



ACA Council on
Chiropractic Pediatrics
Helping chiropractors guide today's children toward a healthier tomorrow!
Volume 1, Issue 3

From the President's Desk.....

As I write this, the sun is shining through the colorful red and yellow fall leaves outside my window and I am reminded that there is beauty all around us. I am also reminded that there will soon be work to do in the form of raking those leaves in the weeks to come!

Our specialty of pediatric chiropractic is similar: with every great achievement and moment of beauty comes work. Our symposium is a case in point. The gathering was a thing of beauty, but wouldn't have happened without the help of many pediatrics council members. Thank you to all who donated their time and energy! At the symposium, almost 200 doctors gathered together to learn and share some camaraderie on the beautiful Nike World Campus in Portland, Oregon. We heard powerful and knowledgeable speakers discuss everything from the post-concussive management of high school athletes to the latest developments in pediatric chiropractic research to a craniosacral treatment protocol for infants. If you were unable to attend, stay tuned for our 2008 symposium (date and location to be announced on our website soon).

The hard work of our Pediatrics Council has also recently allowed us to achieve an important goal. By now, everyone should be familiar with the NPI number that all health care providers are required to have. When you

registered for your NPI number, you may have noticed that while there were several choices for sub-specialties within our profession, pediatrics was not among them. Our Council, together with the ACA, has worked hard to rectify this. We just received word that our application for a pediatrics sub-specialty code has been accepted and will become effective 4/1/08. For those with a diploma degree in chiropractic pediatrics, you will be able to go to <https://nppes.cms.hhs.gov/NPPES/LoginPage.do?userType=PROVIDER> after 4/1/08, log in and amend your NPI code to reflect your pediatric specialization.

Our Pediatric Council has also been hard at work partnering with the ACA to guarantee our right to treat children. In September, United Healthcare issued a statement essentially discontinuing coverage of chiropractic care for children. Our Council and the ACA, along with several other major chiropractic organizations, made a swift and strong response and have won a reprieve - UHC has agreed to put their decision on hold pending further discussions. You can read our Council's letter to the President of UHC on our website. We'll also update our website as further developments arise.

More hard work and more beauty in the end product: our Pediatrics Council recently provided the ACA with a detailed descrip-

tion of the pediatric chiropractor, including common conditions and treatment modalities, which the ACA will be including in a new field guide for insurance fraud investigators. The field guide will be used to educate insurance investigators about various sub-specialties within our profession, to lessen misinformation and ease reimbursement issues.

Finally, there is no finer beauty than using chiropractic care to improve a child's health. But this too, requires work - work to maintain our ability to practice and to further our education and expertise. We need a strong Pediatrics Council to support this work and our strength comes in numbers! Please take the time in the next month to recruit a chiropractic colleague to join our Pediatrics Council. If every member was successful in this one task, we could double our membership before the next newsletter! If you need a membership application to help with your recruiting efforts, you can download the application from our website at:

<http://www.acapedscouncil.org/acapediatricscob.html#>

Have a *beautiful* and *stress-free* holiday season!

Your President,

Elise G. Hewitt, DC, CST,
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Member Profile—

Daryl Wills, DC

Former ACA President

By Arah McLaughlin, DC

Many people are struck with the curiosity of finding out more about their family heritage and go to websites dedicated to finding one's genealogy. With that being said, I have found that many of the Pediatric Council members were equally curious about how our council started and it's history and founder. With this issue, I was very privileged to be able to interview the founder of our council, Dr. Daryl Wills.

What is the story behind getting the pediatric council off the ground?

DW: The Pediatrics Council arose from within the Council on Diagnosis and Internal Disorders (CDID). At the time the ACA had no structure to allow a Pediatric Council to be formed. The CDID agreed through discussions with ACA Leadership and The House of Delegates to change their name to the Council on Family Practice which would then include pediatrics, as well as, geriatrics.

Eventually there were individuals who felt that the Pediatrics Council (CCP) should be a separate and distinct entity.

I had the opportunity as the Board of Governor Liaison, to spearhead that action. We were able to garner a minimum of 50 members, elect officers and draft bylaws in conjunction with the ACA master bylaws.

That was the true beginning of the ACA/CCP. Eventually, the Family Practice Council reclaimed their previous name, the Council on Diagnosis and Internal Disorders (CDID).

