

Chiropractic and the Pediatric Extremity

Nancy Martin-Molina, DC, QME, MBA, CCSP

Abstract: This is a retrospective, single-case study of a pediatric patient presenting to a chiropractic practice with extremity dysfunction and related pain. The approach to chiropractic care was based upon the level of training in chiropractic colleges as it relates to extremity management.

Presentation, Examination and Chiropractic Correction

The patient is a 5-year-old male whose symptoms included persistent [pain in the elbow](#) with an inability to supinate the forearm. He presented holding the elbow in slight flexion. A review of the history of the boy's complaint revealed that the child had been forcibly jerked by the hand by a taller person while the elbow was in full extension. The subluxation occurred with an audible snap, according to the parent.

Palpation and roentgenology of the elbow did not reveal any abnormality and there was no ecchymosis or edema. The diagnosis was easily confirmed by the reduction of the subluxation. This was accomplished by grasping the hand of the affected patient's extremity, holding his elbow with the thumb of the other hand pressed against the head of the radius, while steadily supinating the forearm beyond the fixation. The click of the return of the radial head to position was followed by an immediate recovery of painless function.

Discussion

[Radiology](#) of the pediatric traumatic elbow is accomplished with initial anterior-posterior (AP) views of the medial and lateral epicondyles and humeral-ulnar/radial articulation. It is important to note that if any flexion contracture is present, a minimum of two AP views is recommended; one perpendicular to the forearm and one perpendicular to the humerus.

The X-ray technique is as follows: The forearm is positioned supine (palm up) on the table with the elbow joint fully extended and the fingers slightly flexed. The central beam is directed perpendicular to the elbow joint. A lateral view is also obtained with the forearm flexed to 90 degrees in line from radial head to capitulum. The technique requires that the forearm rest on its ulnar side on the cassette with the elbow flexed 90 degrees. The central beam is directed vertically toward the radial head.

Pediatric elbow radiographs can be difficult to interpret unless one adheres to a methodical means of looking for specific abnormalities. If you do not routinely read these types of films, you are strongly encouraged to contact a chiropractic radiologist. Chiropractic radiologists recommend, supervise and interpret radiologic studies as well as advanced imaging procedures.

The American Chiropractic Board of Radiology is the certifying agency for chiropractic radiologists and may provide a local listing of this type of specialist to assist you in your case management. You can also contact your state board of chiropractic examiners, which may be helpful in a professional

referral of this type.

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