



# Pediatric Chiropractic Bulletin

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(Helping chiropractors guide today's children toward a healthier tomorrow!)  
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## From the President's Desk.....

Spring is upon us! In Portland, the daffodils have bloomed and the fruit trees are flowering. To me, spring always signifies new beginnings. There's a lot new and exciting happening in the world of chiropractic pediatrics...

First of all, the ACA has started out this spring by underscoring its strong support for chiropractic care for children. After the UHC incident, our Pediatrics Council proposed updating the ACA's policy on the care of children, which was last revised in 1994. At the ACA's meeting in Washington, DC last month, the House of Delegates (HOD) unanimously approved our proposed policy. The updated policy "affirms that the evaluation, diagnosis, care and management of the pediatric patient is within the scope of chiropractic care." To read the full policy on pediatrics, see page 4 of this newsletter or visit the ACA's Policy page at [http://www.acatoday.org/level2\\_css.cfm?T11D=10&T21D=117#top](http://www.acatoday.org/level2_css.cfm?T11D=10&T21D=117#top) and select "Pediatric Chiropractic Care" under the fast find list.

More new beginnings: the ACA Pediatrics Council spearheaded the effort to create a specialty taxonomy code specifically for the pediatric chiropractor. The new code, a subspecialty of the existing general chiropractic code, became effective April 1<sup>st</sup>. The definition of the new code is as follows:

*The Pediatric Chiropractor is a chiropractor with specialized, ad-*

*vanced training and certification in the evaluation, care and management of health and wellness conditions of infancy, childhood and adolescence. This specialist provides primary, comprehensive, therapeutic and preventative chiropractic health care for newborns through adolescents.*

To see the new code, visit [http://www.wpc-edi.com/custom\\_html/tax\\_new.htm](http://www.wpc-edi.com/custom_html/tax_new.htm). Those of you with diplomate degrees in pediatrics should visit <https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart> to login and update your NPI number to the new specialist code.

For those of you who are interested in *becoming* specialists in chiropractic pediatrics, new options for further training are blooming on the horizon. Since the DI CCP degree (Diplomate In Clinical Chiropractic Pediatrics) has been formally recognized by both the ACA and the ICA as the official specialty degree in chiropractic pediatrics (the first diplomate degree ever to be recognized by both organizations, by the way), more schools are creating pediatric diplomate programs to meet the increasing demand. For more information about the DI CCP program, including requirements and locations, visit the certifying board's website at [www.chiropedscollege.org](http://www.chiropedscollege.org).

And for those of you who want to learn more, but aren't ready to dive into the diplomate tract, our Council's Annual Pediatrics Symposium should be just the ticket. The 2008 Symposium on Chiropractic Pediatrics will be

held in Cincinnati September 20-21, 2008 at the beautiful Millennium Hotel. A sampling of topics includes:

- Adjusting techniques for the pediatric population
- Topics in pediatric nutrition
- Detecting and correcting brain imbalances to address ADHD and autism

This year, for the first time, the Pediatrics Council Symposium will be held at the same time and location as the ACA House of Delegates meeting. This will give you the rare opportunity to network with leaders in the chiropractic profession and attend an HOD meeting to see the inner workings of the ACA. For more symposium information, go to <http://acapedscouncil.org/events.html>. Remember, Pediatrics Council members receive a discount on symposium registration fees.

Enjoy this issue of our bulletin with our "Member Profile", the "Sports Corner" and a new regular column- "Neurology Corner".

My hope for you this spring is that you are able to find time to plant new hopes and dreams for both your practice and your life.

Your President,  
Elise G. Hewitt, DC, CST,  
DI CCP



**Member Profile—**

Robert Melillo, DC

By Arah McLaughlin, DC

This issue of our newsletter is strongly focused on the need for more chiropractic physicians to understand their role in affecting the neurology of the pediatric population. With the alarming increase in children with neurological disorders or sensory integration dysfunction, it is important for all of us to inform ourselves on how we can make a great impact and change in this population. Robert Melillo, DC, of the Carrick Institute is one such chiropractor that is already making that difference everyday and is a vital member of our council. It has been such a great experiencing learning more about Dr. Melillo and such a privilege to introduce him to those of you in the council who are unaware of his work.