What is your current role with the ACA today?

DW: Currently I am a past ACA President and serve as a member of the Membership Executive Committee.

“We must continue to build a profession in addition to building a practice...”

Daryl Wills, DC

Can you tell us when you served as President and why you wanted to start the Pediatric Council?

DW: As ACA President, I had the opportunity to attend many State Association meetings and talk to numerous individuals. As I observed other Pediatric programs and listened to the increased desire of new practitioners to develop Pediatric practices, I came to realize that the ACA needed to establish a separate Council on Pediatrics. I was also inspired by one of my mentors, Dr. Joseph Janse, who was instrumental in establishing all or in part, at least six ACA Councils.

What obstacles did you face when starting the Pediatric Council?

DW: The greatest obstacle in starting the Council turned out to be the time commitment of early officers to follow-up with those desiring to be part of the CCP. That effort required numerous conference calls, dues, billing, setting up bank accounts, as well as drafting and passing through the ACA House of Delegates the necessary bylaws.

What do you hope to see in the Council's future?

DW: ACA Councils would continue to grow their membership while maintaining 100% ACA membership as the bylaws state. Strong Councils give credibility to the profession and provide the much needed specialists in Chiropractic. We must continue to develop utilization and recognition of our Diplomates through referral.

What do you hope to see in the future for the profession of chiropractic?

DW: My greatest hope for the profession is a unified voice. We must continue to build a profession in addition to building a practice and be mature enough to allow room for each of us to practice the way we see fit within our respective State Law.

For Chiropractic to survive, we must speak with one voice politically and uphold the standards of strong ethics in our practice. Each of us is a representative of the profession. We have a responsibility to the profession and especially to the patients we serve. We should expect no less.

AM: On behalf of the Council on Chiropractic Pediatrics, I want to thank Daryl Wills, DC for his insight and ongoing inspiration.

“Each of us is a representative of the profession. We have a responsibility to the profession and especially the patients we serve.”
Daryl Wills, DC

MUSCULAR HYPERTONICITY: A COMMON CAUSE OF KNEE PAIN

Randy L. Hewitt, DC

Certified Chiropractic Sports Physician

Adolescents and teens experience knee pain that spans the gamut from bruises to ligament ruptures. Usually, the severe/acute injuries receive immediate and appropriate professional help, but there is one source of insidious and disabling knee pain that often receives little attention – muscular hypertonicity.

It's generally accepted that as children progress through adolescence their muscles have an increased tendency toward hypertension. Think about it- toddlers with tight muscles probably rarely present in your office, yet teens who can't touch their toes are commonplace. Whether from disuse, misuse, or overuse, children can develop tension in the lower extremity muscles that will result in the presentation of knee pain.

When examining a child with knee pain of muscular origin, listen for these historical characteristics. First, the pain is usually insidious – they just noticed it one day – rather than the acute, unforgettable, game-stopping pain from a sprain or strain. With respect to the knee, the pain is usually felt at a solitary location; a very distinctive spot that is often difficult to find upon palpation. Although various activities may exacerbate the pain, usually one specific action is the pain-producing culprit (it's the action that specifically challenges the troubled muscle). Lastly, when rested for two to three days, the pain generally goes away, but to the patient's chagrin, it returns very quickly upon resumption of activity.

In children, as in adults, muscle problems don't just go away. Rather...they hide, they hibernate, or they become more fibrotic. By taking an hour to review the origins, insertions, and actions of the knee muscles – gracilis, adductor longus, sartorius, quadriceps, popliteus, semimembranosus, semitendinosus, biceps femoris, TFL, and gastrocnemius – you'll be the doctor who can pinpoint the problem. While palpating the length of the child's often-painful muscle, you'll be able to describe why the problem developed and why it hurts in the specific way that it does.

Prescribing a series of massages will restore normal function to both the muscle and the knee joint. By the way, I seldom see knee musculature imbalance without some associated joint restriction in the pelvis, hip, knee (including proximal tib-fib), and/or ankle, so there's plenty of chiropractic adjusting to keep your hands happy. As the child returns to pain-free activity, he or she will appreciate the help; the parents will think you're magic.

