

CARING FOR KIDS

continued from page 12

Letter #2

Dear Dr. _____

I had the pleasure of seeing your patient " Johnny Smith" in my office today for re-evaluation. He was originally brought to my office by his parents for his chronic asthma.

After seeing Johnny for 4 weeks, 1-2 times per week for removal of his subluxations, his chest wall excursion is normal and his prior chest wall muscular spasms are absent. His visit to the pulmonologist earlier this week apparently revealed normal pulmonary function tests, and he has been taken off all inhalers by his pulmonologist.

"Johnny" will continue to be seen for ongoing maintenance care as needed.

Sincerely,

Dr. Joan Fallon
Chiropractor

What you have done by sending these very short letters is educate the pediatrician about at least one aspect of chiropractic care as it relates to this child. Every time the pediatrician opens the file your letters will serve as a reminder of chiropractic. If he sees enough of these letters over time, the pediatrician will begin to take notice.

STEP 3 – LEARN THE LANGUAGE

Today many children are labeled with conditions. These "conditions" which are neither classical syndromes nor diseases such as Pervasive Developmental Disorder (PDD), Attention Deficit Disorder (ADD), and autism. are rampant in our society. While the removal of subluxation does not require the diagnosis of these "conditions", nor should the removal of subluxation be based on the "diagnosis", it is very important to know and understand the various aspects of a "condition".

It is in this context that I meet with the greatest resistance from colleagues who continually ask me why they need to know about a specific "condition" or the language that accompanies it. I think the answer is two-fold. First, the knowledge of a particular condition and the language that surrounds that condition inspires confidence. The doctor patient relationship is based on trust, and if the parents do not trust you, they will not bring their children to you. So if a child presents with autism and the child is apparently not speaking, it would be important for you, the chiropractor, to know and understand the difference between whether the child has an expressive and or receptive language problem, or further, whether they have an obsessive compulsive component or not. The presence of an obsessive behavior in the autistic child may help you the chiropractor to uncover where subluxation may be present. For obsessive thinking could be subluxation producing.

The second reason to be familiar with these "conditions" lies in the inherent safety issue. For example, if a child with Downs syndrome presents in your office it would be very impor-

tant to know that they often have a transverse ligament instability. This instability, due to agenesis of the transverse ligament, or an imparial formation of one may make C1-C2 very unstable. Adjusting a child with this ligamentous instability may potentially create problems and could cause paralysis should the ligament not just be lax, but absent.

This is why it is important to study the language of "conditions."

STEP 4 – CREATE THE RIGHT ENVIRONMENT

In order for many children to spend time in your office it has to be inviting as well as safe. The waiting room needs to be a place where they want to stay. There should be activities for them as well as things that they are likely to want to see, read, or play with when they are there. The best clue that your office is inviting for the child is that they come, get their adjustments and don't want to leave.

If you have a practice with both

adults and children you will want to have an area set aside for the children so that the adults who are waiting are not disturbed by building blocks or toys and books on the floor. It is important that the things that are set aside for the children are also colorful, inviting and current so they hold their interest and allow for creativity. If possible use paint on the walls that is washable so the office can be kept neat and clean even if a child decides to write on the walls with a crayon.

Try and have an adjusting room only for children. Here you should have a children's adjusting table, small-size table and chair and other instruments meant just for them. Pictures on the walls should be at their eye-level and one's that they can relate to. If you are unable to have a children's adjusting room make very, very sure that all equipment in that room is safe for a child, especially if you have a motorized table. You have to make it child-proof.

Creating a special environment also sends a message to your patients, both adults and children — that you

care for children in your practice and that children are special.


STEP 5 – DON'T BE AFRAID

The last and what might be the most important step is not to be afraid. In every state in the U.S. your license provides for seeing children from birth. Managed care, or DCs who do not serve children or do not understand the importance of providing chiropractic care for children should not prevent you from including children in your practice. No one can re-write state law, nor can they dictate your practice.

Fear of caring for children can be overcome with the proper education which in most cases breathes self-confidence into the doctor of chiropractic. Those of us who have been instructors for many years have come to know many new docs or even mid-career docs who decided they wanted to change the focus of their practice but were afraid to see children. They either were afraid to adjust them or afraid they

CONTINUED ON PAGE 20



Are You a **WHIZ** at Whiplash?



ANSWER THE 8 QUESTIONS below and show your stuff.
If you only know an answer or two, you need to attend to fill the gaps with what you don't know: New knowledge!

- 1. WHY** do some patients have ongoing pain after all possible tissue healing has occurred, and can we help them?
- 2. HOW** can a D.C. explain, to the insurer or jury, how the patient was injured when the car wasn't damaged? What information is needed to satisfy both a jury and Colossus?
- 3. WHAT** are the biomechanical reasons for both acute and chronic pain, and how can we manage them nutritionally, without our patients having to resort to drugs?
- 4. IS** there a model based on Guyton's Textbook of Medical Physiology that can help me find, collect and correlate evidence of soft-tissue injury?
- 5. ARE** there randomized clinical trials comparing chiropractic adjusting to the drugs Celebrex and Vioxx in the management of chronic spine pain, and how well did chiropractors do?
- 6. WHAT** diagnostic testing best shows the injuries we manage as chiropractors?
- 7. WHY** is the history the most important part of the examination?
- 8. WHY** would an insurer find chiropractic compared to medicine or PT the treatment of choice?

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