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……..

By the time you read this, our 2nd annual Pediatrics Symposium will be a recent memory. I hope you were able to join us to hear the stimulating lectures and visit with fellow chiropractors who have an interest in pediatrics. An added bonus was being able to meet and interact with the members of the ACA House of Delegates (HOD). See the article on page eight for more details on the symposium. If you weren't able to make it this year, we hope you'll join us next year at the beautiful Fairmont Hotel in Dallas September 25-27th 2009, where we will again be holding our annual symposium in conjunction with the ACA's HOD meeting. Mark your calendars with the date, then visit (www.acapedscouncil.org/ACAPC-Events.htm) where we'll post details regarding next year's event as they develop.

Momentum is gathering for chiropractic care for children. More parents are learning that chiropractic care can help their children. More media are starting to focus on the topic as well. As a result, an exciting new project is underway that will further define and support pediatric chiropractic care. The Foundation for Chiropractic Education and Research (FCER) has funded a project entitled "Consensus Process to Develop a 'Best Practices' Document for Chiropractic Care for Children." This one-year project will involve 35-45 experts from the all corners of pediatrics and chiropractic who will collaborate on a first-ever best practices consensus document regarding chiropractic care for children. I have been invited to serve on the steering committee for the project. If you are interested in participating in the Delphi panel of experts, please let me know and I will forward your information on to the project director.

I hope you were able to catch the two ACA Teleseminars sponsored by the Pediatric Council earlier this year, one on otitis media and one on chiropractic care for autism, ADHD and learning disabilities, each presented by our own council members. If you missed them, they are available on CD at http://www.acatoday.org/content_css.cfm?CID=2383. A third teleseminar, presented by one of our members on the topic of torticollis, will take place November 25th. Details can be found here: http://www.acatoday.org/content_css.cfm?CID=3090.

Our council members have also been hard at work to increase the locations of pediatric diplomate courses, for those of you who wish to pursue specialty certification in chiropractic pediatrics. We'll post news of this, as it develops, on our website (www.acapedscouncil.org). As of this printing, Palmer and WSCC are planning to begin year one of the DICCP program in Portland, Oregon in the Spring of 2009. And don't forget, if you already have a diplomate in chiropractic pediatrics, go to https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart to update your NPI code with the pediatrics specialty certification.

I hope you are all having a wonderful autumn and don't forget to visit our website (www.acapedscouncil.org) to keep up on the latest pediatric chiropractic news.

Your President,

Elise G. Hewitt, DC CST DICCP

Sports Corner

PREVENTING ACL INJURIES IN TEENAGE GIRLS

Randy L. Hewitt, DC

Certified Chiropractic Sports Physician

In recent months, awareness of the increasing incidence of anterior cruciate ligament (ACL) rupture in teenage girl athletes has risen. I recall seeing published research that documented these injuries a couple of years ago; however, with an article in the New York Times based on Michael Sokolove's book *Protecting Our Daughters Against the Injury Epidemic in Women's Sports*, the parents of your teen girl athletes are now knowledgeable about the distressing phenomenon of unprecedented rates of ACL injuries. Let me summarize what's happening with these teen athletes and add a small chiropractic twist to the discussion.

As you recall, the ACL and PCL are the major ligaments of stabilization in the knee with the ACL holding the knee intact during flexion and the PCL resisting hyperextension. In recent years, epidemiologists have noted that the rate of ACL disruptions in teenage girl athletes is up to five times greater than it is for age and activity matched boys. Naturally, parents of girls who play knee stressing competitive sports are concerned – with their ultimate goal being prevention of this disabling injury. As a comprehensive care pediatric chiropractor, what should you advise your patients to do?

First, delay the full-time commitment into competitive soccer, lacrosse, basketball, and similar hard-charging sports until later in the teen years, rather than earlier. It's well documented that as pre-teen and teen girls mature, they maintain flexibility but do not build muscle strength nearly as quickly as boys. Therefore, injury rates are higher when the girls start younger.

Similarly, repetitive trauma is one of the main causes of damage, so emphasizing rest days is highly important. Professional athletes plan rest days into their training and game schedules, yet our teen athletes train and play day after day after day. Alternating rest and training day's results in longevity for the athlete.

Cross training is also necessary – in this case, strength training. Recommending that your teen girl athletes do some supervised weight lifting is smart (although convincing the girls to do it is another matter). More muscle will afford protection to the girls' relatively flexible knee joints.

Next, encourage PEP exercises (Prevent Injury, Enhance Performance) such as those found at this address: http://www.aclprevent.com/pepprogram.htm. Usually these would be the jurisdiction of the coach, but perhaps your input will help both coach and athlete to implement them. These are coordination exercises to teach valuable nervous system reflexes that will help protect from awkward/injurious movements.