*When did you become a member of the ACA Pediatric Council and what inspired you to do so?*

RM: I became a member last year at the pediatrics and sports conference. Honestly, up until that time I was not aware there was an ACA pediatrics council. I was very excited when I found out. I have been a supporter of the ACA since I first started practice over 20 years ago. I have also been involved in pediatrics for the last 15 years. When I went to the conference and met all the wonderful people that were running the council that really solidified it for me. I strongly believe that the people in charge of the council are committed to making this council something special and I believe that it will be a very important part of chiropractic.

*For those who did not attend the last symposium, would you like to discuss what you spoke about?*

RM: I presented two lectures "Correction of Brain Desynchronization: Techniques to Address ADHD, Autism and Dyslexia". The other was "Postural and Gait Abnormalities and their Relationship to ADHD, Autism and Dyslexia". The work I have done over the past 15 years has revolved around neurobehavioral disorders in children and their relationship to chiropractic and postural devel-

opment. So, this is essentially what the two lectures focused on. The first one I really wanted to give a basic review of the research and discuss what ADHD, Autism and Dyslexia are from a neurophysiologic standpoint. I understand that many chiropractors as well as many other health professionals don't understand the nature of these disorders. They also don't understand the relationship to chiropractic. My work as well as others has shown that the main problem in all of these disorders revolves around a desynchronization in the electrical rhythms of the brain so that large areas of the brain can not communicate and share information with one another. These electrical rhythms are essentially built on top of a basic timing mechanism that starts in the cerebellum and the motor system especially the postural muscles. Therefore, when there is a desynchronization in the brain, there will also be a desynchronization in the motor system. This can manifest as sensory, motor, cognitive, behavioral, academic, emotional, immune or autonomic symptoms. The fact is it is virtually impossible to have some dysfunction in the motor system and not have it manifest in some way in cognitive or behavioral symptoms. Therefore, when someone comes to a chiropractor for a mechanical problem involving the spine and postural motor system, that individual will also have some level of cognitive dysfunction as well. In a child normal postural and gross motor development is a prerequisite to normal cognitive and behavioral development. The truly interesting thing for chiropractors to understand is that in children, cognitive and behavioral disorders like ADHD and Autism always involve abnormal posture and gait. If you have one problem you will have the other. By the same token if you can improve one you improve the other to an equal degree.

*"The best way to create change in a developing child's brain is to improve coordination and timing in the motor system which will create an equal change in the cognitive and behavioral areas as well." RM*

*What do you currently do as a chiropractic neurologist and how would someone go about specializing in the neurology field?*

RM: I do many things as a chiropractic neurologist, in fact I feel like there are no limits to what I can do. I can perform manipulations in a variety of ways to improve the body and the nervous system. I can use any variety of stimuli, environmental and cognitive to affect brain and nervous system function. I can use modalities to reduce pain and inflammation. I can advise patients on any number of exercises that may help them. I can modify their diet, recommend supplements, help detoxify their system. My main focus now however is working with children with neurobehavioral disorders. My main approach is to look for functional imbalances within their body and nervous system. Most commonly we see imbalances between the two hemispheres of the brain. This imbalance which can start in the motor and sensory systems is the root of all symptoms that we typically see in these children. I have developed approaches to identifying and correcting these imbalances, this technique is known as Hemispheric Integration Therapy and I have taught it to over 1000 chiropractors and other health professionals. It is actually a subspecialty of chiropractic neurology and is taught through the Carrick Institute. The course however is not limited to chiropractic neurologist any qualified health professional can attend these courses and sit for the certification exam. Chiropractic neurologists are the experts of functional Neurology. To become a chiropractic neurologist one must complete an accredited diplomat course in chiropractic neurology, and then pass the board exam. If any one is interested in finding out more I suggest they contact the Carrick Institute at carrickinstitute.org.