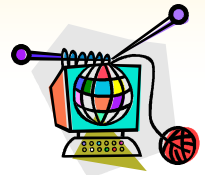


Special points of interest:

- ☺ Something all members should take advantage of: There will be a class on Acute Otitis Media presented by our very own Dr. Elise Hewitt, Council President via ACA teleseminar on January 15th, 2008 at 1:30-2:30 eastern time. Also, you can get 1 hour continuing education credit for participating. Please see link below for further details. http://www.acatoday.org/level2_css.cfm?T1ID=15&T2ID=128
- ☺ Coming Soon- more details on the 2008 ACA Council on Chiropractic Pediatrics Symposium should be available January 2008 and updates will be mailed to you. If you missed our last Symposium, please take a look at page 4 for Symposium 2007 highlights.

Remember our
council website
address is:

www.acapedscouncil.org



2007 Sports and Pediatrics Symposium Highlights

Arah McLaughlin, DC

The weekend of August 3rd-5th 2007 was dedicated to the 2007 Sports and Pediatrics Symposium. This was a combined effort of three organizations- the ACA Sports Council, the ACA Pediatrics Council and the Oregon Athletic Trainer's Society (OATS). The symposium was held in beautiful Portland, Oregon at the Nike Campus. The weekend started with many great presenters which included a history of Nike and a tour of the campus. The following days featured more pediatric related topics from pediatric injuries to pediatric cognitive and motor skill pathologies. We were also very privileged to have had a craniosacral evaluation and treatment protocol presented during the last day of the symposium by Dr. Elise Hewitt. It appeared as if we were all eager to go back to work on Monday to utilize some of the new skills and information we had acquired during the symposium. Discussing with other members the presentations at the membership meeting, it also appeared as if just our mere presence at the symposium in some way created a force of support and strength for our specialty within this growing profession. With that being said, our primary goals as the ACA Pediatrics Council are to:

Support doctors who want to treat more children.

Promote the acceptance and advancement of pediatric chiropractic care.

Create board certified specialists in pediatrics.

If you attended the symposium, we are asking for feedback on what you would like to see at the 2008 symposium. As mentioned earlier, within the first two weeks of January 2008 more information will be available and mailed to you regarding this year's symposium. In conclusion, as we go about our work day remember our mission: helping chiropractors guide today's children toward a healthier tomorrow!!



Above Left: Robert Mellilo, DC DACNB; Above Right: Picture of symposium attendees; Low Left: Drs' Rebecca Higginson, Arah McLaughlin, Elise Hewitt; Low Right: Symposium Wine Social

Speaking and Writing Opportunities for Pediatrics Council Members

Have you always wanted to do some public speaking, but didn't know where to start? Do you feel that you have an expertise in an area that you'd like to share with other chiropractors? Well, now is your chance! Since there is so much interest in pediatrics in the profession at large, the ACA would like to dedicate up to three of its teleseminars this year to pediatric topics.

These seminars are presented throughout the year and are done over the telephone. Attendees sign up in advance, receive notes in the form of powerpoint slides ahead of time via email, then call in to listen to the presentation. The seminars are generally 45-50 minutes long, with 10-15 minutes of live Q&A at the end. Presenters simply put their lecture information into a blank powerpoint presentation (no formatting necessary), email it to the ACA and the ACA does the rest.

On January 15th, the first pediatric teleseminar of the year will discuss otitis media – clinical rationale, the state of research and treatment protocols. Last year, one of our members presented a lecture on foot pronation and gait abnormalities. Do you have an idea for a seminar? This year, in addition to the notoriety and experience gained from presenting, the ACA is allowing presenters to attend three teleseminars at no charge.

If you are interested in being a presenter and have an idea for a topic, please contact Elise Hewitt at drelise@portlandchiropracticgroup.com and she will pass your information on to the proper authorities at the ACA.

Perhaps speaking isn't your thing, but you are a great writer. We would love to have your contributions in our quarterly Pediatrics Council newsletter. Your regular column could cover the latest updates in pediatric research and news (chiropractic-specifically and health-related in general). Or you could write a regular "clinical pearls" column and contribute little bits of your knowledge to your fellow chiropractors on a regular basis. Or, better yet, maybe you have your own ideas about what our council members would find interesting. If you would like an outlet for your creative spark, please contact our newsletter editor Dr. Arah McLaughlin at drarah@coreelementschiropractic.com and she will get you started.