Last, but certainly not least, adjusting your pre-teen and teen athlete patients – whether boys or girls – helps to facilitate optimal biomechanics, proper neurological (reflexive) control, minimized muscular tension or inhibition, and an awareness (by the patient) of proper function. All these will result in reducing your patients' probability of suffering an ACL rupture or many other athletic injuries.

> ***"When I approach a child, he inspires in me two sentiments; tenderness for what he is, and respect for what he may become."***
> **Louis Pasteur**

Member profile: Amy Watson, DC

Many of our members aren't familiar with your practice; can you describe it for us?

I began my practice in August of 2003. I had been working as an associate doctor for two years, and decided to start my own practice so that I could be closer to home and have more time with my family. I decided to limit my practice to moms and babies; since that is the population I most love serving. I named the practice "Whole Mama ~ Whole Child", both to convey my focus with regard to patients, as well as the idea that by caring for the mom, I'm also helping the baby.

My practice is small and simple, yet we serve hundreds of families. The majority of our patients are infants and children, and most of the other patients are pregnant or postpartum women or moms. I love the opportunity to watch the kids and the families grow and evolve. I look forward to going to work each day, spending it with friends I've now known for years.

There are two docs in the practice: myself and Dr. Rebecca Higginson. She started observing me when she was a student soon after I began, completed her internship with me, and is now an associate doctor. We each work part-time, I'm there in the mornings, and she's there in the afternoons. It works out well for both of us—I get to more time with my kiddos and to work on my research and projects for the council, and she also runs a yoga studio.

Who are your mentors in the field of chiropractic pediatrics?

My chiropractic philosophy and approach to patients (both pediatric and otherwise) are so intertwined that I can't answer that without mentioning a few of the doctors that have influenced me through the years. I learned the basics of chiropractic from the first two doctors to treat me as a teenager: Alec Isabeau and Peter Levy. They both helped me with my chronic pain, but also taught me that chiropractic is about so much more than just pain relief. I learned that the structure of our body affects the way that it functions, and I learned the importance of treating problems at their source, rather than simply covering up the symptoms. These are basic ideas compared to all the details we learn in school, but they are so important to remember and to be able to explain to parents when they ask "why in the world" they should bring their baby in to see a chiropractor.

The first time I actually saw a child adjusted was in 1996, when I was working for a chiropractor in Vermont named John Guerriere. Even with my limited and basic understanding of chiropractic at the time, it made so much sense to me that babies and kids could benefit from chiropractic care just like adults. I knew then that I would treat kids in my practice, but never dreamed I could focus my whole practice around pediatrics.

"I love to watch the kids and the families grow and evolve."

Five years later, I had my first child when I was halfway through chiropractic school. I wanted him to be treated, but wanted to find someone I really trusted to take him to. We had a small pediatric club on campus and Dr. Elise Hewitt came to speak. She was the first person I'd ever known whose entire practice was devoted to pediatrics. I was inspired by her passion and commitment to the field, and impressed by her ability to explain the mechanisms of how chiropractic helps children in the technical, scientific way that I needed at that stage in my education. Right away I knew I'd found the right doctor to take my infant son to. She treated him and I began observing in her office. I later worked as an associate doctor with her for two years. She taught me much of what I know about treating kids… the rest I've learned from my patients. I'm grateful for the opportunity I had to work with her in practice, and now in the council.

What propelled you to practice pediatrics and to care for pregnant and postpartum women?

It was mostly my own experience. I was a fairly active kid, and began having pretty serious musculoskeletal pain in middle school. Looking back, there was no single precipitating event, but an active childhood is filled with micro-traumas. Also, at some point most kids take a serious fall: out of the highchair, off the bed, down the stairs, at the playground, out of a tree, or other high place. Typically, once broken bones or serious head injuries are ruled out, the child is deemed "okay" and encouraged to "shake it off" and keep playing. It is not at all uncommon for adults in their 30s, 40s, or older to come in for their first chiropractic visit and complain of a painful area that's been there "as long as [they] can remember". What if some of those areas of chronic tension and pain could be traced back to one of those falls in childhood that was dismissed as "nothing serious"? What if we could have treated the area right after the fall? How much pain and dysfunction could we *prevent*? That is a huge part of the reason why I treat kids.

As far as treating pregnant women, that inspiration came when I was halfway through chiropractic school and pregnant with my first child. I had always responded well to being adjusted, but suddenly the same approach no longer worked for me, and some adjustments made me feel worse. I quickly realized that there were only a few people I wanted to work on me. I learned firsthand what I consider some of the "secrets" to successfully adjusting pregnant women: Finesse is more important than strength. Be ultra- specific in your adjusting—*more* movement in a joint is not necessarily a good thing.

