This 2nd edition of one of chiropractic’s best-selling books has been carefully revised and updated. This is a must book for the chiropractic practitioner who provides care to children and pregnant women. It includes:

- 450 pages of valuable information much of it not found in any other book — from how to take a case history to how to do an exam to problem considerations, etc.
- 30 chapters organized into 10 different sections
- sections divided according to age
- complete sections on pediatric neurology, radiology, orthopedics, motor vehicle injuries, evaluating and adjusting, cranial techniques, etc.

Other useful features:

- well-illustrated with photographs, diagrams and radiographs
- extensive index
- references at the end of each chapter
- clinical forms for daily use
- pediatric Diagnosis Codes incorporating latest changes to the ICD9-CM codes to ensure accurate recording and reporting of the pediatric condition

Three ways to order:

1. By phone: 1-800-423-4690 (US and Canada) OR 1-703-528-5000
2. By Fax: 1-703-351-7893
3. By Mail: International Chiropractors Association 6400 Arlington Boulevard Suite 600 Falls Church, VA 22042 USA

Dr. Peter Fysh is an internationally recognized educator, speaker and author of innumerable papers and articles on chiropractic pediatrics. One of the developers of the ICA Pediatric Council’s Diplomate in Clinical Chiropractic Pediatrics (DICCP), he is currently Chairman of the Board of Examiners of the International College of Chiropractic Pediatrics, the testing body for the DICCP Board Examination. A graduate of Phillips Institute in Melbourne, Australia, Emeritus Professor of Pediatrics, Palmer College of Chiropractic-West, Dr. Fysh is a full-time family practitioner in San Jose, California.
The Council on Chiropractic Pediatrics is a specialty membership group for doctors of chiropractic caring for infants, children and pregnant women. It is under the umbrella of the International Chiropractors Association, one of the oldest chiropractic organizations in the world with headquarters in Virginia, USA. The Council's primary goal is to provide doctors of chiropractic with advanced educational opportunities in pediatrics and pregnancy so they have the skills and knowledge to provide the best care possible for this special patient population. Educational opportunities include a recognized 3-year postgraduate program leading to Board Certification with a Diplomate in Clinical Chiropractic in Chiropractic Pediatrics (DICCP). The Council also provides continuing education with conferences and seminars, networking opportunities and other resources to enhance the professional development of the DC in practice.

The Council encourages and helps advance chiropractic pediatric research by holding research symposiums around the world where practitioners/authors have a platform to present and discuss their findings. The Council also publishes the only peer-reviewed pediatrics journal in the profession, the Journal of Clinical Chiropractic Pediatrics.
Teens hurt in physical fights suffer loss of IQ

A study published in the *Journal of Adolescent Health* has found that adolescent boys who are hurt in just two physical fights suffer a loss of IQ that is about equivalent to missing an entire year of school. Girls are even more vulnerable. They suffer a similar loss of IQ after only one fighting-related injury.

“No community — affluent, poor, urban suburban or rural — is immune from the devastating effects of youth violence,” notes the US Centers for Disease Control and Prevention (CDC). The agency reports that each year US emergency rooms treat more than 692,000 people between the ages of 10 and 24 for injuries from violent assaults.

For this study, researchers Schwartz and Beaver from Florida State University, analyzed data from the long-running National Longitudinal Study of Adolescent Health. Between 1994 and 2002, it collected information from about 20,000 US adolescents and young adults. They asked questions about health and behavior. They started when the participants were in middle and high school. Most were followed for eight years, some until they were 25. On several occasions the boys and girls took an IQ test. They were also asked, at that time, if they had been badly hurt in a fight during the past year to need treatment from a doctor.

The researchers compared IQ scores of the participants over time. The IQ scores dropped among people who reported being victims of serious fighting-related injuries.

According to the researchers, the findings from this study highlight the importance of schools and communities developing policies aimed at limiting injuries suffered during adolescence whether through fighting, bullying or contact sports. “We tend to focus on factors that may result in increases in intelligence over time, but examining the factors that result in decreases may be just as important… By knowing that fighting-related injuries result in significant decreases in intelligence, we can begin to develop programs and protocols aimed at effective intervention,” they said.

Source: Florida State University, College of Criminology.


Link found between youth obesity and TV fast food advertising

Childhood obesity has become a serious public health problem in the
Expensive helmets do not lower football player’s concussion risk

With the increase of concussions in contact sports and the attention being given to this injury in recent times, especially in football, manufacturers of expensive helmets and custom made mouth guards are using this as a marketing ploy, claiming that “laboratory research” shows their products as being safer than others, lessens the impact during tackles and therefore lowers the risk of concussions. A recent study reveals that this is not true, that head gear does not have much protective value, regardless of how expensive it is.

The study, conducted by a group of researchers from the University of Wisconsin-Madison and the Medical College of Wisconsin, tracked 1,332 high school football players from 36 schools during the 2012 season. Participants first completed a preseason questionnaire about their injury history and demographic information. During the season, athletic trainers kept tabs on the incidence and severity of any concussions that occurred.

When the study began, 171 (13%) of the players said they had experienced a sports-related concussion in the previous 12 months. During the 2012 season, an additional 115 concussions were sustained (8.6%). The players wore helmets from one of three manufacturers — Riddell, Schutt and Xenith. The researchers found no difference in concussion rates based on the type of helmet worn or the year it was made.

Concussions for players wearing Riddell helmets was 9.5%; Schutt was 8.1% and Xenith 6.7%.

When it came to mouth guards,
In vitro fertilization may increase risk of birth defects

Millions of babies have been born through in vitro fertilization, are happy and healthy, bringing joy and happiness to couples around the world. But there are also risks and researchers of a study on birth defects among infants born by IVF procedures recommend that couples should understand and discuss the possible risks of IVF procedures with their doctor before they make this momentous decision.

For this study researchers at the University of California Los Angeles looked at infants born in California from 2006 to 2007 following the use of reproductive technologies — fertility treatments involving the manipulation of both eggs and sperm — primarily IVF and infants born by natural means. California has the highest rate of IVF use in the United States.

Among 4,795 babies born after IVF and 46,025 infants who were conceived naturally with similar maternal demographics, the researchers identified 3,643 infants with major birth defects. They found that birth defects were significantly increased for infants born after IVF, compared with naturally conceived infants (9.0 percent vs. 6.6 percent) even after controlling for maternal factors. Specifically, IVF infants had greater rates of malformation of the eye, ear, and genitourinary system.

Overall, the odds of IVF babies having birth defects were 1.25 times greater than those of naturally conceived infants. The researchers also looked at infants born following fertility treatments that do not involve the manipulation of both eggs and sperm, including artificial insemination and ovulation induction. They found that the risk of birth defects for these infants was not significant.

According to the researchers the higher rate of abnormalities with IVF may be in part with whatever was contributing to infertility in the first place. However, the fact that birth defects were not significant among babies born through artificial insemination or ovulation induction suggests that the IVF procedure itself may be the problem.

Suicidal thoughts among adolescents may be related to recent victimization

Suicide is the third leading cause of death among adolescents in the United States. Some parents don’t want to talk about it or even think about it. Some are quite sure “their” child will never consider it. But there too many incidents of the most unlikely children taking their own lives for anyone to ignore. Parents, teachers and health professionals need to be aware of the warning signs and intervene quickly and compassionately. If they are unable to help the child themselves they should seek professional help.

Children usually have suicidal thoughts after a stressful event. What may seem unimportant or of no significance to an adult may be insurmountable for the child. Some of the reasons children have suicidal thoughts include:

- Depression or having a psychiatric disorder
- Loss or conflict with a close friend or family member
Sexual or physical abuse
Problems with alcohol or drug abuse
Having a sexually transmitted disease
Being a victim of bullying
Uncertain sexual orientation

A study, published in the *Archives of Pediatric and Adolescent Medicine* conducted by the University of New Hampshire, reveals that the increased risk of suicidal ideation — thoughts of harming oneself — among adolescents appears to be associated with recent victimization, such as by peers, sexual assault and maltreatment.

The researchers used data from the National Survey of Children’s Exposure to Violence. Their survey included 1,188 young people between the ages of 10 and 17 years of age. They found that peer-victimized youth had almost 2.4 times the risk of suicidal thoughts. Those sexually assaulted in the past year had about 3.4 times the risk and those who were maltreated had almost 4.4 times the risk of suicidal ideation, “compared with children who were not exposed to these types of victimization.”

