

## Treating the Pediatric Patient (Part 3): Upper-Cervical Care

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I have always been a fan of specific upper-cervical chiropractic care. I attended Pacific States Chiropractic College, which later became Life West, and the two co-founders of the college were National Upper Cervical Chiropractic Association (NUCCA) practitioners.

Being a second-generation chiropractor, my father practiced Gonstead exclusively, and I knew that would be the direction and studies I would choose for my future technique; however, I was extremely drawn to the specific radiographic views and analysis common to upper-cervical work. I interned with Dr. George Anderson (co-founder of Pacific States), performing line analysis and only being adjusted in an [upper-cervical](#) manner for the entire year.

I was amazed not only by my own experience, but also the miracles I saw with a specific low-force upper-cervical technique; and I'm so happy that 30 years later I have two upper-cervical chapters in the *Pediatric Chiropractic* textbook. I am also extremely pleased to have the opportunity to interview Dr. Roy Sweat, an amazing legend in upper-cervical care, who has contributed to the lives of many chiropractors - who have in turn served thousands of patients worldwide. (The following interview also features Dr. Laura Sheehan, author of Low-Force Specific Upper Cervical: Atlas Orthogonal for Infants and Children, a chapter in *Pediatric Chiropractic*.)

*Dr. Sweat, can you briefly explain to the readers how upper-cervical care can be beneficial to the pediatric population?* A lot of children have difficulty during childbirth / delivery because it includes longitudinal traction with extension, lateral flexion and rotation, which often is the first upper-cervical trauma and may have minor to severe neurological implications. Additionally, throughout [childhood], falls and bumps often include flexion and extension or rotational upper-cervical trauma, resulting in a need for specific chiropractic care of their cervical spine area.

*In your decades of practice and teaching, what are some unique cases that you saw resolved personally or by your colleagues?* A 9-month-old juvenile with seizures responded at 100 percent. My son, Dr. Matthew Sweat, and I co-authored a recent research article in the *Journal of Upper Cervical Chiropractic Research* on autism that demonstrated a near-100 percent success rate. The study involved children under chiropractic care at Kentuckiana Children's Center. That article, as well as others, is available at [www.uppercervicalsubluxation.com](http://www.uppercervicalsubluxation.com).

*Dr. Sheehan, what got you interested in upper-cervical technique?* An atlas orthogonal doctor, Dennis Harding, spoke to our school my first quarter and showed videos of his patients with neurological problems, like slurred speech and seizures, getting big changes with the AO method immediately after the adjustment! Then a classmate had vertigo and only an upper-cervical adjustment, again AO, reversed it. This shaped my vision of what I wanted to accomplish.

*Prior to becoming a doctor of chiropractic, you were a NICU and PICU nurse for 13 years. How did those experiences influence your interest in family wellness care?* I always wanted to keep working with babies and children because of my nursing background, so in chiropractic school I became the president of the pediatric club, and decided upon graduation to pursue a family wellness and

upper-cervical practice.

*In your chapter, you share several case studies that have responded to upper-cervical care, including lactation issues, developmental delays and learning issues, reflux, colic and eczema. Can you share other clinical cases you have helped resolve when atlas subluxation was present? Other conditions I did not mention in my case studies [include] older babies and toddlers who were exceedingly stiff in their torsos, with weak arms and legs, and really no diagnosis to go along with it. They reminded me of working with cystic fibrosis children. There were many like this and they all got better with the upper-cervical work, and extremity and rib cage adjusting. Failure to thrive and poor appetite also improved dramatically with upper-cervical care.*

I remember one baby whose abdomen was blown up like a balloon; she was so bloated with gas and never looked her mother eye to eye. After her atlas adjustment, her mother, grandmother and I watched as her abdomen shrunk to half the previous size, and she turned her head and held her mother's gaze for the first time.

Many **new infants** with latch issues and head position abnormalities (not quite torticollis, but just tilts with resistance to turning the head to one side) also have improved [with upper cervical care]; as well as non-synostotic plagiocephaly in babies where an atlas adjustment changed the shape of the head immediately - very noticeable and almost incomprehensible to the parent. There were three cases like that.

*What do you hope to accomplish by sharing this type of information regarding upper-cervical chiropractic for children? I hope that more students and DCs will become interested in how fulfilling it is to study the upper-cervical area of the brain stem; and maybe they will see how easy it is to build a practice this way because it is easy to explain and others grasp it quickly. The results are amazing and I am so grateful to our forefathers in chiropractic for developing it to this point.*

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For more information on upper-cervical adjusting / atlas orthogonal, visit [www.sweatinstitute.com](http://www.sweatinstitute.com).

APRIL 2013