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Spinal Hygiene and Safety, Part II

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Spinal hygiene and safety, as defined in the last column, is in the hands of the family chiropractor. Information for parents and older children about healthy behavior habits assists in patient recovery and improves the patient's lifestyle.

If there is one segment of the pediatric population that should have the padding of a hockey player, the toddler would be the candidate. Not only are these children experiencing the "terrible twos," but they're attempting to defy gravity. Depending on the child, numerous micro-injuries are assured. As they learn to maneuver and balance with two legs, they propel themselves forward, often crashing head-first into coffee tables and other household furniture that may be in harm's way.

The opposite is also true. Learning to find balance often lands the little ones on their bottoms. I always share with my patients who are parents that if they received a dollar for every fall their child will experience prior to the age of five, they could completely fund a college degree. Unfortunately, parents cannot be expected to prevent each and every tumble.

There are two questions the chiropractor must ask themselves in their practice: Does each fall cause a subluxation, and how often do children need to be adjusted?

There is no absolute answer regarding falls and subluxations. Sixteen years of clinical pediatric experience and understanding of the osseous development in children goes into my assessment. Once can assume that each fall, unless it is a macro-injury, may not insult the spine to the degree of vertebral subluxation. However, each microtrauma may accumulate, and eventually (the fifth, tenth or hundredth tumble or crash) may be the last stress the body is able to handle; so the presence of subluxation may finally manifest.

What should be the protocol for how often a child should be adjusted? The question that should be posed is, how often should the pediatric spine be examined for subluxation? The tumbling toddler, adventurous

preschooler and active school child all need to be considered on an individual basis. If this child is active under the age of five, then checking the spine twice a month should be recommended. Checking the spine for subluxation without positive exam findings does not justify random adjusting twice a month. A child who does not have numerous falls or is more passive in their lifestyle should be examined for subluxations every four to six weeks.

The fall from one height to another is a great concern. Children, not understanding the consequences of a fall, climb to heights that even most adults would not consider without great care. A study of 536 infants conducted by the National Safety Council discovered that 255 (47.5%) had fallen from a high place during the first year of life. This can occur simply by leaving an infant unattended while on a changing table, couch or bed.

Micro and macrotrauma, with unilateral sports and activities, as well as repetitive and postural habits, are all considered a part of the normal life of children. It is the occurrence of these factors that can influence the spine from developing with bilateral symmetry to asymmetry.

A 1990 study from the U.S. Consumer Product Safety Commissioner revealed that almost a quarter of a million children under the age of 15 were treated for injuries related to playground equipment. The majority of these accidents were falls, with approximately 50% resulting in head and neck trauma. The recorded injuries occurred on the following equipment: swings, 87,000; monkey bars, 68,000; slides, 49,000; seesaws, 11,000; and other equipment, 22,000.

A 1994 study from the same commission reveals the following statistics (including the adult population) of common injuries: stairs and ramps, 1,946,602; toboggans and sleds, 53,870; and amusement park attractions, 15,914. And the bicycle is another source of childhood trauma. More than 50,000 children a year are treated for head trauma (due to not wearing a helmet) and neck trauma.

Older children have their own set of problems. Longer classroom hours and homework projects usually lead to unavoidable slouching habits. Sports activities that demand a level of competitiveness can increase the complexity of injuries. Wearing heavy backpacks incorrectly and long hours on computers are just a few stresses you can expect to find with the average teenager.

For those of our colleagues who practice wellness or family care, we know the importance of rendering early care to the developing pediatric spine and nervous system. It is far easier to improve biomechanical

and neurophysiological function of the young than to attempt to expect these same dramatic changes in the adult population.

Our profession should also recognize that many of our colleagues choose not to provide family care in their community. If this is the case in your practice, I would suggest that you develop a relationship with a colleague in your town, so that you may refer interested families to their practice. Why not have your own children evaluated by a family chiropractor; their clinical skills from years of examining and adjusting children may detect a subtle problem in the spine that you may have overlooked.

The responsibility of the family chiropractor is to educate parents and older children to proper spinal hygiene habits. The chiropractor should inform parents from the beginning about the importance of regular chiropractic examinations. Parents should know that a regular chiropractic examination does not always warrant the necessity of a spinal adjustment at that visit.

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