And then I became a mother— I breastfed, co-slept, wore my son in a sling, went back to school, and *ached.* Again, there were few, if any, people who really understood how these new postures and repetitive activities affected my spine and what I needed from my

chiropractic visits. When I was interning under Dr. Elise, I observed the moms as they gave their babies' history. I noticed their internally rotated shoulders and their increased thoracic kyphosis. I wanted to take them into another treatment room and adjust them around the level of the bra-line (usually T5-T7, what I call the "mama spot"). I realized that new moms still have ligamentous laxity, and are now maintaining awkward postures for most of the day. They are sleeping less, and have less time for self-care. These factors and more add up to a "recipe for disaster". And when moms are tight and sore, they can't be quite as present with their new babes. Treating post-partum moms and educating future chiropractors about moms' needs became one of my missions.

What is your role as a board member for the ACA Council on Chiropractic Pediatrics? What do you hope to achieve as a board member in this next year?

I am currently the secretary for the council. I attend bi-monthly executive board teleconferences and the yearly general meeting (which takes place during the annual symposium) and take the minutes, assist in planning the symposium, and handle a lot of the correspondence with our members. I am also responsible for our membership and DICCP committees, reaching out to doctors and students about becoming members and working with chiropractic colleges to get an ACA-endorsed diplomate program going. I am also the council's webmaster and I am responsible for maintaining the website and various e-communications of the council board and members. In the next year, I'd like to see our membership numbers climb to over a hundred, get the DICCP program started at one or two new schools, continue to expand the website as a valuable resource for doctors and parents, and have members start interacting with each other more on the yahoo group.

How do you manage having your own practice, being a mom of three (congratulations on your newest little pea---Noah) and being an active part of the ACA peds council?

My life is a delicate balancing act. Honestly, I never feel like all the balls are successfully in the air at once. Letting go of the quest for perfection and accepting that things may not always be done exactly how I'd like them to be helps a lot. For the most part, I feel like I am living my dream, and have the best of both worlds… balancing quality family time with a full and rewarding practice.

I couldn't do it without my fabulous support system—my mom who lives nearby and helps with my kiddos; my husband who works from home and is always willing to help with childcare and household duties, as well as helping out at the office (he's our chief computer consultant and light bulb changer, he also packs lunches and takes the early shift with the baby—what a man!); my awesome office staff who keep things running smoothly, help me take care of my new baby, and care about my patients like I do; Dr. Becky who has brought her gentle energy and yoga expertise into the practice; and my amazing network of friends and colleagues in Portland—it's an incredible community for both parents and practitioners.

Do you have any advice for other doctor's wanting to enter the field of chiropractic pediatrics?

To attract more kids into your practice, educate your patients. Being able to answer the question "Why should I bring my child in to see you?" is crucial. Observe other docs who treat kids. Be flexible—you may need to find many different ways of adjusting the same area depending on the child. Talk to even your littlest patients while you are treating them—explain in simple terms what you are doing and why. Most of all, make it fun for the kids you work with, and it will be fun for you, too.

I am sure that all of you are now inspired by this great board member and chiropractor. I hope this reminds all of us just how lucky we are to be able to impact our patients and colleagues. Thank you Amy for your continued contributions to our profession. Arah McLaughlin, DC

Amy L. Watson, DC and her beautiful family 2008

Neurology Corner

Neurodevelopment in Chiropractic Pediatric Practice

By Michael Master, D.C., D.A.C.N.B.

Since graduating from Chiropractic College, I have always had a desire to provide non-invasive, holistically-based healthcare for young children. In fact, much of my practice is devoted to children as it pertains to the neurodevelopment of infants to adolescents. Additionally, I find attending children as one of the most challenging yet, at the same time, one of the most rewarding of my clinical pursuits. As such, I strongly believe the services which we provide as chiropractic doctors, without question, have the greatest impact on children. This is due, in large part, to our ability to enhance and optimize neurological function without pharmaceuticals or surgery. However, before we begin to promote change in a child's nervous system, it is of paramount importance that we perform a thorough and age-appropriate neurodevelopmental exam. Therefore, our basic evaluation of the child must move beyond spinal palpation and, as such, we must integrate our chiropractic findings with the neurological exam so to appropriately assess the functional state of the child's nervous system in its entirety.