The study also found that children who were subject to polyvictimization (exposure to seven or more individual types of victimization in the past year) were almost six times more likely to report suicidal thoughts.

The researchers stated that although “much research in this area has focused on neurological risks and psychopharmacologic interventions, these findings point to the importance of the environment and the value of victimization prevention in reducing suicidal behavior. A comprehensive approach to suicide prevention needs to address the safety of youth in their homes, schools and neighborhoods.”

Though this study only includes suicidal ideation and victimization, it should be noted that there have been studies showing a possible link between starting treatment with an antidepressant and an increased risk of suicide. The Food and Drug Administration (FDA) requires manufacturers of all antidepressants to include a warning stating that antidepressants may increase suicide risk in children, adolescents and young adults during the first few months of treatment.

Source: ScienceDaily/Mayo Clinic E-newsletter


---

**Study links soda to aggression in 5-year-olds**

Studies have been published showing the harmful effects of soft drinks on adults and adolescents from obesity, stroke, kidney damage, high blood pressure and even violent behavior. Now there is a study linking aggression to kids as young as 5 years old.

The study, published in the online *Journal of Pediatrics* focused on the behavioral problems of 5-year-old soda drinkers. It found that children who drank more than four or more sodas daily were twice as likely to attack others, fight or destroy property.

According to lead researcher Shakira Suglia, Sc.D., assistant professor of epidemiology at Columbia University Mailman School of Public Health, a “child’s aggressive behavior score increased with every increase in soft drink servings per day…”

The researchers assessed data on nearly 3,000 5-year-olds from 20 cities, most of whom were from single-mom, lower income households. The mothers reported their child’s level of soft-drink consumption and completed a questionnaire about their child’s behavior including how often their child got into physical fights, destroyed property or otherwise acted out.

The researchers found that 43 percent of the children drank at least one serving of soft drinks daily, while 4 percent consumed four or more. Even after adjusting for sociodemographic factors, maternal depression, intimate-partner violence, paternal incarceration, the researchers saw a clear association between aggression and soda consumption.

Much has been written about the harmful effects of soda drinking, including diet drinks, but this has been primarily for adults or adolescents. Parents dealing with behavioral problems from their very young children should take a look at what they are drinking. If it is soda, it is time to start weaning them off these drinks as the consumption of even one soda has been shown to have a negative impact on a young child.

Source: HealthDay/Yahoo.com

The ICA Council on Chiropractic Pediatrics did it again — created history with another FIRST in the profession — presented a conference in two languages, English and French. The Council was the first to hold a conference on chiropractic pediatrics (1991), first to start a diplomate program in pediatrics (1993), first to include pediatrics research papers (1991) at its conferences, and now the first to hold a bilingual conference (2013).

This bilingual conference, the Council’s 23rd Annual Conference, was held at the Marriott Chateau Champlain hotel, October 4-6, 2013 in Montreal, Canada. The event drew doctors of chiropractic from all over the world including a large number from the French-speaking province of Quebec.

The conference was co-sponsored by the Association des Chiropraticiens du Quebec.

The program included a variety of clinical topics from pregnancy, neurology, radiology to sports injuries and developmental delays. There were updates on chiropractic pediatrics research and presentation of case studies.

The doctors also got the opportunity to rotate through different workshops and learn how to treat/adjust infants, pregnant women, athletic injuries and babies with breast-feeding problems.

Doctors listen attentively to speaker Ramneek Bhogal, DC, DABCI as he lectures on how gut health relates to overall wellness and how chiropractic management of conditions such as ADHD, ADD and autism often includes nutritional interventions in addition to the chiropractic adjustment.
Council’s first bilingual conference draws super large crowd to Montreal

Speakers included:
- Lora Tanis, DC, DICCP
- Patrick Freud, DC, DACNB
- Ian McLean, DC, DACBR
- Tracey Littrell, DC, DACBR, CCSP
- Sharon Vallone, DC, FICCP,
- Megan Van Loon, PT, DC, DICCP
- Katie Pohlman, DC, DICCP, MS
- Sonia Morin, DC, DICCP
- Valerie Lavigne, DC, IBCLC
- Stephanie O’Neill-Bhogal, DC, DICCP
- Chantal Pinard, DC, DICCP
- Ramneek Bhogal, DC, DABCI
- Isabelle Mallette, DC

One of the highlights of the weekend was the graduation of the first class of DICCPs (Diplomates in Clinical Chiropractic Pediatrics) from Montreal. Families and friends of the graduating doctors gathered for an elegant gala banquet on Saturday evening to congratulate the new DICCPs and other guests was Dr. Richard Guiguere, president of the Association des Chiropraticiens du Quebec.

“We were very pleased that our first Annual Conference outside the United States and our first effort at a bilingual event was so successful,” said Council Chair Dr. Lora Tanis. “We thank the Quebec Association for supporting us in our effort and for promoting the program to their members. Our goal has always been to provide superior education so that chiropractic practitioners not only learn how to effectively treat and care for kids and pregnant women, but that the care they provide is clinically appropriate and always safe.”

Dr. Michael McLean. Also present to congratulate and address the new DICCPs and other guests was Dr. Richard Guiguere, president of the Association des Chiropraticiens du Quebec.

Sylvie Des Ruisseaux, Director General of the Association des Chiropraticiens du Quebec at the ACQ booth. The Association, co-sponsor of the Council’s Conference, promoted October as Children’s Month in Quebec.

Dr. Glenn Maginness of Chiropractic for Kids (C4K) from Australia takes the opportunity to catch up on his email while doctors are at the lectures. Dr. Maginness has developed and produced many excellent educational materials to educate doctors and patients on chiropractic pediatric care.

A common and welcome sight at the Council’s conferences is the presence of babies and children of all ages. Mothers know how to keep their kids engaged.
Congratulations to the DCs who passed the Board Certification Examination for the Diplomate in Clinical Chiropractic Pediatrics in 2013. The examination was held by the International College of Chiropractic Pediatrics and held in Montreal, Canada for all “Board Eligible” candidates. The ICA Council on Chiropractic Pediatrics is proud and honored to confer the DICCP credential on the following doctors of chiropractic:

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christine Bourdeau, DC, DICCP</td>
<td>Quebec, Canada</td>
</tr>
<tr>
<td>Lee-Anne Burridge-Desrochers, DC, DICCP</td>
<td>Quebec, Canada</td>
</tr>
<tr>
<td>Donna Gray, DC, DICCP</td>
<td>Indiana, United States</td>
</tr>
<tr>
<td>Christine Dionne, DC, DICCP</td>
<td>Quebec, Canada</td>
</tr>
<tr>
<td>Megan Duchek, DC, DICCP</td>
<td>California, United States</td>
</tr>
<tr>
<td>Emilie Gaignard, DC, DICCP</td>
<td>Quebec, Canada</td>
</tr>
<tr>
<td>Isabelle Gallant, DC, DICCP</td>
<td>Quebec, Canada</td>
</tr>
<tr>
<td>Christine Gamache, DC, DICCP</td>
<td>Quebec, Canada</td>
</tr>
<tr>
<td>Annick Hardy, DC, DICCP</td>
<td>Quebec, Canada</td>
</tr>
<tr>
<td>Marie-Perle Henault, DC, DICCP</td>
<td>Quebec, Canada</td>
</tr>
<tr>
<td>Shirley Huynh, DC, DICCP</td>
<td>Quebec, Canada</td>
</tr>
<tr>
<td>Elise Joyal, DC, DICCP</td>
<td>Quebec, Canada</td>
</tr>
<tr>
<td>Marie Pier Jutras, DC, DICCP</td>
<td>Quebec, Canada</td>
</tr>
<tr>
<td>Cloe Lapointe, DC, DICCP</td>
<td>Quebec, Canada</td>
</tr>
<tr>
<td>Laura Larson, DC, DICCP</td>
<td>Iowa, United States</td>
</tr>
<tr>
<td>Andree-Anne Lemire, DC, DICCP</td>
<td>Quebec, Canada</td>
</tr>
<tr>
<td>Joelle Malenfant, DC, DICCP</td>
<td>Quebec, Canada</td>
</tr>
<tr>
<td>Nancy Mayrand, DC, DICCP</td>
<td>Quebec, Canada</td>
</tr>
<tr>
<td>Charles Moreau, DC, DICCP</td>
<td>Quebec, Canada</td>
</tr>
<tr>
<td>Veronique Pellerin, DC, DICCP</td>
<td>Quebec, Canada</td>
</tr>
<tr>
<td>Mathieu Picard, DC, DICCP</td>
<td>Quebec, Canada</td>
</tr>
<tr>
<td>Anne-Marie Roy, DC, DICCP</td>
<td>Quebec, Canada</td>
</tr>
<tr>
<td>Andrea Simon, DC, DICCP</td>
<td>Quebec, Canada</td>
</tr>
<tr>
<td>Veronique Thibault, DC, DICCP</td>
<td>Quebec, Canada</td>
</tr>
<tr>
<td>Mireille Vincelette, DC, DICCP</td>
<td>Quebec, Canada</td>
</tr>
<tr>
<td>Tonya Westerbeke, DC, DICCP</td>
<td>Michigan, United States</td>
</tr>
</tbody>
</table>
Council’s first bilingual conference draws super large crowd to Montreal