## Member Profile Continued

Robert Melillo, DC

*With the rates of Autism and other disorders along the spectrum increasing in the pediatric population, do you feel that more pediatric chiropractors should consider neurology specialties?*

RM: As you have stated the statistics are staggering, Autism ten years ago was considered a rare disorder and was diagnosed in approximately 1 out of every 10,000 children born in the US. Most recent estimates put it at 1 in 150. In England they have said they have a prevalence of 1 in 58. ADHD is the leading childhood disorder in the world and the number one reason for a child to be on medication. It is estimated that the prevalence of ADHD in the US is 1 in 82. We are seeing the worst childhood epidemic of all time. A few years ago The surgeon general of the United States was quoted as saying "in any given year it is estimated that fewer than 1 in 5 of the children suffering from mental illness receive needed treatment." He went on to state "we also need to better educate front line providers, teachers, health care workers, school counselors and coaches, faith based workers, and clinicians of all discipline, to recognize mental health issues." These problems continue to get worse every year this means that whatever is presently being done is not working. This country and our children need help and I think chiropractors are a natural in this area. I think this represents a tremendous opportunity for all chiropractors, especially female chiropractors, that naturally gravitate toward pediatric practice. But, before venturing into this world the chiropractor must be properly trained. Too often we see chiropractors making statements and claims, when they may not be trained properly. This leads them to make inaccurate statements and claims that make us look bad. Chiropractic neurologists are some of the best trained physicians in the world. With the proper training there is a tremendous world of opportunities open, none more exciting than in the pediatric world as far as I am concerned.

*Have you found resistance with your work not only with your patients but other fields of healing?*

RM: Of course in some cases there is resistance simply because people don't understand what chiropractic is all about and they don't understand the nature of these disorders. However I anticipated this resistance and that is why I spent so much time researching and writing my textbook that was published in 2004 "Neurobehavioral disorders of Childhood An Evolutionary Perspective". That book has helped to educate many professionals and has reduced the resistance considerably. I have a parent book that will be coming out late this year or early 09 entitled "Disconnected Children" it is being published by Peragee a division of Penguin Publishing. They believe this is going to be a very popular book and they are really going to promote it aggressively. Hopefully this book will also increase the understanding of parents and teachers of what is actually happening in these children's brains and how it can be helped. I also have a number of scientific papers that should be coming out this year as well. The best way to overcome skepticism is through research and writing.

*I know we all are anxiously awaiting your talk at the upcoming symposium. Can you give us a taste of what you will be discussing ?*

RM: My talk this year I believe will be similar to but expand upon many of the concepts I spoke about last year. Hopefully there will be many more people attending the conference this year and I am sure many of these concepts may be completely new for them. I also know that I gave a lot of information in a short time last year and many people would like to hear these complex concepts again. Of course I would like to add as many practical concepts and tools as possible in the time allotted.

*What do you currently do as a chiropractic neurologist and how would someone go about specializing in the neurology field?*

RM: I do many things as a chiropractic neurologist; in fact I feel like there are no limits to what I can do. I can perform manipulations in a variety of ways to improve the body and the nervous system. I can use any variety of stimuli, environmental and cognitive to affect brain and nervous system function. I can use modalities to reduce pain

