

Treating Children: Why Do the Urban Legends Continue?

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Chiropractic care for children seems to be a never-ending controversy. While speaking at a chiropractic college recently, I was asked if we were covered under malpractice insurance if we treated children, or if it was permissible for chiropractors to treat children. I was perplexed, confused and chagrined that such a question would even be asked in 2003.

Chiropractic treatment of children is an issue that often provokes a bewildered reaction from doctors of chiropractic who have been in practice any length of time. It is quite understandable that the consumer may have some questions regarding any type of "treatment" for children, largely prompted by misunderstanding chiropractic, in general, and how children could be helped by this form of health care intervention. The public's attitude can easily be understood: to them, the health, welfare and safety of children are paramount and many laws and regulations have been developed with protocols to ensure children are protected.

Every practitioner has experienced the incredulous reaction of a new patient who sees a young infant in the office and comments, "I did not know you treated children." This provides an excellent opportunity for the chiropractor and his or her staff to explain common-sense facts relating to the care of children. Parents often respond with enthusiasm once they understand the logical, rational basis for including a chiropractic evaluation to the child's overall health care schedule. Once it is explained that the decision to incorporate chiropractic care will allow for special attention to be devoted to the structural health of the child, most parents and patients easily see the rationale behind a spinal checkup. The progression of crawling, walking and ultimately running, coupled with the falls and structural abuse the young structure undergoes, provides the rationale necessary to understand the connection between chiropractic care and children.

However, for some reason, the chiropractic community has become nearly obsessed with the right and ability to provide chiropractic care to children. Some DCs want to make chiropractic pediatrics an almost exclusive "fellowship," reserved only for those with training in that specialized arena. Others, for reasons only they understand, go so far as to suggest DCs should not treat children at all. They believe pediatrics should be the exclusive domain for "other" health care providers. In a sense, we have created a children's cult practice on the one side, and a total elimination of pediatric chiropractic care on the other. Somewhere in between lies the reasoned approach most practicing doctors of chiropractic use when children's care is discussed.

Chiropractic colleges have been teaching the value of chiropractic care for children as long as the profession has been in existence. No one should be surprised by the enthusiasm devoted to pediatric care, because there is an almost equal fascination among DCs with regard to athletes; senior citizens; occupational health; nutrition; neurology; and other specialties. The profession has done an admirable job expanding its educational interest in these areas.

The issue of children, however, holds a special place in chiropractic history. For centuries, wise mothers have been cautious when holding their children; they've admonished everyone to be careful of the very delicate neck and weak musculature and weight of the head which, if not handled properly, could damage the cervical spine and injure the delicate nerve roots, and possibly the spinal cord. Even before a child is born, the natural process of delivery, often involving a significant pull on the infant's head, can damage the spinal cord or hurt the structures of the spine. Early attempts at crawling, standing or walking often result in falls and potential trauma to the child's delicate structure. The resilience of the human body is magnificent to witness during the early development of a child. Most of this information, while easily understood by parents, takes on renewed interest when coupled with the potential impact a child's growth and development could have on his or her spinal structure.

Chiropractic places considerable significance and emphasis on structural balance and spinal and neural integrity. The profession has maintained that seemingly minor accidents should be considered in the health of the child, and doctors of chiropractic are trained to detect dysfunction within the musculoskeletal framework.

Every DC knows there are many factors that can and do influence the health of both children and adults, including environment; nutrition; genetics; heredity; and a host of other issues. Doctors of chiropractic are particularly effective in detecting spinal subluxations and their often-concomitant neurological effects.

It is important not to distort the results of some early studies that suggest some common childhood disorders, such as colic, enuresis and otitis media, may be helped with spinal adjustments and conservative chiropractic management. This approach includes nutrition, soft-tissue procedures and lifestyle changes. It is important to recognize that many people do not understand the correlation between a childhood ailment and a structural cause, and it is important that this be explained.

Obviously, not all childhood conditions respond to chiropractic care; that reality needs to be recognized, and a procedure to refer or co-manage must be put into place. Many of the articles in today's medical journals speak of "watchful waiting" and caution against early and/or frequent intervention with antibiotics. The medical pediatric community is now attempting to mount a campaign to change the mindset of mothers determined to mandate their children be given medication when the best course of treatment is "mother's monitoring" and "pediatrician's patience." Parents who bring their children to a doctor of chiropractic need to be aware that today's DCs are fully trained to recognize when referral or other interventions are indicated, and that appropriate care always will be advocated.

Childhood conditions that are too often neglected and can plague the child throughout his or her lifetime, such as functional scoliosis, should be examined and evaluated early from the structural perspective provided by a doctor of chiropractic. Even the obvious spinal-related condition is not on the radar screen of most pediatricians. Only through ongoing research and professional dialogue will this awareness of the strength of each profession's contribution to the overall health of the child be realized.

Rendering chiropractic care to children seems matter-of-fact for doctors of chiropractic who have provided lifetime adjustments and chiropractic management for their own children and the children of many patients. It is important to recognize the special issues that must be understood by the treating DC to determine appropriate care to children.

The question of whether a child should be evaluated and treated by a doctor of chiropractic should be answered as easily as, "Should a child's teeth be checked by a dentist?" or "Should a child's eyes be examined by an optometrist or ophthalmologist?" Stronger research-based evidence is being developed to support the individual case studies and clinical evidence that have historically supported care for children. In short, "Of course!"

However, treating children presents its own set of essential issues from a risk-management point of view. Consent to treat is important, particularly in today's complex world where parental-custody issues are commonplace. Doctors of chiropractic should be certain to determine who has the parental authority or legal guardianship to permit delivery of care.

No facet of adult patient care is diminished in importance when treating a child. A doctor of chiropractic must perform a proper physical examination and carefully consider case history, past history, family history and other important health-related information that can impact care and treatment. DCs also are encouraged to attend seminars devoted to the care of children, to learn more about their special needs and about the requisite training and equipment available in today's information age.

From a risk-management perspective, the same precautions and care are demanded when treating children as when treating adults. The professional satisfaction derived from treating children is inimitable, and doctors fortunate enough to care for children and receive a grateful hug understand the resulting satisfaction is without comparison.

Some DCs question whether they have the right to treat children. A better question might be, "Are they competent to do so, and are they justified in not doing so?" Again, colleges have been teaching the value of chiropractic care for children as long as the profession has been in existence.

Doctors of chiropractic are entitled to reserve a special place in their practice for children, and it is encouraging to realize the number of practitioners who have begun to focus on doing so. The most important consideration is the recognition that not all children (and children's conditions) will respond to conservative chiropractic management, but those who do respond will enhance their immune systems in ways we have yet to investigate thoroughly.

The issue of chiropractic care for children has nearly reached a point of absurdity. Chiropractors should, can and must treat today's children to help ensure a healthier adult population tomorrow. That care must include information on diet; exercise; nutrition; structural balance; lifestyle modification; and, of course, the corrections of spinal derangements and subluxations that are important to help maintain health.

For whatever reason, the urban legends continue about the ability (or lack of ability) of doctors of chiropractic to treat children. With the upcoming school year only weeks away, it might be a good idea to begin thinking about the children you do not have under your care. Ask yourself, "Why are these children not under chiropractic care?" Then consider a program to change that fact - for the good of the children, their future health, and the personal satisfaction you will derive from treating them.

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