

Learning Objectives Unit 10

Research:

The improvement in behaviour and attention in a 7-year-old girl with ADHD.

- ✓ I understand that anecdotally, the chiropractic profession has claimed favourable clinical responses with ADHD for many years.
- ✓ I recognise that ADHD is considered to be a common behavioural disorder in children and adolescents, and that across the world, 26 million children and adolescents have ADHD.
- ✓ I know that over the past two decades there has been a significant increase in the prescription of medications for children diagnosed with ADHD
- ✓ I also know that the steady increase in diagnoses of ADHD in the past decade is only compounded by the concern that current best practice for treatment (pharmaceutical intervention) does not actually treat the *cause* of ADHD, it only haphazardly manages the *symptoms*.
- ✓ I do acknowledge that the current literature regarding the chiropractic management of paediatric patients with ADHD is somewhat limited, and primarily of a low level of evidence.
- ✓ While acknowledging this, I also believe that with chiropractic management of the paediatric patient being extremely low risk, and non-invasive, the possibility that it may indeed result in a positive clinical outcome, certainly justifies a course of care for a child with ADHD.
- ✓ I recognise that most commonly, a pharmaceutical approach is used in the treatment of ADHD, however there has been increasing concerns about this approach.
- ✓ I also know that non-pharmacological approaches such as dietary change and counselling have shown some positive benefits, and more so when used in combination with each other.
- ✓ When confronted with a child with ADHD, I recognise the importance of not being overwhelmed or concerned about my management, never discounting the amazing potential of the chiropractic adjustment.
- ✓ I recognise and understand that my management of the ADHD child may be simply to remove the subluxations.
- ✓ I know that considering the favourable outcome and the absence of adverse effects, this case report certainly *at the very least* suggests that chiropractic treatment may be a natural, effective and low risk approach to managing ADHD in the paediatric patient.

Paediatric Essentials – Spinal Adjustment of the Thoracic and Cervical Spine in an infant

- ✓ I understand that primary subluxations of the thoracic spine is uncommon in paediatric patients, especially infants.
- ✓ I recognise the importance of ensuring that I am as specific as possible with thoracic spine adjustments.

- ✓ I recognise the difference between the paediatric anterior thoracic adjustment demonstrated within the e-book compared to the traditional anterior thoracic adjustment.
- ✓ I understand the importance of *my intention* with paediatric adjustments.
- ✓ I understand that an adjustment to the upper cervical region should always be delivered in conjunction with due consideration to the cranial system, as well as the minimum level of force required to achieve the best clinical outcome.
- ✓ I recognise the importance of ensuring I know the regulations and guidelines on paediatric adjusting within my country/state.
- ✓ I can confidently provide an adjustment to the lower thoracic region of an infant and have a range of adjusting techniques including activator, paediatric drop piece and manual.
- ✓ I can confidently provide an adjustment to the upper thoracic / lower cervical region of an infant and have a range of adjusting techniques including activator and manual.
- ✓ I can confidently provide an adjustment to the upper cervical region of an infant and have a range of adjusting techniques including activator, toggle, paediatric drop piece, manual and low force.
- ✓ I recognise that a dysfunction at the occipital condyles is one of the most common findings in the neonate and baby and the AS occiput is the most frequently observed subluxation when there is a dysfunction at this level.

Case Study: Childhood Fever

- ✓ I understand the beneficial effects fever can have.
- ✓ I understand the risks associated with lumbar punctures including post-lumbar puncture headache, discomfort, bleeding and brainstem herniation.
- ✓ I understand that bacterial meningitis does affect about 10 people in 100,000 and I understand the importance of recognising this condition.
- ✓ I recognise that fever is a serious but potentially an essential strengthening process for a child's body.
- ✓ I understand that my role is to monitor for serious red flags, advise the parent to monitor the child closely and to use common sense in my management.

FAQ

- ✓ I am confident in how to approach parents who have not brought their children in for several months.
- ✓ I am confident in my approach to a parent who is not bringing their child in because '*they are sick*'.
- ✓ I understand the importance of empathy when discussing preventative medication with parents.
- ✓ I understand the importance of parents attending a healthcare/chiropractic workshop.
- ✓ I am confident in how to communicate with parents when they are concerned if the adjustment will hurt their child.