described and evaluated. Using video-footage examples of children with asthma in respiratory distress, school teachers were instructed on general asthma signs/symptoms and management, including when to activate EMS.[5]

Asthma is but one emergency situation/condition that may arise in the school setting. Preparedness for emergencies in schools is critical, and school nurse and school staff roles in preparedness are crucial.

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In Reply.—

We appreciate Dr Sapien's response to our article on school health services for children with asthma.[1] The limited availability of asthma equipment and the lack of individualized asthma management plans he describes in New Mexico schools are consistent with our findings in Pennsylvania, which suggests that the need for more optimal school asthma management is widespread. Dr Sapien also highlights the importance of overall emergency preparedness in schools, an issue that fortunately is receiving increased attention.[2–4] It is interesting that in both Pennsylvania and New Mexico, rural schools were found to be more likely to have emergency equipment available than urban schools. This may be a strategic response to perceived barriers including less optimal nurse staffing availability and greater distances to other sources of emergency care. We also agree that training about emergency asthma management is vitally important, for school nurses as well as other school personnel, and are encouraged by recent attention to the development of relevant educational programs,[5,6] including material specifically designed for rural school settings.[7]

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Screening for Developmental Dysplasia of the Hip

To the Editor.—

Representing the Pediatric Orthopaedic Society of North America, we are writing in response to the special article by the US Preventive Services Task Force (USPSTF) "Screening for Developmental Dysplasia of the Hip: Recommendation Statement."[1] We agree with the USPSTF that the available literature does not offer the highest level of evidence regarding screening and treatment. We also appreciate the difficulties in formulating recommendations for a disease with a severity spectrum that can range from severe teratologic dislocations to mild acetabular dysplasias. However, the authors of this recommendation statement reached their conclusion with flawed evidence synthesis (using "best data" rather than a model-driven method) and a misunderstanding of current practice, particularly as it relates to ultrasound use and the management of mild findings in newborns. Without developmental dysplasia of the hip (DDH) screening, our nation would have thousands more children each year with a preventable disability, a sharp rise