and inflammation. I can advise patients on any number of exercises that may help them. I can modify their diet, recommend supplements, help detoxify their system. My main focus now however is working with children with neurobehavioral disorders. My main approach is to look for functional imbalances within their body and nervous system. Most commonly we see imbalances between the two hemispheres of the brain. This imbalance which can start in the motor and sensory systems is the root of all symptoms that we typically see in these children. I have developed approaches to identifying and correcting these imbalances, this technique is known as Hemispheric Integration Therapy and I have taught it to over 1000 chiropractors and other health professionals. It is actually a subspecialty of chiropractic neurology and is taught through the Carrick Institute. The course however is not limited to chiropractic neurologist any qualified health professional can attend these courses and sit for the certification exam. Chiropractic neurologists are the experts of functional neurology. To become a chiropractic neurologist one must complete an accredited diplomate course in chiropractic neurology, and then pass the board exam. If any one is interested in finding out more I suggest they contact the Carrick Institute at [carrickinstitute.org](http://carrickinstitute.org).

*Anything you would like to add????*

RM: I just think it is very important for chiropractors to become involved with this pediatrics council. I know there seems to be a tremendous amount of interest growing in pediatrics which I think is great. However I think that it is important to support and be part of the council which will help promote this specialty and raise awareness. I also think it is very important that people receive proper training especially if they are going to work with children. I would urge them to look into the series of course I teach through the Carrick Institute or some other similar course.

**If you would like to read some of Dr. Melillo's patient testimonials, please read page 7.**



Special points of interest:

ACA's Updated Policy on Pediatric Chiropractic Care

In March 2008, the ACA adopted a new policy on chiropractic care for children. Here is the complete text of the new policy:

*PEDIATRIC CHIROPRACTIC CARE*

*The ACA affirms that the evaluation, diagnosis, care and management of the pediatric patient is within the scope of chiropractic care, and*

*The ACA affirms that pediatric chiropractic care, when administered properly, is effective, safe and gentle, and*

*The ACA affirms that chiropractic care for children is appropriate for many musculoskeletal as well as non-musculoskeletal conditions of childhood, and*

*The ACA affirms that chiropractic plays an important role for children in health and wellness promotion as well as illness prevention, and*

*The ACA recognizes that the Doctor of Chiropractic is an important member of the integrative pediatric health care team and encourages Doctors of Chiropractic to work with pediatric practitioners from other fields of healthcare when appropriate to maximize each child's health and wellbeing.*

Thank you to all pediatric council members that helped craft this policy. Great Job!!

*Attention Council Members*

The ACA Pediatric Council 2<sup>nd</sup> Annual Symposium is being held in conjunction with the ACA's House of Delegates meeting in Cincinnati, Ohio, September 20-21, 2008.

The speakers and topics include:

**Thomas O'Byran:** Unlocking the Mysteries of Gluten Intolerance: the Effects on our Children's Body and Brains'

**Robert Melillo:** Advanced Postural and Gait Abnormalities and its Relationship to ADHD, Autism, and Dyslexia

**Karen Erickson:** How to educate pediatricians to be more sophisticated in their understanding and utilization of chiropractic care for their patients

**Sandra Phillips:** Take a Bite: Tempting our little patients to eat healthy by coaching their parents

**Donald Feeney:** Basic Nutrition for Pediatrics

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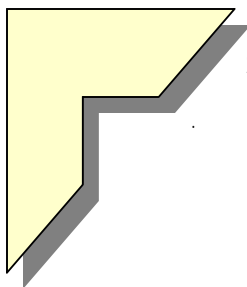
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## Sports Corner

## ADDRESSING SHIN SPLINTS

Randy L. Hewitt, DC

Certified Chiropractic Sports Physician

Being spring, it's track and field season; and being track and field season, it's shin splint time. As a pediatric chiropractor, you're probably going to have a few parents ask you about the shin pain that their child is experiencing. If the child is a teen, then shin splints will be a familiar term and concept – more than likely because the parents can recall their own high school experiences with this common condition. If, however, the child is a pre-teen, the parent may be perplexed as why such a young person has shin pain. Let's investigate who gets shin splints, why, and what to do about them.

