

CASE STUDY—VALLONE

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ture presented 5 years after the initial incident of trauma.

This case is representative of how inadvertent birth trauma can result in critical physiologic dysfunction that must be managed with extreme interventions (intubation, oxygen administration) and increase the neonate's risk of apnea and respiratory vulnerability (RSV infection, development of asthmatic symptoms) requiring further intervention like medications with serious side effects from long term use. The diagnosis of tracheomalacia may have had its roots not only in the disruption of innervation resulting from craniocervical subluxation but also from the mechanical restriction imposed on the airway when normal occipitoatlantal motion is disrupted resulting in fascial restriction and muscular hypertonicity. Continuous intervention helped this child to make slow progress in feeding, speech and endurance. Chiropractic adjustments of the subluxated segments resulted in normalization of the sympathetic tone,

improved respiratory mechanics and increased mechanoreceptor input to the vestibulocerebellar system governing balance and coordination. It is the author's opinion that subluxation may be the original cause of what appear to be complex multisystem dysfunction in children who experience birth trauma. It is also apparent that without directly addressing the initial cause appropriately, progress in development is recovery is impeded. Chiropractic evaluation shortly after birth could be a cost effective means of preventing the development of more serious and long lasting pathology in the pediatric patient.

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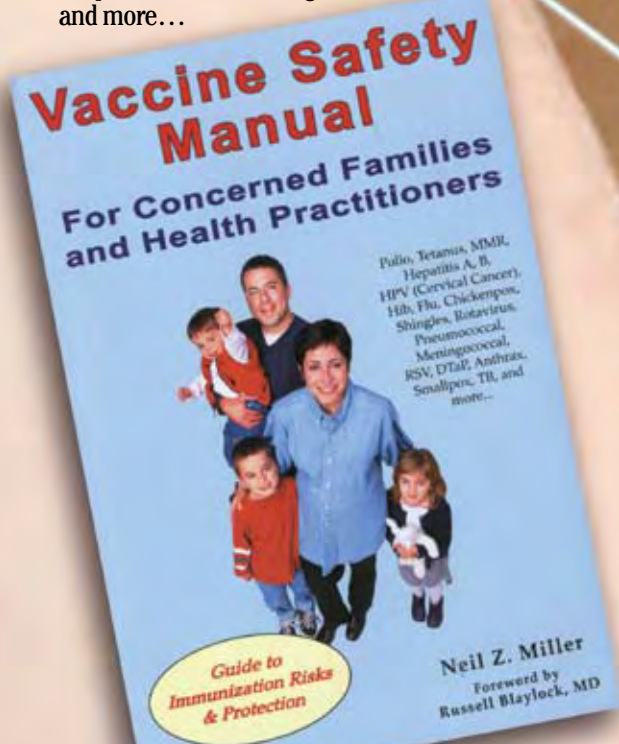
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