Unequivocally, one of the most significant periods of a child's development is during the first year of life. It is certainly true that in utero development is very important for both mother and child. However, I believe two factors are essential for the explosive and rapid development of the newborn's CNS post- partum. First, there is the child's initial and successive breath which infuses the brain with oxygen. Secondly, the most important factor, in my opinion, is the initial and perpetual effects of gravity on the newborn's gravitational receptors, namely joint mechano-receptors and muscle spindles. Therefore, since 85-90% of the body's sensory afferents are derived from joints and muscles, it is most likely these receptors that promote the explosion of CNS plasticity or neural networks which are foundational to the child's future. Thus, we as DCs must know how to clinically observe a child's neurological system so as to effectively create profound changes in the function.

Several years ago, I read an article by an established pediatric chiropractic doctor in which the DC stated that there was no need to perform a neurological evaluation on a child due to never finding "positive" findings. What is more, this DC related that the only "positive" finding would be the vertebral subluxation complex. Unfortunately, the statement made was not exactly accurate. I can understand how the VSC or articular dysfunction can cause aberrant neurological function in the child, but the neurological exam, if performed properly, should also demonstrate aberrant neurological function in varying degrees of severity and clinical presentation.

Understand, as you are presented with an infant, toddler, child, or teen, you must locate and peer through the child's neurological "windows". As such, these "windows" in the developing young child are best observed through the historical developmental milestone periods offered by the parent, as well as extensive primitive and postural reflex evaluations integrated with an age-appropriate neurological exam. Moreover, clinical windows for the older child should include an age appropriate history followed by examining for retained primitive and delayed postural reflexes in addition to performing a comprehensive neurological exam. As such, primitive and postural reflexes provide excellent clinical windows of the child's nervous system. Moreover, it is important to note that the child's milestones are being attained in a progressive and timely fashion. Should there be delayed or retained primitive/postural reflexes, then the child's foundational neurological development will suffer due to having potential "breaches" within developing the nervous system. In other words, these neurological breaches become foundational weaknesses in the CNS which could possibly slow development and create potential aberrancies in motor, sensory, autonomic and cognitive functions to name a few.

As DCs trained to evaluate the neurological development of the child we, thereby, are uniquely positioned to provide these very much in-demand health care services for children. On the contrary, allopathic pediatricians, although trained to evaluate the child with a cursory developmental evaluation, usually do not have the time to properly evaluate the child's neurodevelopment and assess for functional weaknesses within the child's CNS. As a result, the child usually sojourns through the critical developing years with underlying weaknesses of the CNS which, later, usually manifest in the form of movement, attention, behavioral, or learning disorders for example. Therefore, it behooves us, as portal of entry chiropractic doctors, to intervene with appropriate change in the function of the developing child as early as possible and as dictated by the child's unique neurological findings. In children's neurological health, indeed, time is of the essence.

In my experience, children whom are found to have aberrant articular function also have a high probability of having sensory, motor, postural, oculomotor, vestibular, and/or executive aberrancies as well. Therefore, it is imperative that we as DCs continue to develop our clinical understanding in knowing how and what to look for when performing an age-appropriate neurodevelopmental exam. As such, the exam should include, as foremost, a foundational knowledge of developmental neuroanatomy and neurophysiology consisting of both general neurological tests as well as specialized types of testing. A general matrix of the neuro-developmental exam should include: Head Circumference; Height/Weight; Autonomics including vitals; Craniofacial Evaluation including fontanels, sutures, skull shape, palate shape; Sensory Exam including auditory, pupils, extraocular movements, ocular fix and track, sensory extinction; Passive Motor Tone of upper/lower extremities including slow/rapid angles; Body Axis Resistance to Stretch in extension and flexion; Active Motor Tone; MSRs and Cutaneous Reflexes; Primitive Reflexes; Postural Reactions; and the Chiropractic Exam.

A child found to have a history of multiple delays in milestone attainment is significant clinically from a functional developmental perspective. Usually, the delays are confirmed with delayed/retained primitive and postural reflexes associated with other posturomotor or neurological signs. For the most part, these findings are usually functional or non-ablative in nature. Use caution, however, and yield to any clinical suspicion which demonstrates otherwise. It is important to explain your findings carefully to the parent of the child so as not to produce undue fear in the parent, but be truthful. Oftentimes, parents are told that their child's delay is "normal" and that the child will "outgrow it". Understand, however, that any significant delay usually indicates slowed CNS development. More specifically, there is a delay in the development of the child's higher cortical development, executive functions, and its associated pathways. It is the higher cortical functions which determine a child's future abilities, as it is the higher cortex which enables, among other things, the child to sit still, maintain focus/attention, predict, analyze, learn, and process working memory for instance.