Right: The 2013 DICCPs
Extreme right: ICA President Dr. Michael McLean presents Dr. Joelle Malenfant with her DICCP diploma.
Below extreme right: Three graduates proudly display their certificates. L to R: Dr. Andree-Anne Lemire, Dr. Shirley Huynh and Dr. Marie Pier Jutras.
Below center: Family and friends applaud the new graduates

Above: Class Valedictorian Dr. Emilie Gaignard addresses guests on behalf of the graduating class.
Right: L to R: Dr. Peter Fysh (CA), Chair of the DICCP Examining Board, the International College of Chiropractic Pediatrics; Dr. Chantal Pinard (QC), practitioner and Syndic, Conseil Interprofessionnel du Quebec; Dr. Valerie Lavigne (QC), private practitioner and lactation consultant and Dr. Newton(UK), private practitioner.

Left: L to R: Dr. Lora Tanis (NY), ICA Pediatric Council Chair, guest Eliana Morin (QC), Dr. Sonia Morin, practitioner and Assoc Professor UQTR, and Dr. Sharon Vallone (CT), Pediatric Council Vice Chair and Co-Editor, JCCP.

2014 Annual Conference
Las Vegas
October 16-18 • Las Vegas
Plan Now!
Back in 1946, NCMIC was formed by a group of chiropractors with the express purpose of offering malpractice insurance to D.C.s at a time when no one else would.

It has always been our mission to protect doctors’ practice and reputation. But don’t just take our word for it. In a recent survey, 95 percent of our policyholders were extremely or very likely to recommend NCMIC to a friend.

More than 40,000 D.C.s know they can count on NCMIC—a company created by chiropractors and for chiropractors.

Find out how you, too, can benefit from NCMIC’s “We Take Care of Our Own” approach. Call 1-800-769-2000, ext. 3120.

We Take Care of Our Own is a registered service mark of NCMIC Group, Inc. and NCMIC Risk Retention Group, Inc. * Based on a NCMIC policyholder survey conducted by Ward Group, the leading provider of benchmarking and best practices research studies for insurance companies. For more information about Ward Group, visit www.wardinc.com.

©2013 NCMIC NFL 3520
hen you buy shoes for your kids, do you choose footwear by current fashion trends? Does your child have a different color for every outfit? Are they walking advertisements for Disney or Nickelodean? Or do they want to look like Mommy and Daddy in Uggs or Crocs? Does the shoe provide protection from the elements or are you choosing a shoe to correct foot problems like in-toeing or pronation?

“What are the best types of shoes for me to buy for my baby now that he is starting to walk?” This is one of the questions we commonly hear in our pediatric chiropractic practice. Parents are often confused by the barrage of conflicting information in the media, advertisements and playground. They have a sincere desire to do what is right, but at the same time they do not want to deprive their children of the best of everything. But you can be comfortable letting parents know that it is okay to allow their child to go barefoot, in fact it is healthier if they did not cramp those baby feet into shoes that are stiff and do not allow the feet to breathe, no matter how “cool” they look. The decision they make at this stage will affect the development of their child’s foot and ultimately, appropriate posture and flexible movement for the rest of their life.

The human foot contains no bones at all and consists of the cartilaginous “footprint” of what will, over a period of years, ossify to become the 28 bones of the adult foot. This process is incomplete until the late teen years and a lot of shoes will have been worn and discarded by then!
Feet were made for walking...barefoot is best!

Parents often present with concerns about their child’s foot development and gait as soon as their toddler begins to cruise. A chiropractor needs to be familiar with the anatomy and the appearance of the toddler’s foot which changes with growth. Parents are often reassured, for example, by the information that 97 percent of all children younger than 18 months of age present with flat feet, due mostly to a fat pad under the foot.

The pediatric chiropractor also should consider the predisposing factors for the rare foot anomalies or pathologies. For example, the most frequent complaint of flat feet may be related, according to Halabchi, et al (2013), to factors such as age, sex, body composition, ligamentous laxity, family history, types of footwear and age at which shoe wearing began. Males are twice as prone to have flat feet as females. Obese and overweight children are also more likely to be flatfooted than those with proper weight. Children with ligamentous laxity may also be prone to have flat feet due to impairment of arch development. Positive family history of flat feet may be another important factor. Shoe wearing before the age of six may be another predisposing factor.

Restriction of the fetus in the womb may cause foot deformities. Foot deformities may reflect a generalized disorder, especially a neurologic problem; thus, the child should be given a general examination. Many infantile foot deformities, such as calcaneovalgus, are postural and self-correcting. Metatarsus varus is not referred for treatment until 2 months of age and then only if the deformity is moderate or severe. But a situation like a fixed forefoot equinus and heel varus characterize a clubfoot, which requires immediate treatment and should be appropriately referred.

The practice of bearing weight and walking barefoot is what strengthens muscles and promotes agility in a child’s growing feet, ankles, legs, knees, hips and sacroiliac joints (pelvis) and helps develop and maintain a strong longitudinal and metatarsal arch. Bare feet should be a vital component of a child’s everyday life — indoor and outdoors.

Neurologically, the bare foot functions like a sensory organ that feels the differences in changing terrain while walking, running and playing, and making countless small adjustments as he or she takes each step. These adjustments performed via mechanoreceptors relay information to the vestibular system and the cerebellum which in turn communicate with the cerebral cortex, creating the basic construct of balance, movement and posture. If a child is receiving the sensory input from their bare feet as they cruise along, their rapidly developing proprioceptive system allows them to keep their heads up and eyes level with the horizon, whereas toddlers wearing shoes will look down to “check in”...
Feet were made for walking...barefoot is best!

and as result often fall face down.

Children allowed to go barefoot demonstrated that their toes grew well spaced and in alignment, they retained the ability to individually move and spread their toes, pushed off using their toes when walking and had increased flexor strength and size of the muscles on plantar surface (underside) of the foot. As a result, the hips moved more freely and the hamstrings, gluteal muscles, iliopsoas and piriformis all remained more flexible and fired synchronously to support a natural and free gait.

In his groundbreaking book Take Off Your Shoes And Walk, podiatrist Simon Wikler reminds us that “not so long ago, children in rural areas most always went barefoot in warm weather, as did many adults. It is only since shoes have been inexpensively made that we have taken to wearing them constantly.” Studies show that constantly wearing shoes may be hurting more than helping our feet.

In an article in Pediatrics (1991), Lynn Staheli, MD, makes the following comments.

1. Optimum foot development occurs in the barefoot environment.
2. The primary role of shoes is to protect the foot from injury and infection.
3. Stiff and compressive footwear may cause deformity, weakness and loss of mobility.
4. The term “corrective shoes” is a misnomer.
5. Shock absorption, load distribution and elevation are valid indications for shoe modifications.
7. Physicians should avoid and discourage the commercial-

ization and “media”-ization of footwear.

Rao and Joseph (J. Bone Joint Surg Br, 1992) demonstrated a higher prevalence of flat feet among children who wore shoes in comparison with those who did not. They found that closed toe shoes inhibited the development of the arch of the foot more than slippers or sandals.

Rose (J. Ortho Surg, 2007) advises not to address a flexible flatfoot in a child even with the use of custom orthotics, stating that treatment is not influential in the course of the flatfoot as the child ages.

