

Learning Objectives Unit 8

Research:

So are we just dealing with an irritable baby who will eventually 'grow out of it'?

- ✓ I understand that there is certainly sufficient evidence supporting the role of chiropractic with the crying, inconsolable child.
- ✓ I recognise the significance of the study by Marrilier in 2014 which demonstrated that mothers of crying babies report less anxiety and depression when their infant is treated by a chiropractor, and how this is a truly significant benefit and would in and of itself be a sufficient reason for providing care to infants, even if there was no reported benefits to the babies themselves.
- ✓ I know that there are several studies that demonstrate negative long-term sequelae in older children who suffered from infant colic as a baby.
- ✓ I understand that excessive crying is the most common cause of infant abuse.
- ✓ I do know that with the neuromuscular component so often involved with the irritable infant, it stands to reason that if that musculoskeletal maladaptation is not addressed, then the possibility of future health issues for that child are very real.
- ✓ I recognize that the paper by Miller and Phillips published in JMPT in 2009, contributes to the weight of evidence that demonstrate long-term behavioural problems in children who suffered from colic in infancy.
- ✓ I understand that the more information parents have, the more likely they are to make better, more informed choices, and the less likely they are to listen to that health professional who tries to convince them that their crying infant will simply 'grow out of it'.

Paediatric Essentials – Spinal Examination of the older child AND closing the first visit

- ✓ I have the ability to assess for biomechanical dysfunction at the lumbosacral area of the toddler and older child
- ✓ I have the ability to assess for biomechanical dysfunction at the Thoracic area of the toddler and older child
- ✓ I have the ability to assess for biomechanical dysfunction at the upper and lower Cervical area of the toddler and older child
- ✓ I have the ability to assess for Dural Tension in the older child
- ✓ I understand the importance of *not adjusting the child on the first visit.*
- ✓ I also understand why it is important *not to schedule the child at the first visit.*
- ✓ I acknowledge and accept the unique challenge that I face with the implementation of these policies into my practice, but I also understand the potential impact on my practice of a family who understands chiropractic *like I understand chiropractic!*
- ✓ I recognise that there are occasional exceptions to this clinic policy.

Case Study: Bow Legs

- ✓ I understand that as a primary healthcare practitioner, when parents are sitting in front of me, with very real concerns about their child's health, I need to be confident in my response to those parents.
- ✓ As a family practitioner, I know that it is essential that I have a management strategy for every childhood condition that may present to my practice, so that I can be confident in my approach to care for that child, as well able to confidently answer the parents questions.
- ✓ I know that the vast majority of children brought to chiropractors with either a varus (bow legs) or valgus (knock knees) '*deformity*' fall within the range of normal physiological development.
- ✓ I am aware that there certainly may be issues with a child with bow legs and toe-in that I need to address, however in most cases this is a normal variant that I need to simply monitor over time.

FAQ

- ✓ I understand the importance of answering the questions of parents with conviction and confidence
- ✓ I can confidently respond to a parent when they ask whether I can "fix" their child's symptoms
- ✓ I can confidently respond to a parent when they ask how many appointments their child will need
- ✓ I can confidently respond to a parent when they ask why their child may need to come in every month
- ✓ I can confidently respond to a parent when they question the safety of chiropractic for children