Acute, focal shin pain along the medial or lateral edge of the tibia that worsens with active contraction and is worse with the first movements following a period of immobility is the description of shin splints. Pain upon palpation of this area and a history of some type of running will confirm your shin splint assessment. Although most common in teen athletes, this condition can occur in children as young as 6-7 years old if they have been vigorous enough in their running (such as in soccer).

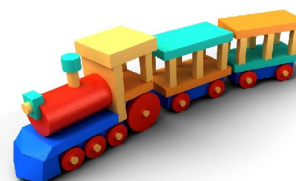
Medial shin splints originate from the tibialis posterior muscle that loops from the posterior tibia, around the lateral ankle, and attaches to several bones on the plantar surface of the foot. Lateral shin splints (much more common) come from the tibialis anterior muscle that lies on the anterolateral tibia, crosses the anterior ankle joint and attaches to the navicular as well as to the plantar surface other bones that form the medial longitudinal arch (MLA). The pathophysiology that occurs is tearing of the tenoperiosteal fibers due to excessive eccentric contraction of one of these muscles (so the diagnostic title would be tibial tenoperiostitis). Therefore, when the child runs, these muscles are active in slowing or absorbing the forces of pronation. When the child runs farther or more repetitively than they are accustomed to doing, the tightening (and fibrosing) shin muscles lose elasticity and zap...shin splints!

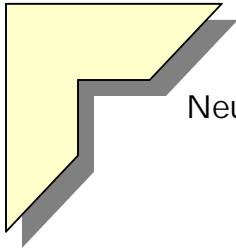
Most of you will recognize a case of shin splints when you see it, but what do you do to help the sufferer? Typical management is rest and ice – both being good and necessary; however, massage and often an ankle adjustment will speed the recovery and help to reduce the chances of a reoccurrence. In fact, one of the most exasperating aspects of shin splints is the reoccurrence rate. Rest and ice help to resolve the painful inflammation but these therapies do not resolve the underlying muscle tension and adhesions that create the condition in the first place. Comprehensive care resolves the problem, drastically reducing reoccurrences.

I recommend massage to the offending muscle twice weekly with 2-3 days for healing between treatments. Depending on the severity of the tension and irritation (and the age of the child – younger ones healing faster), the massage duration ranges from 3 to 8 sessions. Ankle manipulation generally corrects the restriction within 2-4 visits, thereby allowing normal mechanics and neurology that promotes optimal healing. Naturally, the child should be refraining from forceful concentric or eccentric contraction and be using ice (preferably ice massage) 2-4 times per day during the entire treatment period.

Let your patients know that your hands-on chiropractic care can help them return to play sooner and with less risk of re-injury than the typical "rest and ice" recommendation.

*Don't forget--  
We are on the web  
[www.acapedscouncil.org](http://www.acapedscouncil.org)*





## Neurology Corner

How do we promote change in a child's nervous system?

By Michael Master, DC, DACNB

Before I entered Chiropractic College (Parker '95), I had decided to take Anatomy & Physiology at the local college so as to acquaint myself prior to the graduate level work in Chiropractic College. I was excited about chiropractic (as I still am) and I was on a mission to tell everyone about the chiropractic message. The A&P professor was a PhD and I had found out her husband was an MD. Therefore, she was a prime target for "the message."

One day, the time had arrived for me to make "my move." After all, I was doing very well in her class and had developed good rapport with her. So there I was, one of the last to leave in anatomy lab dissecting a sheep brain. The professor had just finished cleaning the lab and had sat down next to me as I identified landmarks. She had known that I wanted to be a DC and had asked me many questions about chiropractic. She always appeared very sincere as though she was genuinely interested in what I had to say. Next, I finished with the story about Harvey Lillard (I thought she would be very impressed after having a PhD in Anatomy and all.); I had also finished with a sagittal cut through the corpus callosum, brain stem, and cerebellum as well. I remember the long pause and the quizzical look on her face as she stated, "How could a chiropractic adjustment restore his hearing when the hearing nerve does not exit the spine?" You would think that that statement would cause one to second guess their career choice, however, as I looked at the anatomy of the brain I was holding (looking for the answer); I then looked up at the professor and made a very prophetic statement: "I may not be able to explain the answer now, but one day I will!" The professor raised a good question!