Research published in 2007 suggests that structural and functional changes can result from the foot having to conform to the shape and constriction of a shoe, rather than being allowed to develop naturally, so it is...
crucial that the foot be allowed to develop through walking barefoot and footwear, when worn, is well-chosen.

When searching for shoes, the best shoe will have a negative or flat heel, a toe box that allows the toes to move freely with well attached uppers and a thin and flexible sole.

When wearing shoes is unavoidable, it is advisable to change shoes frequently so as to avoid adapting to the form of only one style of shoe. A recent study has shown, for example, that the wearing of athletic shoes actually contributes to arthritis of the knee, probably because each step is so cushioned that the wearer does not feel the ground under the sole of the foot, and the body doesn’t make the muscle adjustments to align the bones for stability (Arthritis Rheum, 2006). So, let your kids wear school shoes during the day and change into sneakers or athletic shoes only for sports practice.

What parents can do to promote healthy feet (and neurologic development) despite the need to wear shoes when “out in the world” is to encourage bare feet at home — their feet will be able to breathe, connect with the earth and help stimulate the brain!

As often as possible, let kids go barefoot in nature, walking and in play. The sole of the foot will build itself a thicker callous of skin and toughen up. Children’s yoga, folk dance, gymnastics, and circus arts take barefoot work to higher levels with practice and training.

So plan a day at the beach and let the kids run in the sand and dig their toes in. Or find an open meadow and let them run barefoot in the grass. Let barefoot play fill their day and your children’s feet (and spine!) will find their way!

Bibliography


Sharon Vallone, DC, FICCP is an internationally recognized chiropractic practitioner in pediatrics and pregnancy with a multi-disciplinary practice for special needs kids in Hartford, Connecticut. A senior instructor on the ICA Pediatric Council’s Diplomate in Clinical Chiropractic Pediatrics (DICCP), Dr. Vallone also serves as Co-Editor of the Journal of Clinical Chiropractic Pediatrics. A graduate of NYCC, Dr Vallone received her DICCP in 1998 and was made a Fellow in 2002. She is currently Vice Chair of the ICA Council on Chiropractic Pediatrics.
Season’s greetings to all Pediatric Council members. Thank you for supporting the Council with your membership, we appreciate you and wish you all success in your practice in the coming year.

A special thank you to all who helped to make our Annual Conference in Montreal such a huge success. A special shout out to our DICCPs in Quebec, Dr. Sonia Morin and Dr. Chantal Pinard who helped coordinate this first bilingual event.

A reminder: DICCPs who graduated in 1998, 2001, 2007 need to renew their credential in January 2014. Watch your mail for renewal application. If you do not receive it contact mranagnath@chiropractic.org.

For DICCPs graduated in 1996, 2002, 2005, 2008, renewal is Jan 2015. If you do not have your pediatric CE hours or did not attend the Annual Conference in Hawaii, Colorado Springs or Montreal you must attend the conference in Las Vegas to fulfill requirements.

The Council Conference Committee is planning a super program for Las Vegas with a host of new speakers and topics. The room block at the hotel is limited so don’t forget to reserve in advance. Call 571-765-7554 for the group rate. Rooms in the block fill up quickly. For the past three years we have been sold out long before the cut-off date.

Council Secretary-Treasurer Dr. Tracy Barnes is collecting items for the 2014 auction in Las Vegas. Please contact Tracy at TABarnes@aol.com for information about donations.

Trampolines not worth injury risk

Trampolines look like fun. Children love to jump up and down and do tricks on them.

Pediatric orthopedic surgeon, Dr. Terri Cappello from Loyola University Medical Center, however, is not in favor of allowing children on trampolines. She has seen far too many young patients come in with broken arms and legs because of trampolines.

In a news release from the Loyola University Health System, Dr. Cappello cites the case of a 12-year old girl who two weeks after getting a new trampoline broke her ankle when she landed awkwardly. The result — she had to wear a cast to mid-thigh, cancel a dance recital, quit her softball team and give up swimming.

According to Cappello “a trampoline puts a child at risk for serious injuries…they sustain broken arms, legs and even break their necks which can lead to paralysis…”

The American Academy of Pediatrics estimates that in 2009 there were nearly 98,000 trampoline-related injuries in the United States. Safety measures such as enclosure nets and padding have not reduced the risk.

The Pediatric Orthopedic Society of North America said trampolines and moon bouncers are among the four main areas of preventable injuries to children. The other areas are skateboards, ATVs and lawnmowers.
Chiropractic Wellness Care — Practice-Based Research

Principal Investigator: Cheryl Hawk, DC, PhD
Coinvestigators: Katherine Pohlman, DC, MS, U of Alberta
Jay Greenstein, DC, CCSP, private practice
Program Coordinator: Michelle Anderson

Wellness care, or “maintenance care,” is widely accepted by the profession as an integral part of chiropractic practice. However, to date, a cause-and-effect relationship between wellness care and improved long-term health outcomes has yet to be clearly demonstrated. This study is designed to add to the evidence base on this important topic.

Purpose of this Study

The purpose of this study is to assess changes in Health-Related Quality of Life over a 12 month period of chiropractic patients who do and do not participate in wellness care. It is being conducted in the offices of U.S. chiropractors who are members of the Integrated Chiropractic Outcomes Network (ICON). For this study, we define chiropractic wellness care as a course of long-term care provided to a patient who is either asymptomatic or whose original presenting complaint has been resolved or stabilized and is provided for the purpose of preventing disease, optimizing function, and supporting the patient’s wellness-related activities and/or minimizing recurrences of previous complaints.*

Study Design

Baseline data are collected in practitioners’ offices; follow-up is conducted by the central office at Logan, by phone and email. Each doctor enrolls 5 consecutive new patients. New patients of any age are eligible! Data are collected at 4 points: first visit and 1, 6 and 12 months later. Outcomes are assessed primarily via questions from the CDC’s Behavioral Risk Factor Surveillance System (BRFSS). Patients are entered in a drawing for a $100 gift card when they complete the follow-up.

Would You Like to Join the Study?

We have rolling enrollment so you can still join!
Simply email or call Program Coordinator Michelle Anderson: michelle.anderson@logan.edu or 636-230-1946.

very now and again we hear of a member of the ICA Pediatrics Council who is giving back for their own success by helping children in their communities or in other countries by providing free chiropractic care to those who can’t afford to pay or have special needs, serving as volunteers at camps for disadvantaged children, Special Olympics, community events, or going on missions with students or other like-minded health care professionals. It is always inspiring to hear their stories.

Recently we heard from Dr. Warren Bruhl, a founding member of the ICA Council on Chiropractic Pediatrics and a graduate of the first class (‘96) of DCs to receive the Diplomate in Clinical Chiropractic Pediatrics (DICCP).

**Dr. Warren Bruhl in the Dominican Republic with a group of excited kids ready to play ball!**
Bringing joy and hope to kids in need through sport

A little over two years ago Dr. Bruhl sold his very successful practice and decided to devote his time to mission work and engage in activities to bring chiropractic to people in developing countries and impact the lives of children through health care, education and sports. His missions have taken him all round the world, from the remote area of Africa to islands in the Caribbeans.

Bruhl was always a sports enthusiast and enjoyed caring for kids playing sports in his chiropractic practice. He teamed up with other like-minded individuals and started a project called Gear for Goals (G4G) to provide kids with the opportunity to play, compete and enjoy sports through equal access. The program was established under the umbrella of Dreamweaver International, a 501(C3) organization founded by Dr. Bruhl in 2011.

Gear for Goals’ main focus at this time is collecting new and gently used sports equipment and sending them to children in countries where there is the greatest need. Since 2012 G4G has delivered sports equipment to children in 15 countries. It is estimated that 20,000 children have been the benefit of these donations.

In the summer of 2012 more than 1,200 pieces of baseball equipment were provided to children in the Dominican Republic. The Dominican Republic is the birthplace of many baseball superstars, but what many don’t know is how little these superstars had to start with. In rural areas children resort to using sticks and...
Bringing joy and hope to kids in need through sport

bats and rocks as balls. Rolled up garbage bags serve as mitts. The delivery of bats, balls and mitts was like a dream come true for many of these children.

Dr Bruhl revealed an initiative that G4G and ChiroMissions are planning to bring awareness and value for chiropractic among the islanders in the Dominican Republic. One such event to occur in 2014 will be a father and son baseball event. During this event, chiropractors and other volunteers will give baseball equipment to fathers so they in turn can give it their sons. For a father to be able to give his son a bat, ball or mitt will mean the world to him.

