertible, a 5-point harness system.
- Premature infants born earlier than 37 weeks' gestation should be observed while sitting in a car seat before hospital discharge to determine if any breathing problems or a drop in heart rate occurs. Infants who do exhibit these problems should not ride in conventional car seats. Rather, they should travel on their backs or stomaches in a crash-tested car bed.

Physicians may obtain educational literature featured in this ongoing campaign, including the *1 Minute Car Seat Safety Check* and the *Family Shopping Guide to Car Seats*, free of charge by contacting their local Allstate insurance agent. Information on bicycle and rollerblade safety is expected to be available later this summer as well.

Women athletes are more likely to have knee injuries than their male counterparts, in part because of improper training. Researchers at the University of Michigan found that twice as many women athletes than men ruptured or tore the anterior cruciate ligament (ACL).

Laurie Huston, MS, research engineer in the Orthopedic Surgery Section at UM and colleague Edward Wojtys, MD, associate professor of surgery, found that women athletes work quadriceps more because they strengthen quickly. "They think their legs are getting stronger, but they're really not," explained Ms Huston at a meeting of the American Orthopaedic Surgeons in Atlanta, Ga. "They need to do activities [hamstring curls, jumping rope] that increase the quickness of the hamstring response, in addition to exercises that build up the quadriceps," she noted.

The researchers also contribute the increased incidence of knee injuries among women athletes to physiologic characterstics as well, including wider hips, which place greater pressure on the inside of the knee; looser joints, possibly related to the hormone relaxin; and lower levels of leg-muscle strength and endurance than their male counterparts.

These investigators hope to next examine different training regimens for female athletes to increase their hamstring response time and thereby decrease the incidence of ruptured ACLs.

Didanosine (DDI) alone is now considered the first-line therapy for symptomatic children infected with the human immunodeficiency virus (HIV). In the largest controlled study involving HIV-infected children to date, researchers with the AIDS Clinical Trials Group 152 examined the efficacy of three treatment regimens: zidovudine (AZT) alone, DDI with AZT (combination therapy), and DDI alone.

More than 500 children participated in this trial. They ranged in age from 3 months to 18 years, with a median age of 3.8 years. These subjects had never received antiretroviral therapy or had been on such therapy for less than 6 weeks before beginning the trial.

The AZT monotherapy arm of the study was discontinued when patients in this subgroup were found to have a significantly higher rate of toxicity and disease progression than other children in the trial.

No significant differences were noted among the children in groups receiving the combination therapy and DDI alone with regard to the incidence of weight/growth failure, central nervous system deterioration, the development of two or more recurring opportunistic infections, or death. Specifically, weight/growth failure—the most common sequela—occurred in 12% of the patients receiving DDI monotherapy, while 14% of the patients on the combination therapy had such failure, reports the May 1 issue of *Family Practice News*.♦