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Baby's First Adjustment

By Victoria Arcadi

One of the most wonderful experiences that a chiropractor may have is adjusting a newborn baby (minutes to days old), and seeing the miracles of chiropractic. The best way to help a human being with chiropractic and cause well-being and health is to logically start from day one of life. Chiropractic has, in my opinion, the most power of the profession by adjusting a newborn. And it is rewarding and fun to witness the results.

What can a chiropractor do at baby's first adjustment?

I have personally treated thousands of newborn babies; most of them have usually been no more than a few days old. It has been my experience to treat the baby's entire spine, cranials, TMJ, and sometimes the organs using mainly CMRT (chiropractic manipulation reflex technique from SOT) or AK visceral procedures and muscle neurolymphatic work. It is very important to take a thorough case history including the history of the labor and delivery in terms of difficulty, hours in labor, pushing time, complications, Apgar scores, and nursing information. Also make sure you write down the name of the baby's pediatrician.

After being in the fetal position for so long, when the baby is laying supine on the table, there is commonly bilateral PI Ilii and the thighs are flexed with the knees bent, assuming the only position possible for the last 40 weeks. By contacting the PIIS with the index finger and the thumb of each hand anterior on the pubic bone, the doctor gently moves both thumbs to the right and move the PSIS bilaterally to the left influencing ever so slightly until there is movement. The baby will stretch one leg out straight and then the other until both hips are in alignment.

The next step is to pick the baby up and put it up on your shoulder and adjust the vertebra gently with a light thrust tractioning in an anterior/superior vector. Audibles are sometimes but not always heard, but there will be a definite change in the musculature and a relaxation takes place. The most subluxations occur from T8 through T1. If the baby's mother had drugs, T8 will be affected (liver) and T5 and T4 (stomach and gallbladder) are affected with colicky babies. Usually one adjustment eliminates or dramatically reduces

incidence of colic in babies. The most important areas to adjust in the thoracic spine are at levels T1-T3 (heart and lungs). The new babies really respond and become very centered and relaxed when these subluxations are corrected. The babies may let out a sudden cry, but I don't believe it to be painful, just fearful of the audibles and the changes, so it is important to get the baby relaxed and comfortable with you before all adjustments.

Next, I usually put the baby back in the supine position and do the baby's cranials using the Upledger technique, and sometimes with difficult babies, I use AK cranials using a surrogate to muscle test.

My experience has been treat babies with respect and respect their bodies just as we do other patients. They will respond very well and they will love their adjustments. If they are having a hard time, stop and pick the baby up until the baby feels comfortable, then continue. Sometimes we go too fast. We can do our best work by starting at the beginning.

Victoria C. Arcadi, D.C.

Sherman Oaks, California



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