Buying any of these items is just not feasible as the wages they earn is barely enough to put food on the table.

In the fall of 2012 more than 1,000 pieces of baseball, basketball, tennis and soccer equipment were provided to the children in Kenya in the Kima-nna Rift Valley near Mt. Kilimanjaro. Unlike the Dominican Republic, children in this region had never heard of baseball, much less seen a baseball bat or mitt. They are now playing a sport that is bringing them tremendous joy.

Gear for Goals will be returning to Kenya this winter with soccer, baseball, volley ball, basketball, hacky sack, jump rope and other sports equipment enough for 300-500 children. It also plans to include a contingency of professional sports mentors to help with the task of educating and coaching.

Gear for Goals Vision
To see every child in the world has the opportunity to play, compete and enjoy sport through equal access to all the necessary equipment and instruction. Hope and possibility, flourishing communities, transformed economies, inspired health and lasting impact is the global imprint of our service.

Gear for Goals Mission
To provide every child the enjoyment, passion and love of sport and the arts.

Directors
• Dr. Warren Bruhl
• Mr. Christopher Gantz
• Mr. David Labunski
• Mr. Dan Niemann
• Mrs. Jamie Curletti Niemann

For a list of equipment needs you may contact:
• Dr. Warren Bruhl at dr.bruhl@dreamweaver911.org
• Mr. David Labunski at davidlabunsku@gmail.com
• Dr. Dan Niemann at dnieman@yahoo.com

The above directors will also let you know where and how you can drop off equipment or you can ship to:
Dreamweaver International (Gear for Goals Project)
c/o Warren Bruhl, DC, DICCP
440 Lee Road
Northbrook, IL 60062

G4G (Dr Bruhl 2nd from left in front row) gets the enthusiastic support of the Schaumburg Boomers Club of the Frontier League in Illinois. With Club members’ help G4G collected more than 1000 pieces of new and used sports items and musical instruments for kids in the US and abroad.
Gear for Goals works with other humanitarian groups and missions and as result of their combined efforts thousands of children in Jamaica, Cuba, Guatemala, Russia, Bolivia, El Salvador, Costa Rica and the Philippines are now enjoying sports that are not only fun, but hopefully will have an impact on their personal growth and development as well.

Gear for Goals has not forgotten that charity begins at home. In Illinois, Dr. Bruhl’s home state, they helped outfit an organization called Working Together with equipment and supplies so all the students could fully engage in Tae Kwon Do classes. It also partnered with a Chicago based program, Stomping Out Drugs, providing sports gear for children with the greatest need. G4G also arranged for four children from the Working Together program to receive scholarships to the Hi Five Sports Camps in Northfield, Illinois.

Dr. Bruhl feels that chiropractors are most suited to engage in humanitarian projects, whether it is in their own community or in other countries because of chiropractic’s basic “no drugs” philosophy and “hands on” approach to health care. “There is so much need out there, that any little thing we do will make it better for someone,” said Dr. Bruhl.

“I invite all my chiropractic colleagues to get involved. Nothing is more exciting and satisfying than to see a child’s eyes light up with joy at the sight of a baseball bat or soccer ball. Teaching them to play, hearing them laugh or scream with joy, those are memories I will treasure and hold dear forever.”

In the summer of 2012 more than 1,200 pieces of baseball equipment were provided to children in the Dominican Republic. In rural areas children resort to using sticks and bats and rocks as balls. Rolled up garbage bags serve as mitts.
The Super Event for Family Practitioners

Combine quality education with travel to the most exciting city in the world — Las Vegas!

Annual Conference on Chiropractic & Pediatrics

October 16-18, 2014
Paris, Las Vegas

Presented by the
ICA Council on Chiropractic Pediatrics

What you can expect:
- World class speakers
- Superior clinical education to keep you on the cutting edge of your diagnostic and treatment skills
- Practical hands-on technique workshops (refresher and new) taught by experienced practitioners
- Expert advice on how to comply with regulations, reduce risk, be successful in practice
- Be better informed, energized and more confident of yourself as a clinician by the end of an exciting weekend

Program hours:
Thursday, October 16  2:00p.m.- 6:30p.m.
Friday, October 17    8:00a.m.- 5:30p.m.
Saturday, October 18  8:00a.m.- 5:30p.m.
18+ hours of CE license renewal credits will be applied for.

It won’t be all work and no play. Plenty of time to see a show, visit the many attractions on the strip or surrounding areas, shop, dine, play the slots, ride the monorail and have fun with family, friends and colleagues.

For hotel reservations at Paris LasVegas and other information:
Visit:  www.icapediatrics.com
Email:  pediatricscouncil@chiropractic.org or mrangnath@chiropractic.org
Call:  571-765-7554 DIRECT
       1-800-423-4690 US & CANADA
Delightful books on self-empowerment for kids

I Am a Lovable Me!

Storybooks by Sharon Penchina, CH and Stuart Hoffman, DC

Children will love the “Lovable Me” bug as she goes through her whimsical journey through life and its many challenges. Written in an easy to read, remember and understand style with bright and colorful illustrations, these books are guaranteed to hold the attention of any child.

I AM..Inside of Me!
I AM is the name of a shining ball of golden white light, which represents the love and joy in every child’s heart. Through the adventures of the “Lovable Me” bug in this book children will discover an ability to quiet themselves and listen to their inner wisdom while learning to always keep “I AM” close and safe within their hearts. $12.95

Lovable Light
When Lovable discovers she is missing her light, one that all Enlightening Bugs have, she sets out on a fearless journey to find it joined by her best friends they are faced with a variety of challenges. Their uplifting adventure is one no child will want to miss. $12.95

“I Take a Deep Breath!”
Helps children face challenges they may encounter throughout the day by teaching them to use their breathing as a natural empowerment tool…to breathe out fears and doubts and to breathe in courage and strength. $12.95

Dogs and Bugs go together…really they do!
Encourages children to foster kindness, friendship and caring in today’s world of diversity. The beautiful illustrations depict a plethora of animals in playful, heartwarming interactions. $12.95

Bend at Your Knees…if you please!
Promotes reading and good health in one sitting. Children will learn how stretching, exercising and maintaining good posture are wonderful ways to love, respect and care for their bodies. $12.95

FREE Lovable me Bug ($14.95 value) when you order one full set of six books.
On the order form write “One full set of 6 books $75”.

Order Form

Name ____________________________
Address ____________________________________________________________
City __________________ State ___ Zip ______ Phone ________________

<table>
<thead>
<tr>
<th>TITLE</th>
<th>QUANTITY</th>
<th>PRICE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>I AM..Inside of Me!</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lovable Light</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“I Take a Deep Breath!”</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subtotal
Virginia +5% Sales Tax
Shipping*

ORDER TOTAL

*Add $7 for order up to $50
$10 for order up to $100
$15 for order over $100
Foreign orders $25 additional

FREE


Fax order to: 703-351-7893
or call: 1-800-423-4690

Return to: ICA Sales, 6400 Arlington Blvd, Ste 800, Falls Church, VA 22042
Pelvic instability, pelvic dysfunction, and pelvic floor dysfunction all refer to conditions occurring in and around the pelvis. Classically, pelvic instability (PI) is referred to the boney pelvis while pelvic dysfunction (PD) often relates to pubic symphysis dysfunction or diastasis. Pelvic floor dysfunction (PFD) seems to be the all-encompassing term referring to the muscles, joints, nerves and associated connective tissue of the pelvis. As many of us know from clinical practice, it is difficult to have one entity without having other complicating entities. Therefore, patients with any pelvic diagnosis should have a neuromusculoskeletal expert on their treatment team, i.e. a Chiropractor.

The prevalence of pelvic floor dysfunction is reported in various research papers and websites as being 25%-33% of the female population between the ages of 20-60 years of age. Urinary or bowel incontinence, pain or pressure in the vagina, pain with intercourse, frequent infections (yeast or urinary tract), pain deep in the groin or upper inner thigh are some symptoms of PFD.
Cause of PFD

The initial cause of PFD can range from infection, mechanical which often is broken down into repetitive or athletic movements, trauma, or inflammation due to nerve irritation. Pregnancy itself, rather than the actual labor, seems to be a common initiating factor for many women. The proposed theories as to the physiology of the dysfunction involve short, tightened muscles that are unable to go through their normal ranges of motion. There is also a decrease in blood flow to the area and therefore, less oxygen supplied to the muscles. The decreased range of motion and oxygenation lead to irritated nerves which the brain interprets as pain coming from the end organs in the pelvis.

