

KENTUCKIANA

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Rachael proudly displays her improved writing ability with KCC Clinic Staff (L) Rusty Henle, Occupational Therapist and Katherine Williams, Craniosacral Therapist. (Printed with permission)

parents, 9-year-old sister and 6-year-old brother, both of whom are now also under care at KCC. Rachael initially had a 24° scoliosis in the thoraco-lumbar spine. Her mother reported that Rachael had frequent ear infections, sometimes monthly, despite having tympanostomy tubes since May 1999. She was already receiving Occupational Therapy (OT) and Speech Therapy (ST) twice weekly at home, 90 min of OT at school per month, ST for one hour per week at school, and Physical Therapy (PT) once weekly at home prior to starting care at KCC. Rachael had difficulty with social skills, gross and fine motor skills, and anxious tendencies. She would wring her hands often and had lots of oral sensory needs. She was often constipated and had poor sleep habits. Rachael also had visual challenges, including astigmatism, which was checked every six months by her eye doctor, often requiring a new prescription. She was taking 1.0 ml of Genotropin and 18 mg of Concerta.

Rachael's initial treatment plan at KCC (starting May 2, 2002) included chiropractic checks twice weekly for cervical, thoracic, lumbar, and sacral subluxations. She then moved to a weekly schedule including craniosacral therapy May 29, 2002. An initial diet consultation with the staff nutritionist suggested a trial of removing gluten and casein containing foods. Movement therapy was added twice monthly starting August 7, 2002. Over the summer of 2003, Rachael's orthopedic doctor determined that her scoliosis was decreasing and that she no longer needed the rigid orthotics cast by her PT. She was then placed in Foot Levelers orthotics to help maintain pelvic stabilization. (Foot Levelers is another organization that for many years has generously provided orthotics at no or little cost to the families of KCC).

By December 2003, Rachael's scoliosis was maintained, she was less anxious and sleeping more soundly. Her subluxations decreased and there was improvement in her balance. Rachael was placed on Coenzyme Q10 for increased oxidative support, Cod liver oil for the neurological and immune benefits of Omega 3 fatty acids, and EnZymAid to aid in digestion of each meal. She was also placed on a complete multiple vitamin. Her mother reported that she was significantly less sick, less anxious, and more relaxed. At this time

What Parents Say About KCC

Kentuckiana Children's Center has helped to benefit our son's life a great deal. He has made beautiful strides. The staff has been great to guide Garrett to be a successful and happy child. Without KCC he wouldn't be as far as he is today. KCC means so much to us.

Amanda Hamilton
Mom to Garrett (6) and Cole(3)

I have been taking my three boys to Kentuckiana Children's Center (KCC) for almost four years now. One of my twins, Eric, has autism, and he's been treated at KCC since he was 20 months old.

All of my children have benefited from their treatments, and I continue to spread the word that chiropractic is as equally important as any other therapy for children. Specifically for my son, Eric, we have seen remarkable improvements in the past four years. I believe that KCC has been an integral part of his progress.

When Eric was first diagnosed, he had no language, drooled constantly, and was almost completely in his own world, lacking any eye contact or desire to be with the rest of his family.

Today...he can ask for what he wants, and his spontaneous language is improving and he has the ability to repeat almost anything he hears. His eye contact has improved and he responds to his name almost always. He is mainstreamed into a typical classroom and he just completed kindergarten earlier this month. He's reading better than most kindergarteners, can spell, write and interact with other children to some degree. His social skills are what we are now working hard on now that he has some language.

Eric is a much "healthier" looking child since he was diagnosed and I believe all the knowledge from the staff at KCC about autism in addition to their patient care has made this possible...without the care at KCC I would have no doubt that all the other treatments we do with our son Eric would not have been as successful. Adjusting the spine and allowing all the signals to work among the nerves has been crucial, and we're so pleased with Eric's progress to date. I have no doubt he will continue to progress as long as we continue our chiropractic visits.

Sincerely,
Anne Gregory
Mom to Eric (5), David (5) and Matthew (7)

the mother indicated that she would like to see improvements in Rachael's ability to focus, while still working to further decrease her anxiety and improve muscle tone.

By November 2004, Rachael's scoliosis was reduced to 4-5°. Starting in January 2005, Rachael progressed to a twice-monthly treatment plan. She was evaluated by the clinic's OT in January and began working with him on dynamic balance, core stabilization, and endurance during movement sessions. He continued working with her handwriting skills and added breathing exercises to strengthen core muscles and improve sustained breath. The chiropractic and craniosacral sessions were decreased to twice monthly.

Rachael's most recent review was in December 2005. At this interview it was noted that Rachael had maintained her height and weight at the 75th percentile for the last two years. She has gained independence in several areas. She is less anxious and less likely to break down due to an interruption or change in the schedule. Her mother stated that Rachael did not miss any school during 2004-05 or for the first semester of the 2005-06 school year because of sickness compared to an average absence of one day a week in the previous years. She only had one case of otitis media in 2005 that resulted after breaking her right wrist during a PT session and one in 2006. Rachael is able to recognize in her body when she needs to have her spine checked and is able to communicate this need clearly to her mother. Rachael has continued to make gains in her balance and coordination skills. Her ability to have a continuous breath (sustained exhale) has also improved greatly. She still struggles with focus, but this has also improved to the point



Jean Elizabeth and Rachael walking on the sidewalk outside KCC to promote balance in her gait.

where she can stay on task more easily. She continues to take the recommended supplements of CoQ10, Cod liver oil, TMG, and EnZymAid.

Many of the characterizations true of PWS were and are evident in Rachael. She often characterizes herself as a male through use of names and pretend play. Her body type is very linear and less gender specific. She knows and recognizes the difference between males and females, but seems to identify more to males. The obsession with food often plays a huge part in people with PWS. With PWS, the hypothalamus is deficient in letting the body know when it's hungry or full. Many kids tend to overeat because their brain is unable to make the "full" connection with the body. Rachael and her family have been very diligent in controlling her diet. She will often say she is hungry, but she is

not as obsessive with food through the use of behavior modification as she was prior to coming to KCC. Many children with PWS also have several visual challenges. Since beginning chiropractic care at KCC, the frequency of new prescriptions for her glasses has also decreased.

Rachael's current treatment plan is on a twice-monthly schedule. However, as any challenges arise (such as otitis media, falls, etc.), she may be checked more often. The goals of chiropractic care are to decrease the effects of her subluxations, to support her nervous and immune systems as she grows and develops, maintain a reduced scoliosis as she matures, improve balance and gait, and decrease anxiety. Her height and weight will continue to be monitored at each patient visit. Craniosacral therapy helps to support the chiropractic adjustment and will focus on her core support and diaphragms. Movement

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