



LifeArts - Howard Chiropractic

Chiropractic Care & Kids

Issue 2

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Children need chiropractic too!

A question that is often asked by parents is "Does my child need to see a chiropractor?" The simplest answer is "Your child has a spine, therefore, he (she) should see a chiropractor."

Children are not immune to misalignments of their spine. They experience many different levels and types of trauma almost on a daily basis.

Trauma can occur at birth. The process of moving through the birth canal can cause spinal segments to become misaligned or jammed.

A sudden stop in a car or an unsupported movement of the head

in an infant can cause subluxations.

As a child grows and learns to crawl and then walk, he will undoubtedly have many falls. These falls can induce trauma in the lower spine as well as the pelvis.

The work of being a child inherently provides opportunities for the child to experience trauma. The severity of trauma does not have to be that of a major auto accident. Repeated minor accidents can take their toll on the child's body.

Subluxations are not easy to "see." Some indications of a subluxation in a child may be a tilted head, restricted movement of

the head or neck, interrupted sleeping patterns, and difficulties with feeding or nursing an infant. Some common childhood disorders can indicate spinal problems. Persistent earaches, colic, and bed-wetting are among some of the most common.

It takes a trained chiropractor to detect and correct these areas. Just as we have our child's teeth evaluated by a trained dentist, we need to have their spines evaluated by a chiropractor.

Adjustments for infants and children differ from adults. Much less force is used during the adjustment, and the "pop" may not be heard. The child

may cry due to momentary fright from the sudden movement, but generally there is no pain involved. Also, children tend to respond well to chiropractic care and do not require as many visits as most adults.

Dr. Howard has worked with several children and has experience with the topics discussed in this newsletter. Please feel free to ask her questions about chiropractic care and children. She enjoys working with kids, and does her best to make the experience "not scary" and enjoyable for everyone.



On the other side:

Otitis Media

Infantile Colic

Enuresis = Bed Wetting

Twenty percent of 5 year old children and 3% of 10 year old children wet the bed. This is more common in boys than girls.¹

Most children are able to sleep through the night without "accidents" by the time they are in school, however, some children have difficulties well into their teenage years. Approximately 1% of 18 year olds experience

enuresis.¹

This problem is upsetting to the parents, but is even more upsetting to the child. These children know that they are prone to wetting the bed at night, and they also know that they can not control the problem. This causes them to shy away from friends for fear of an "accident."

Many chiropractors have

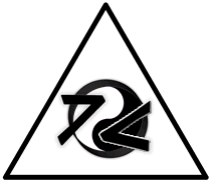
found success with these young patients. Usually there is a misalignment in the lower back or sacrum that is contributing to the bed wetting. Adjustments of the subluxation can often lead to a significant decrease in the frequency of bed wetting, thus providing the child with dry nights and happier days.

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Closed from 11:00-12:00 for lunch

LifeArts—Howard Chiropractic provides traditional chiropractic care for the entire family. Dr. Howard feels that every person deserves to feel well and be healthy, therefore she stresses the importance of routine chiropractic care for the entire family.

This newsletter is focused on children and childhood disorders. The topics covered in the newsletter are common problems and concerns of many patients that Dr. Howard has worked with. She decided to start this newsletter to provide you with information about health, wellness, and chiropractic care.

Please feel free to copy, share, duplicate, etc. The more people you share this information with, the better. If you have questions or want to see a topic or concern addressed in future newsletters, please contact Dr. Howard and she will be happy to provide information for you. Most likely, if you have a question or concern, others do too.

Infantile Colic

Infantile colic describes a healthy infant that has a forceful, persistent cry for several hours per day, several days per week. These infants will usually have a tense abdomen, tight paraspinal muscles, flexed knees, and large amounts of gas. They may also have an arched posture with their head and neck arched backwards.¹

Colic usually presents at about one to four weeks of age and may spontaneously end around three to four months. About 5-25% of children are affected by colic.²

While colic is not a life-threatening condition for the infant, the persistent crying can be very difficult for both the infant and the parents.

The infants do not respond to feedings, diaper changes,

movement, holding and rocking, etc.

Research has shown that chiropractic care provides excellent results with these infants. A study reported in the *Journal of Manipulative and Physiological Therapeutics* reported that 90% of the infants who received chiropractic care "showed satisfactory improvement." This study included 316 infants with colic who were adjusted as needed. 94% of the infants showed improvement within 2 weeks, with an average of only 3 adjustments.³

1. Dr. Peter N. Fysh; *chiroweb.com*
2. *American Family Physician*, August 2004
3. *JMPT*, 1989; Vol 12:4

Otitis Media = Ear Infection

A very common childhood condition is that of acute otitis media (AOM), more commonly known as a middle ear infection. AOM is usually associated with fluid build-up in the middle ear that causes pain and swelling. Small children will commonly present with fevers, crying, and tugging or pulling on their ears. Some may have a runny nose or eyes also.

The most common treatment for AOM by the medical field is that of antibiotic therapy. Unfortunately, many of the antibiotics prescribed are not effective to treat AOM. Most MD's will prescribe an antibiotic in hopes that it will have an effect on the suspected "bug" causing the child's condition. Studies have shown that treating AOM with

antibiotics is not as effective as once thought, and can cause bacterial resistance to those antibiotics. Additionally, many antibiotics have side effects that may make the child feel even worse, or even cause a more serious illness or problem.¹

Another popular treatment of the medical field is that of putting tubes into the ears to help reduce the pressure and facilitate drainage. A study designed to determine the efficacy of this treatment revealed that 1/4 of these surgeries were inappropriate, and another 1/3 were equivocal.² Other studies have shown that complications such as infection, pain and difficulties with healing have occurred in 27% of children with tubal

insertions. Thirty percent of current tubes are replacement for previous ones.³

An effective alternative to antibiotics and surgery is chiropractic care. Chiropractic care and adjustments can help clear the ears from the blockage causing AOM, thus providing relief for children without dangerous side effects and possible long term complications.

Ask Dr. Howard about previously treated kids! IT WORKS!

1. *Pediatrics*, June 2005; 115 (6), 1455-1465
2. *Journal of American Medical Association*, 1994; 271 (16), 1250-1255
3. *American Journal of Public Health*, 1993; 83 (7), 1026-1028