During pregnancy, the weight of the developing fetus in the pelvic cavity can initiate the decreased range of motion of the muscles and decreased blood flow. Also, the abdominal organs being pushed up into the upper abdomen can decrease the movement of the respiratory diaphragm. By decreasing the diaphragmatic movement, two things occur: less oxygen is delivered to the muscles, and the transverse abdominal muscles are less active which leads to spinal and pelvic instability. The instability in the pelvis, and therefore base of the spine, causes the brain to seek homeostasis or balance. In order to do this, stability is needed and often, trigger points develop in the pelvic floor muscles and other associated external muscles of the pelvis and lower extremities. These areas of increased tone can cause areas of decreased oxygen use by the muscles causing more pain.

Treatment options

There are various allopathic treatment options available once the woman has been correctly diagnosed. These include biofeedback with “pressor” sensors which specially-trained Physical Therapists may utilize. Botulinum toxin has also been tried but the dosages have not yet been standardized. Suppositories of Diazepam have been used in the past but a recent randomized control trial showed they were less effective than biofeedback. And lastly, muscular rehabilitation consisting of various pelvic exercises has been shown to be effective, especially if the patient is consistent in the treatment.

Chiropractic Care

As Chiropractors, we have an additional treatment option to offer our clients — the chiropractic adjustment. Initially you would be well advised to assess the lumbosacral region since that is the origin of innervation. However, never limit yourself to just that area; since breathing has been shown to influence muscle control in the pelvis, be sure to assess the areas associated with breathing, such as the cervicothoracic spine and ribs.

The muscles surrounding the pelvis and lower extremities should be evaluated for any imbalances of weakness/tightness and treated as needed. This could be done through the use of massage, functional tape such as KinesioTape, or active stretching. And lastly, instructing the patient in a strengthening exercise program they can do daily will speed the recovery. Exercises such as Kegel’s, for slow and fast twitch muscles, and pelvic tilts are very effective when done appropriately. Others such as heel lifts while prone or bridges have...
Pelvic instability: pregnancy and beyond

multiple target areas and should be reviewed frequently with the patient to be sure the pelvic floor and hip muscles are being strengthened and no other areas such as the paraspinal muscles since they are often strong enough. These exercises should be done once daily initially and then progress to twice daily.

The last part of the rehabilitation has to do with how our patient walks. We must teach the woman to walk with an elongated spine, neutral pelvis, and “softer” knees. This is often accomplished by instructing her to aim the crown of her head upwards, engage the transverse abdominal muscles, and keep a slight flattening of the lumbar spine. This posture will allow her to move with her body in alignment and with an efficient use of her energy. It will also encourage better oxygenation and control of the pelvic floor muscles.

Follow-up of our patients is needed to monitor and increase the level of difficulty of the exercises as appropriate to speed their healing and recovery. Since ligaments loosened by the pregnancy can take months to regain pre-pregnancy length and tension, the exercise program needs to continue that long. Many patients will be grateful for the understanding and care that we can provide. Chiropractic care must be consistent as is the patient’s commitment to doing the strengthening exercises. With diligent effort and monitoring, we can assist our patients to achieve the optimum pregnancy and post-partum experience.

Bibliography

- “Solid to the Core” by Janique Farand-Taylor, PT, ACE. New Harbinger Publications 2006.

Meghan Van Loon, PT, DC, DICCP

is in private practice in Ithaca, New York, with women and children being her major focus. A 1991 graduate of Northwestern University of Health Sciences she received her Diplomate in Clinical Chiropractic Pediatrics (DICCP) in 2001. Dr. Van Loon is on the adjunct faculty of New York Chiropractic College in the Department of Diagnosis, and one of the instructors for the ICA Pediatric Council’s DICCP program in the US, Canada and New Zealand/Australia. She has published many articles and papers relating to chiropractic clinical care and also on the chiropractic pediatrics practice. Dr. Van Loon serves on the Editorial Review Board of the Journal of Clinical Chiropractic Pediatrics.

During pregnancy, the weight of the developing fetus in the pelvic cavity can initiate the decreased range of motion of the muscles and decreased blood flow.
Pediatric Risk Management Demands Extraordinary Caution, Communication and Documentation

By Stuart E. Hoffman, DC, FICA

The laws of all jurisdictions in the United States authorize the provision of chiropractic care to patients of all ages. No state places any limitations or conditions on chiropractic care based on age. Doctors of chiropractic provide clinically effective, safe and appropriate care to hundreds of thousands of children of all ages each year in the United States. The provision of health care services to children by any health care professional does, however, raise the risk management bar for a number of significant reasons. Doctors of chiropractic need to be constantly aware of the need to handle all cases involving children with exceptional attention to detail in analysis, communication with parents or guardians and above all, in documentation.
How Real is the Chiropractic Pediatric Malpractice Risk?

The exceptional safety record of chiropractic across all categories of patients extends, to the child patient population as well. While chiropractic pediatric malpractice claims are rare, especially in comparison to medicine, the reality of exposure should not be minimized. This is especially true given the highly emotional nature of issues related to children and the damaging nature any implication that a health care professional may be at fault.

There are obvious situations where red flags present themselves, especially in situations where emergency or trauma-related care is sought, where parents are being less than forthcoming as to the exact nature of the child’s condition or where medication or substance-related issues may be present. These situations require careful and exact thinking on the provider’s part and will frequently call for a widening of the pool of professionals involved in such cases by prompt referrals and direct follow-up communications with one or more other classes of providers. The record shows that there is a direct correlation between the sense of crisis and emergency on the part of the parent of a sick or injured child and the possibility of claims of malpractice, regardless of the real merits of such claims.

Exact current data on pediatric malpractice cases across all health professions is limited, but a detailed study of 2004-2005 data from the federal National Practitioner Data Bank showed that 14% of payments made during that two-year period involved pediatric cases, with $1.73 billion paid in settlement of cases involving children. That same study revealed that “failure to diagnose” was the basis of 18% of all pediatric malpractice cases. Delay in diagnosis and “improper performance” were the next two reasons for pediatric malpractice claims, at 9% each.

Whatever the statistics, a concentrated program of pediatric malpractice risk reduction is in the best interests of all doctors of chiropractic who have even one child in their practice.

Communication

Communication in cases involving children, especially small children, is inherently complicated by the fact that the ability to communicate on their part is limited. The ability of a child to describe their complaint(s), relate the exact details of an injury or trauma incident, describe what substances they may have consumed or been exposed to, the duration of a problem and other key factors is limited. In the case of infants, it is completely absent. You often must rely on your evaluation of the patient and, the narrative of the parent or parents.

Even in cases where on intake your initial assessment that a child is an uncomplicated case, take a few extra moments to ask those extra questions of the parent to seek to identify any significant or extraordinary facts involving the child’s history of incidents and injuries, changes in patterns of behavior including eating and sleeping and other variables that may raise questions about the state of the child’s health that might not otherwise be immediately visible.

Extra care and clarity is also required in your communications back to the patient and/or the patient’s parents or guardians. This is especially the case where a referral to another provider is made or follow-up procedures are indicated. The Institute of Medicine has noted that half of Americans, even among the well educated, do not understand basic health information. Other research shows that many Americans lack good reading, listening and concentration skills, especially where unfamiliar health care terms are involved. Some experts have advised that all verbal instructions should be
simple, clear, and concise, and repeated until the patient/parent acknowledges understanding. Some have even advised that all written material provided to patients should be written at the eighth-grade level. Records of such communications must be included in the patient’s clinical record.

A child’s health status and prospects are sensitive and often highly emotional issues with parents. Some added sensitivity and patience may, at times, be required in dealing with pediatric cases. Parents can sometimes feel responsible for a child’s injury or condition, and there may be rare instances when this is the case. Child abuse situations apart, which require the strictest and most immediate implementation of the reporting requirements of your jurisdiction, your help in assessing at-home safety procedures, care patterns and such issues as how a child sleeps or is routinely carried may merit your serious attention and dialogue with parents. Be careful how you respond to all such situations as you never want to be in a position of being quoted as saying that any activity, care pattern or environmental situation is “OK” when the exact details might be incomplete or the information provided misleading.

