

The Neurology practice at Valley Children's provides diagnostic services, medical treatment, and follow-up care to infants, children, and adolescents who have suspected or confirmed neurological disorders. Our pediatric neurologists manage and treat a variety of patients including those with epilepsy disorders, neuromuscular disorders and spasticity.

We offer outpatient neurology services across the region to provide children and families access to care close to home. Some of our neurologists live in Modesto and Merced and practice full-time at Valley Children's pediatric subspecialty centers in those communities. We also provide pediatric neurology services in Modesto, Merced and Visalia.

Access Center

24/7 access for referring physicians
(866) 353-KIDS (5437)

Outpatient Referral

Referral forms online at valleychildrens.org/refer
FAX: (559) 353-8888

Neurology Office Numbers

Main: (559) 353-6215
FAX: (559) 353-6222
Physician Line: (559) 353-6373

Physician Liaison

(559) 353-7229

The Neurology Practice at Valley Children's provides diagnostic services, medical treatment and follow-up care to children who have suspected or confirmed neurological disorders, such as tumors, encephalitis, seizures or neuropathies. Follow-up care can include monitoring treatment outcomes, referring the child for additional medical care, and providing information and recommendation to the family for health, school, and quality of life decisions. In addition to pediatric neurologists, the practice is staffed with two nurse practitioners and pediatric nurses. A neurologist is on call, 24 hours a day, 7 days a week, for emergencies.

The following conditions may be best treated by a pediatric neurologist:

- Abnormal/involuntary movement disorders (e.g., tics, ataxia, chorea)
- Cerebral palsy with seizures
- Developmental regression
- Headaches/migraines with no response to first line medications
- Neurological aspects of head injuries and brain tumors
- Seizure disorders, including seizures in newborns, febrile convulsions, and epilepsy
 - 2nd seizure in 1 year
 - <1 year of age
 - Recent onset associated with traumatic brain injury
 - In association with genetic syndrome, metabolic abnormality, or cerebral palsy
- Suspected muscular dystrophy
- Weakness – Non-acute, including cerebral palsy, muscular dystrophy, and nerve-muscle disorders

Pediatric Neurology Referral Guidelines

A pediatric neurologist has completed a residency in pediatrics and had additional training in adult and child neurology. Most pediatric neurologists have certification from the American Board of Pediatrics and the American Board of Psychiatry and Neurology (with special competency in child neurology).

Pediatric neurologists combine the expertise in diagnosing and treating disorders of the nervous system (brain, spinal cord, muscles, nerves) with an understanding of medical disorders in childhood and the special needs of the child and their family.

In many cases, pediatric neurologists work as a team with pediatricians or other primary care doctors.

In addition, pediatric neurologists may work with other pediatric specialists to care for children with more complex or serious medical issues, such as epilepsy, birth defects, or mental retardation.

Disease State	Suggested Work-up & Initial Management	When to Refer
Headache	<ul style="list-style-type: none"> • Patients with recurrent headache and a normal neurologic exam generally do not require ancillary testing • MRI suggested for patients who have headaches that awaken them in the middle of the night, or begin shortly after rising from bed in the morning, or are associated with transient neurologic deficits • All patients should have a fundoscopic exam to evaluate for papilledema prior to their referral 	<ul style="list-style-type: none"> • Persistent or frequent (more than 1 per week) headaches not responding to first-line medications or for patients with headache associated with focal neurologic deficits. • Patients with a new severe headache of acute onset, headache with a focal neurologic deficit, or headache associated with papilledema should be referred to the Emergency Department
Febrile Seizures	<ul style="list-style-type: none"> • Infants and toddlers up to 6 years with simple (benign) febrile seizures do not require brain imaging, EEG, or neurological consultation 	<ul style="list-style-type: none"> • Children with multiple recurrences of simple febrile seizures may benefit from consultation on a case-by-case basis • Consultation may be considered for children with atypical (complex) febrile seizures, defined as lasting >15 minutes, a febrile seizure with partial onset, focal features during the seizure, or recurrent febrile seizures within 24 hours of the first episode.
First Afebrile Seizure	<ul style="list-style-type: none"> • An awake and asleep EEG is optional after a first unprovoked afebrile seizure. Prefer EEG obtained at Children's. EEG should be scheduled at least 1 week after initial event 	<ul style="list-style-type: none"> • After second event (EEG highly recommended)

Disease State	Suggested Work-up & Initial Management	When to Refer
Any seizure < 1 year old	<ul style="list-style-type: none"> • EEG 	<ul style="list-style-type: none"> • Refer urgently after EEG is completed
Recurrent Unprovoked Seizures (epilepsy)	<ul style="list-style-type: none"> • Awake and asleep EEG • MRI optional 	<ul style="list-style-type: none"> • Consulting neurologist will provide the primary care physician with recommendations for further evaluation and management
Cerebral Palsy combined with epilepsy or other movement disorder	<ul style="list-style-type: none"> • Documentation of current interventions, therapies, and treatments • Description of functional limitations • Brain images such as MRI, CT, or ultrasound • X-rays of the spine and lower extremities (for movement issues) 	<ul style="list-style-type: none"> • After completion of imaging study and work up
Hypotonia/Suspected Neuromuscular Disease	<ul style="list-style-type: none"> • Serum CPK 	<ul style="list-style-type: none"> • After completion of study refer to Neurology Clinic
Developmental Delay	<ul style="list-style-type: none"> • Some method of developmental screening/ surveillance indicating global delay or delay in specific area (especially birth to age 3 assessments) completed 	<ul style="list-style-type: none"> • Refer to Central Valley Regional Center and then possibly Neurology Clinic depending on results of evaluation