So how do we promote change in a child's nervous system through chiropractic care, namely via the chiropractic adjustment? Are we merely "un-pinching" nerves? If so, how does that explain the wonderful changes seen in the children we attend who suffer from Autism, ADHD, speech delay, or colic for instance? Better yet, how does a thoracic adjustment, such as the case with Harvey Lillard, explain restored hearing? Without question, I can tell you, with much certainty, that we are not simply "un-pinching" nerves.

As chiropractic doctors specializing in the healthcare of children, we have all been asked by skeptical parents "What does my child's spine have to do with "ADHD, Learning Disorder, Enuresis, Colic, etc. and how can a chiropractic adjustment help?" Parents (and professors alike) ask excellent questions. In fact, as DCs, we should be able to answer with the most contemporary knowledge possible as it relates to contemporary neuroscience and chiropractic healthcare for, indeed, the two disciplines astonishingly complement one another. Moreover, the answer should be with concepts explained in an easily understood format which makes sense; for today's parent is much more sophisticated in general healthcare knowledge as compared to twenty years ago, if not even a decade ago. In essence, parents want the truth, as well as results and we deliver both!

How can we, as chiropractic doctors, plausibly explain the rationale of un-pinching the vestibulocochlear nerve, the eighth cranial nerve in the brain stem, as a result of a thoracic adjustment? With the current research continuing to support and demonstrate the biomechanisms of chiropractic care; indeed, our profession is presently poised to emerge as the well-deserved first contact healthcare providers for children of all ages. As such, I believe, we shall emerge even at a time when other healthcare professionals claim that we have no right to treat children.

So what is the portal every DC utilizes, regardless of chiropractic technique, which promotes change in every human nervous system-child and adult alike? The entryway is via the mechanical receptor - namely joint and muscle mechanoreceptors - whereby the majority of all sensory experiences arise. Hence, the mechanoreceptor is the major conduit by which DCs activate the nervous system. Again, this change occurs regardless of chiropractic technique. For all of the techniques perform one central duty-stimulating a population of mechanoreceptors. Examples of mechanical receptors include joint mechanoreceptors, Golgi tendon organs, and muscle spindles as well as others associated with touch and pressure. It is critical, however, one understand the most basic and primary function of the nervous system, which is to receive and transmit information. As such, we can say that we, as chiropractic doctors, create changes in the nervous system's ability to receive and transmit information.

In general, let's say for example a child presents with an upper cervical subluxation or biomechanical lesion, which is resulting in a loss of mechanoreceptor input into the CNS. Thus, the CNS is not receiving a population of sensory information properly. As such, in this example, the child was brought to your office for problems associated with attention or he wets the bed at night at ten years-of-age. You perform a thorough physical exam, and conclude that the child makes a good candidate for chiropractic care and, therefore, institute care immediately. Next, you adjust the child's upper cervical subluxation with a gentle HVLA technique, a soft tissue technique, or any of the 200 or so chiropractic techniques, for all techniques do one thing-they stimulate receptors. The result, upon subsequent visit following the initial adjustment, is described by the parent as nothing short of a miracle! Would you say that the result most likely describes a change in the receiving and transmission of neurological information for the better in this child? Yes, should be your final answer.

Unfortunately, this article does not allow me to digress into all of the neural pathways leading into and out of the brain and explain with specificity how we create changes in the child's CNS. However, I will attempt to explain in future articles, in simple concepts, how we as DCs specifically create change in a child's neurophysiology. I plan to talk about such topics including: infant neurodevelopment, autism, ADHD, and neuroplasticity to name a few. These topics will always include general chiropractic applications as well.