Documentation

The clinical record through which all aspects of a pediatric case are documented is, as with all other categories of patients, the practitioner’s first and best line of defense. In cases involving children, there is an added level of documentation required including annotation and inclusion of copies of or details on information provided to parents, answers to questions asked and other issues discussed. Being able to document the information provided parents at the time of care, especially any positive findings, clinically indicated follow-up care needed and/or referral advice can be key elements in defending a malpractice claim.

It is also essential to document negative findings and the results of any instrumentation or physical tests and observations since failure to diagnose is a common reason for malpractice claims. An analysis of pediatric malpractice court cases has shown that the provision of any clinical measurement, diagnostic imaging (which is problematic for most pediatric chiropractic cases on safety grounds), laboratory results or other quantified study or instrumentation finding carries significant weight in defending care decisions and will significantly help in outweighing the opinion of an opposing expert. Also, incomplete, inadequate, untimely or inappropriate documentation is what allows so many non-meritorious claims to proceed so successfully.

It is important for practitioners to always extend the same security and HIPAA confidentiality procedures to children’s files and to be aware that the statute of limitations and state-established requirements to maintain those files almost always extends to a period of years after the child has reached the age of legal adulthood. It would be time well spent to find out what the specific requirements for record maintenance for child patients are in your jurisdiction.

Referral

Doctors of chiropractic can strengthen their clinical defenses, especially in complex or problematic cases, by referring the parents of a child patient to another professional for evaluation and/or additional care.
Where children are involved, the promptness of such referrals and ongoing communication and follow-up with both the professional to whom the referral was made and the parents almost always strengthens your defensive position. Where medication errors, unforeseen consequences of medication, substance abuse or infectious diseases are suspected, such referrals become urgent. Nothing in any referral should be meant to imply that you are releasing the child patient permanently from chiropractic care; only that the skills of other professionals are in the best clinical interests of the patient at that specific time.

**Clinic Environment and Physical Safety Issues**

Starting with physical layout and patient safety issues, you will want to carefully survey every square foot of your clinic from a child’s eye point of view. You will want to look for loose tiles or uneven carpeting, electrical cords, open sockets, sharp corners on tables, desks, filing cabinets and any other physical items that young, active patients might easily trip over, fall on, bump into or pull and play with. Also, don’t forget to look at anything with which your patients come into contact, including the coffee machine if you have one, making certain that it is up far enough so that it is out of reach of children, and likewise any water cooler, making sure that it is stable and not easily tipped over. Please don’t forget to look at the outside of your clinic, including parking facilities, and your doors and sidewalk.

The next category of items and issues you should review relates directly to your professional activities, starting with the adjusting tables. Make sure that all are stable, in good repair and functioning as they are intended to function. Don’t minimize the importance of keeping your tables in tip-top shape. Injuries to patients because of faulty equipment are 100 percent preventable. Be especially cautious of heavy, power-driven lift tables.

The wiring of tables is of special concern regarding child safety. In June, 2011, in Minneapolis, Minnesota, an 18-month-old toddler crawled under a chiropractic table to which his mother had been strapped and immobilized and hit the control button causing the table to lower directly on top of the child. Despite an almost instantaneous response by the clinic staff to the mother’s cry for help, the infant died of his injuries. Sadly, this is not the first incident involving the death of a small child by an electric table the switch which was activated...
by a crawling child. Safety switches that cannot be accidentally activated are essential.

There is also a behavioral element to such kinds of risks. Allowing small children to move freely about clinic areas unattended means that unexpected incidents can and do happen. Policies and staff support that minimize any unsupervised time can certainly help. Be thoughtful and cautious in asking patients not to bring their children with them when they come in for care as a family friendly environment is a powerful asset both to the strength of the practice and the healing nature of the clinic’s environment.

**Expect the Unexpected**

Children can be mobile, unpredictable, fearless and not aware of risks and dangers. It makes sense to do all you and your staff can to make your clinic a safe, welcoming and healing environment for all patients, however small, and the people who bring them in. To be constantly on watch when children are present just makes good sense. To always act at the highest professional standard in patient analysis, care delivery and documentation is your obligation for all patients, including children.

**References**


Stuart E. Hoffman
DC, FICA

Stu Hoffman, DC is president of ChiroSecure, the liability insurance company endorsed by the International Chiropractors Association. A licensed insurance broker, Dr. Hoffman has been known to give DCs sound advice based on his unique knowledge and experience of both the insurance and chiropractic practice environments. To contact Dr. Hoffman or ChiroSecure call 1-866-802-4476 or visit ChiroSecure’s website at www.chirosure.com
Is infant colic an allergic response to cow’s milk? What is the evidence?

Joyce Miller, BSc, DC, FACO, FCC, FEAC (Paeds), and Sue Weber Hellstenius, BSc, DC, MS (Chiro Paeds)


Background: Despite enormous effort spent in determining a cause for infant colic, the source of the problem still eludes researchers.

Objective: To review the published evidence to establish whether infant colic is due to an allergic reaction to cow’s milk.

Method: A literature search was conducted using Medline, Cochrane Clinical Review and a hand search from 1980 to March 2013. Publications were included if they were systematic reviews, RCTs with a control group, or specifically related to dietary interventions.

Results: The majority of studies had faults due to non-randomization, non-blinding, too few participants, skewed populations and inadequate follow-ups. There appeared to be some relief of crying with change in diet in several studies, but crying time was still considered longer than normal.

Conclusion: There is no clear evidence that infant colic is a form of cow’s milk protein allergy (CMPA). Research trials have been contaminated with a subgroup of infants who have been diagnosed with colic who actually have CMPA. Future studies need to subgroup the irritable infant to better understand the etiology of colic.

Costs of routine care for infant colic in the UK and costs of chiropractic manual therapy as a management strategy alongside a RCT for this condition

Joyce Miller, BSc, DC, FACO, FCC, FEAC (Paeds)


Introduction: The following case report discusses an infant diagnosed with Down Syndrome (DS) Trisomy 21 and the observed benefits she received by including chiropractic adjustments and cranial sacral therapy in her health care plan.

Case Presentation: A female infant presented to Kentuckiana Children’s Center (KCC) with maternal concerns of failure to gain weight and thrive, as well as dysfunctional breastfeeding. The child’s treatment plan at KCC consisted of full spine chiropractic adjustments, cranial sacral therapy and Kinesiotaping. The infant also received physical therapy at an outpatient facility other than KCC, as well as being supplemented with additional colostrums.

Intervention and Outcomes: After one year of care, the child had achieved her developmental milestones on the higher range of predicted normal for Down Syndrome (DS) infants. Her height and weight were consistently around the 50th percentile for infants with DS.

Conclusion: The combined approach of chiropractic and cranial sacral therapy may have contributed to the overall improvement in health and developmental maturation of this infant at the end of her first year, although it is difficult to draw conclusions based on one case, where multiple treatments were utilized. Further research is warranted to determine the effectiveness of the inclusion of chiropractic care in the health care team of an infant diagnosed with DS, and also differentiate the effects of chiropractic care without the influence of multiple interventions.

Down syndrome and chronic ear, nose and throat infections: A case report

Desley Daruwalla


Objective: The following case report introduces a child diagnosed with Down Syndrome (DS) and the functional changes seen after chiropractic intervention.

Case Presentation: A male child diagnosed with DS presented for a general check as well as to address ongoing nose and throat infections and the high usage of antibiotics.

Intervention and Outcomes: After one month of care the child had a reduction in nose and throat infections, decreased antibiotic use, experienced an improvement in quality and duration of sleep and had noticeable improvements in concentration observed by his teachers.

Conclusion: Chiropractic protocols may contribute to the overall improvement in a child with DS. Further research is warranted to determine the effectiveness of the adjustments delivered by a chiropractor and how alternative interventions influence the lives of children and furthermore adults with Down syndrome (DS).
Membership Application Form

ICA COUNCIL ON CHIROPRACTIC PEDIATRICS

Please Print

Doctor’s Name ________________________________________________________________________________________

Office Address ________________________________________________________________________________________

City ____________________________ State/Province/Country ____________________________ Date of Birth ____________

Zip/Country Code ____________________________ Phone Number ____________________________ Fax Number ____________

Chiropractic College of Graduation _________________________________________________________________________

Date of Graduation _______________ Other Degrees/Where obtained ____________________________________________

Email Address __________________________________________________________________________________________

National/State Chiropractic Association(s) to which you belong:

Chiropractic License # ____________________________ State ____________________________

Chiropractic License # ____________________________ State ____________________________

Chiropractic License # ____________________________ State ____________________________

Application fee (one-time assessment) $ 15.00

Dues ($180 calendar year) $ ____________

Prorated dues are $15 a month. Start with the month you are joining and calculate through till December

Members receive FREE Horizons magazine and Journal of Clinical Chiropractic Pediatrics.