Unfortunately, this article does not permit me to go into depth concerning the specifics of developmental milestones and performing neurodevelopmental tests. There are postgraduate programs available, such as the Diplomate in Pediatrics Program (ICCP) and the Child Developmental Disorders Program offered by the Carrick Institute which is approved by the ACA Council on Neurology and American Chiropractic Neurology Board.

In conclusion, there is an overwhelming need for chiropractic doctors to fill a tremendous void in children's health concerning functional neurodevelopment and thereby, provide preventative services aimed at enhancing the neurological function of children. Most importantly, it is paramount that primary contact DCs combine the chiropractic and neurological sciences so as to produce clinical results which are exemplary. As a result, by routinely evaluating the child's neurological development, there is a greater probability of finding neurological dysfunctions which, if treated appropriately and early enough, will not only optimize the child's nervous system but, thereby, prevent future neurological demise in the child.

Dr. Michael Master is a Board-Certified Chiropractic Neurologist specializing in Child Neurodevelopmental Disorders. He may be contacted through his website www.DrMichaelMaster.com.

If you are interested in submitting an article for our next newsletter, please email Dr. McLaughlin by January 16th 2008. Email- drarah@cechiro.com

Upcoming Pediatric Educational Opportunities:

For those who want to fine tune their pediatric adjusting skills, Dr. Elise has been invited to speak at several state chiropractic events in 2009. Covered material will include full spine pediatric adjusting and treatment protocols for common pediatric conditions. Confirmed dates include:

1. Indiana State Chiropractic Association Annual Spring Conference

April 17-19, 2009

Indianapolis, Indiana

2. Idaho Chiropractic Association Annual Conference

May 1-3, 2009

Boise, Idaho

More information will be posted on our council website as details develop.

(www.acapedscouncil.org)

Welcome Our Newest Members To the ACA Pediatric Council

Patricia Bender, DC

Bryan Bingham, DC

Janine Fruhlin, DC

Jennifer Jessup, DC

Julie Kruse, DC

Julie Lyles, DC

Gary Petro, DC

Michael Pickens, DC

Nick Poynter, DC

Timothy Scott, DC

Annie Thompson, DC

Attention Council Members

The ACA Pediatric Council will be presenting the next teleseminar on November 25th from 1:30-2:30 pm Eastern time. Arah McLaughlin, DC will be speaking on the topic of: *Torticollis in the Pediatric Population.*

The 2nd Annual Pediatrics Symposium Synopsis

By Katherine Pohlman, DC

The 2nd Annual Pediatric Symposium was held in conjunction with the ACA House of Delegate (HOD) meeting in Cincinnati, Ohio, September 19-21, 2008. The line-up of speakers included: Dr. Robert Melillo who spoke on gait abnormalities with ADHD and autistic children; Dr.Karen Erickson presented ways to educate the new generation of pediatricians on chiropractic care for children; Dr. Thomas O'Bryan gave a lecture on gluten intolerance; Dr. Pamela Gindl presented pediatric adjusting; Dr. Donald Feeney spoke on nutrition from the womb to empty nest; and Sandra Phillips suggested ways for us to help our young patients to eat healthily.

A silent auction was also held with many items of desire to the pediatric chiropractor. Dr. Carol Phillips donated all of her Hands of Love DVDs and Book, Kentuckiana Children's Center donated a kids adjusting table, and Hyland's Homeopathic Remedies graciously donated a Chest Remedy Started Pack, to name a few of the items.

To top the weekend off, the HOD hospitality was remarkable. They invited all of the Pediatric Symposium attendees to attend a reception on Saturday evening. This allowed for a networking opportunity between the attendees themselves, networking with all of the vendor's exhibitors, as well as interacting with HOD attendees.

The symposium was a success and everyone is looking forward to the 3rd Annual Symposium to be held in conjunction with the HOD meeting in Dallas, Texas on Sept. 25-27, 2009. If you would like to be part of the planning committee or have suggestions of speakers for this event, please feel free to contact Katie Pohlman (rdkapohlman@hotmail.com).

ACA Pediatrics Council Officers

President:
Elise Hewitt, DC, CST, DICCP
2031 E. Burnside St.
Portland, OR 97214
(503) 224-2100
drelise@portlandchiropracticgroup.com

Vice President:
Katherine Pohlman, DC
741 Brady St.
Davenport, IA 52803
(563)884-5297
Katherine.pohlman@palmer.edu

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

Secretary:
Amy Watson, DC
5515 NE 30th Ave
Portland, OR 97211
(503) 282-1118
amy@mamababychiro.com

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

Newsletter Editor:
Arah McLaughlin, DC
13112 NE Halsey St.
Portland, OR 97230
(503)252-3952
drarah@cechiro.com