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## Testimonials from Dr. Melillo

Gabriel age 6 Autism/ADHD

In a message dated 12/22/06 4:21:30 PM, maribeldanta@msn.com writes:

Hi Dr. M

Just wanted to share what happened at Family Day at Gabe's class.

As you know, Gabriel is mainstreamed and has an aide. For family day, the class learned a few songs they would sing to the parents. Gabriel, came in and saw me, ran right over, gave me a big hug and said "Mom, you came, now lets go home....." I reminded him that he had his party first, so he easily joined his classmates on the rug and patiently waited for the parents to arrive. Huge accomplishment...waiting patiently, dealing with all the stimulation around him, not to mention the anticipation. When the moment came, the class stood up, he took his place right in the middle between his peers, and began to sing and do the dance of hand gestures and body movements that accompanied each song. There were no meltdowns, no quick runs for it, there was no crying, there was no covering of ears or shutting of eyes. There was no REDIRECTION! It was as if Autism left the room and Gabriel stayed behind. For one brief moment that stood on the shoulders of all the therapies, the diets, the chelation, the interventions, ABA, VB, RDI, DIR, all the work you have done these past 6 months, every sacrifice we as a family gave, one moment stood completely normal, a completely normal experience....not even near normal.....just seasonally, magically normal. I was speechless. The tears welled up, I tried to behave "normally", but when you live life from a spectrum, normal takes on many shapes, stages, and definitions.

So I just wanted to let you know that possibility sang "the World Is a Rainbow", took a bow, and enjoyed the applause. Possibility came and kissed me on the cheek, gave me a big "squeezey" hug and breathed in a plate of Christmas cookies. I savored for an afternoon the deliciously sweet experience the blend of innocence and childhood surprises us with. My son really understood what it was to be in that particular moment in time. My son taught me how to do the same. So, with a class of 6 and 7 years old children firmly rooted in their belief of Santa and all things fantastical, possibility fed my belief that the state of mind is perhaps more powerful than the state of a mind, and I above all else, believe in possibility.

I know he would not have been able to do this 6 months ago.

Happy holidays!  
Happy New Year!

Maribel

Dear Dr. Melillo,

I hope all is well with you and your family. As you know my son, Matthew, completed his treatment with you in March 2007.

Since this time, he has continued to progress in a positive direction in terms of his sensory integration, socialization and academics.

Matthew's treatment at your site appears to have had long term success. As my wife and I had shared with you in the past, Matthew's teachers noticed a significant change after only a few months of treatment in 2006. Currently, he is mainstreamed for two hours per day. Although Matthew needs direction to socialize, he enjoys himself while doing so. In addition, Matthew is able to complete all classroom work once verbally directed.

In terms of Matthew's overall progress, I am most pleased with his increasing desire to have social interaction with others. He has been very loving to his new baby brother.

I have referred multiple parents to your seminar and hope that they have taken advantage of your services for their children.

Thank you for all you have done for Matthew and our family. Sincerely,

Brad-Richman, LCSW

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**Membership Application  
 (PLEASE PRINT)**

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To better meet your needs, we would appreciate your answers to the following questions:

**Board Certifications\***

- |  |   |
|--|---|
| <input type="checkbox"/> Radiology                           | <input type="checkbox"/> Neurology                  |
| <input type="checkbox"/> Family Practice / Internal Medicine | <input type="checkbox"/> Nutrition                  |
| <input type="checkbox"/> Orthopedics                         | <input type="checkbox"/> Behavioral Health          |
| <input type="checkbox"/> Occupational Health                 | <input type="checkbox"/> Physiological Therapeutics |
| <input type="checkbox"/> Pediatrics                          | <input type="checkbox"/> Other _____                |
| <input type="checkbox"/> Sports Medicine                     |   |

**\*Attach curriculum vitae**

Secretary  
 Amy Watson, DC  
 5515 NE 30<sup>th</sup> Avenue  
 Portland, Oregon  
 97211  
 (503) 282-1118  
[amywatson@mac.com](mailto:amywatson@mac.com)