Return Application to:

ICA Council on Chiropractic Pediatrics
6400 Arlington Boulevard
Suite 800
Falls Church, VA 22042 USA
or fax to (1)-703-351-7893
Discover how to assess and impact the developmental “windows” of your young patients with Dr. Laura Hanson’s “Original Development” kit.

The Chiropractor can often be the first to recognize when a child’s nervous system isn’t developing correctly. In this DVD presentation with observational tools you will learn how and when the critical neurological windows open and close and what you can do to impact the child’s health and development.

The Kit includes:

- 4 Instructional DVDS
- 1 Audio disc
- 1 CD with Pediatric Clinical Forms
- 3 Neurological “bags” with observational tools for three different age groups. Each bag has toys and tools for the child to play with while you examine and assess the child’s dexterity, flexibility, motor development and sensory perceptual integration. Instructional DVD on how to use the tools.

A detailed step-by-step guide with references for each unit.

Dr. Laura Hanson is a Diplomate in Clinical Chiropractic Pediatrics (DICCP) and a Developmental Therapist. She obtained her DC degree from Life University and her BS from the University of Georgia. Dr. Hanson is in private practice near Atlanta, Georgia.
Insuring Chiropractors for over 22 years.

Dr. Stuart Hoffman
CHiroSeCure PreSiDent
is an experienced chiropractor and licensed insurance broker who knows the intricate details of daily practice. He will give you the best advice and help you get the best coverage for your practice and business based on his unique perspective of both the practice and insurance environments.

Coverage and underwriting company can vary in each state.

ChiroSecure offers:
• Both occurrence and claims-made policies
• Board investigations and hearings
• Audit defense — all insurance carriers
• Sexual misconduct defense
• Legal defense
• HIPAA and more

Find out how YOU can save on your premiums.
Get a FREE Quick Quote. Call direct or fax your Declarations page to
480-657-8505

Check our website. Scan QR code on your smart phone.

It’s THUMBS UP from our clients.
We support. We protect. We defend.

Find out how YOU can save on your premiums.
Get a FREE Quick Quote. Call direct or fax your Declarations page to
480-657-8505

ChiroSecure offers:
• Both occurrence and claims-made policies
• Board investigations and hearings
• Audit defense — all insurance carriers
• Sexual misconduct defense
• Legal defense
• HIPAA and more

Find out how YOU can save on your premiums.
Get a FREE Quick Quote. Call direct or fax your Declarations page to
480-657-8505

ChiroSecure offers:
• Both occurrence and claims-made policies
• Board investigations and hearings
• Audit defense — all insurance carriers
• Sexual misconduct defense
• Legal defense
• HIPAA and more

Find out how YOU can save on your premiums.
Get a FREE Quick Quote. Call direct or fax your Declarations page to
480-657-8505

ChiroSecure offers:
• Both occurrence and claims-made policies
• Board investigations and hearings
• Audit defense — all insurance carriers
• Sexual misconduct defense
• Legal defense
• HIPAA and more

Find out how YOU can save on your premiums.
Get a FREE Quick Quote. Call direct or fax your Declarations page to
480-657-8505

ChiroSecure offers:
• Both occurrence and claims-made policies
• Board investigations and hearings
• Audit defense — all insurance carriers
• Sexual misconduct defense
• Legal defense
• HIPAA and more

Find out how YOU can save on your premiums.
Get a FREE Quick Quote. Call direct or fax your Declarations page to
480-657-8505

ChiroSecure offers:
• Both occurrence and claims-made policies
• Board investigations and hearings
• Audit defense — all insurance carriers
• Sexual misconduct defense
• Legal defense
• HIPAA and more

Find out how YOU can save on your premiums.
Get a FREE Quick Quote. Call direct or fax your Declarations page to
480-657-8505

ChiroSecure offers:
• Both occurrence and claims-made policies
• Board investigations and hearings
• Audit defense — all insurance carriers
• Sexual misconduct defense
• Legal defense
• HIPAA and more

Find out how YOU can save on your premiums.
Get a FREE Quick Quote. Call direct or fax your Declarations page to
480-657-8505

ChiroSecure offers:
• Both occurrence and claims-made policies
• Board investigations and hearings
• Audit defense — all insurance carriers
• Sexual misconduct defense
• Legal defense
• HIPAA and more

Find out how YOU can save on your premiums.
Get a FREE Quick Quote. Call direct or fax your Declarations page to
480-657-8505

ChiroSecure offers:
• Both occurrence and claims-made policies
• Board investigations and hearings
• Audit defense — all insurance carriers
• Sexual misconduct defense
• Legal defense
• HIPAA and more

Find out how YOU can save on your premiums.
Get a FREE Quick Quote. Call direct or fax your Declarations page to
480-657-8505

ChiroSecure offers:
• Both occurrence and claims-made policies
• Board investigations and hearings
• Audit defense — all insurance carriers
• Sexual misconduct defense
• Legal defense
• HIPAA and more

Find out how YOU can save on your premiums.
Get a FREE Quick Quote. Call direct or fax your Declarations page to
480-657-8505

ChiroSecure offers:
• Both occurrence and claims-made policies
• Board investigations and hearings
• Audit defense — all insurance carriers
• Sexual misconduct defense
• Legal defense
• HIPAA and more

Find out how YOU can save on your premiums.
Get a FREE Quick Quote. Call direct or fax your Declarations page to
480-657-8505

ChiroSecure offers:
• Both occurrence and claims-made policies
• Board investigations and hearings
• Audit defense — all insurance carriers
• Sexual misconduct defense
• Legal defense
• HIPAA and more

Find out how YOU can save on your premiums.
Get a FREE Quick Quote. Call direct or fax your Declarations page to
480-657-8505

ChiroSecure offers:
• Both occurrence and claims-made policies
• Board investigations and hearings
• Audit defense — all insurance carriers
• Sexual misconduct defense
• Legal defense
• HIPAA and more

Find out how YOU can save on your premiums.
Get a FREE Quick Quote. Call direct or fax your Declarations page to
480-657-8505

ChiroSecure offers:
• Both occurrence and claims-made policies
• Board investigations and hearings
• Audit defense — all insurance carriers
• Sexual misconduct defense
• Legal defense
• HIPAA and more

Find out how YOU can save on your premiums.
Get a FREE Quick Quote. Call direct or fax your Declarations page to
480-657-8505

ChiroSecure offers:
• Both occurrence and claims-made policies
• Board investigations and hearings
• Audit defense — all insurance carriers
• Sexual misconduct defense
• Legal defense
• HIPAA and more

Find out how YOU can save on your premiums.
Get a FREE Quick Quote. Call direct or fax your Declarations page to
480-657-8505

ChiroSecure offers:
• Both occurrence and claims-made policies
• Board investigations and hearings
• Audit defense — all insurance carriers
• Sexual misconduct defense
• Legal defense
• HIPAA and more

Find out how YOU can save on your premiums.
Get a FREE Quick Quote. Call direct or fax your Declarations page to
480-657-8505

ChiroSecure offers:
• Both occurrence and claims-made policies
• Board investigations and hearings
• Audit defense — all insurance carriers
• Sexual misconduct defense
• Legal defense
• HIPAA and more

Find out how YOU can save on your premiums.
Get a FREE Quick Quote. Call direct or fax your Declarations page to
480-657-8505

ChiroSecure offers:
• Both occurrence and claims-made policies
• Board investigations and hearings
• Audit defense — all insurance carriers
• Sexual misconduct defense
• Legal defense
• HIPAA and more

Find out how YOU can save on your premiums.
Get a FREE Quick Quote. Call direct or fax your Declarations page to
480-657-8505

Call 866-802-4476 or visit www.chirosecure.com
*Coverage and underwriting company can vary in each state.