

CARING FOR KIDS

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TODAY. You NEED these journals to keep up on what is important for you to know about chiropractic and children. You will then be able to provide credible clinical information about pediatric chiropractic and about subluxation to your patients.

Remember subluxation can no longer be explained by the stepping on the hose theory. The profession and the scientific aspect of our profession have moved well beyond that. If you are keeping up with your education you can and should be able to explain chiropractic and subluxation in a scientific way, but in a way the lay person can comprehend.

Lastly, there is communication with the child's pediatrician. Many DCs believe that if they take the local pediatrician out to lunch they will soon have multiple referrals coming through their doors. It has been my experience that pediatricians will only feel comfortable sending patients to you when they have seen something of what you can do for their patients, and/or begin to understand something about chiropractic. I suggest that EVERY TIME you see a new child patient in your office that you write their pediatrician a note which says something similar to Letter #1:

Letter #1

Dear Dr. _____

I have had the pleasure of seeing your patient "Johnny Smith" in my office today. He was brought to my office by his parents with chronic asthma, for which he is being seen by you and the pediatric pulmonologist.

Examination today revealed that Johnny has significant muscular spasm in his chest wall musculature with limited diaphragmatic excursion. He further has multiple subluxations of the spine including those presenting in the thoracic spine associated with his coughing. These are common findings in children with asthma.

"Johnny" will be seen in this office for a period of 2-4 weeks after which time he will be re-evaluated. I will keep you posted on his progress.

Sincerely,

Dr. Joan Fallon
Chiropractor

What you have done by sending that letter is:

1. Made your care a part of his permanent record.
2. Linked subluxation with chest wall tightness and limited diaphragmatic excursion as well as with asthma.

Six weeks later, you write another letter, similar to Letter #2:

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Dr. Mark Burdell



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