**Practice**

- |   |   |
|---|---|
| <input type="checkbox"/> Private Practice                       | <input type="checkbox"/> Oriental Medicine  |
| <input type="checkbox"/> Outpatient Clinic                      | <input type="checkbox"/> Acupuncture        |
| <input type="checkbox"/> Faculty / Teaching Clinic              | <input type="checkbox"/> Multi-Disciplinary |
| <input type="checkbox"/> Health Maintenance Organization        | <input type="checkbox"/> Manual Medicine    |
| <input type="checkbox"/> Occupational / Rehabilitative Medicine | <input type="checkbox"/> Group Practice     |
| <input type="checkbox"/> Preventive Medicine / Wellness         | <input type="checkbox"/> Other _____        |

To better meet your needs, we would appreciate your answers to the following questions:

**Board Certifications\***

- |  |   |
|--|---|
| <input type="checkbox"/> Radiology                           | <input type="checkbox"/> Neurology                  |
| <input type="checkbox"/> Family Practice / Internal Medicine | <input type="checkbox"/> Nutrition                  |
| <input type="checkbox"/> Orthopedics                         | <input type="checkbox"/> Behavioral Health          |
| <input type="checkbox"/> Occupational Health                 | <input type="checkbox"/> Physiological Therapeutics |
| <input type="checkbox"/> Sports Medicine                     | <input type="checkbox"/> Other _____                |

**\*Attach curriculum vitae**

Treasurer  
 Surah Hirsch, DC  
 2625 SE Hawthorne  
 Street  
 Portland, OR 97214  
 (503) 238-9788  
[drshirsch@aol.com](mailto:drshirsch@aol.com)

**Practice**

- |   |   |
|---|---|
| <input type="checkbox"/> Private Practice                       | <input type="checkbox"/> Oriental Medicine  |
| <input type="checkbox"/> Outpatient Clinic                      | <input type="checkbox"/> Acupuncture        |
| <input type="checkbox"/> Faculty / Teaching Clinic              | <input type="checkbox"/> Multi-Disciplinary |
| <input type="checkbox"/> Health Maintenance Organization        | <input type="checkbox"/> Manual Medicine    |
| <input type="checkbox"/> Occupational / Rehabilitative Medicine | <input type="checkbox"/> Group Practice     |
| <input type="checkbox"/> Preventive Medicine / Wellness         | <input type="checkbox"/> Other _____        |

ACA Board Liaison  
 Keith Overland, DC,  
 CCSP, FICC  
 83 East Ave  
 Norwalk, CT 06851  
 203-838-9795  
[Doco57@aol.com](mailto:Doco57@aol.com)

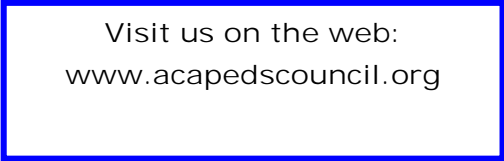
**Membership Type**

- Member (DC Physician) - \$85     Student Member - \$35     Corporate Member - \$500  
 College Member - \$500     Associate Member (non - DC Physician) - \$150

Please accept my additional contribution of \$ \_\_\_\_\_ to further the work of the Council

Make checks payable to: ACA – Council on Chiropractic Pediatrics

**Forward Application & Payment to:** Surah Hirsch, DC  
 2625 SE Hawthorne Street  
 Portland, OR 97214  
 (503) 238-9788  
[drshirsch@aol.com](mailto:drshirsch@aol.com)



ACA membership is required for membership in the ACA Pediatrics Council. By completing and signing this application for membership, the applicant supports and fosters the tenets and objectives of the ACA. It is also understood that lack of support and fostering of the tenets and objectives of ACA will lead to denial or revocation of membership.

Signature: \_\_\_\_\_