

Tonal Pediatrics



Kristina Stitcher, D.C.

Tonal Pediatrics and Pregnancy

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Mindset and Office Set Up

What do I believe about chiropractic?

What do I know about the power of an adjustment?

What is your rationale for seeing a symptom free infant or child?

Who is my ideal patient?

What does my ideal balance and 'work' day/week look like?

How long do you plan on actively seeing patients? And WHY?

Family Wellness Office Set Up Suggestions:

Kid space with toys and space to make some noise

Pictures of kids throughout the office

Bathroom supplies

 Pads for new moms

 Step stool for kids

Changing station and supplies

Snacks

Outlet covers

Nursing support for moms

 Special room or dedicated space

Kid gowns

Baby doll

Infant toggle headpiece

Measuring tape

Pregnancy pillows

Stickers

Treasure chest

Kids adjusting table

Stuffed animals

Lots of patience

Extra shirts for the doctor and team

An environment where all patients understand WHY you see infants and kids.

Kids

Why do you want to see kids in your practice?

It all begins on the phone!

“is this appointment for you or your child?”

New Patient Procedures

Consultation Strategies

- Talk to the child first, they are the patient; ask their permission to talk with mom about their pregnancy and birth.
- Talk with the child about why they are there, rephrase if necessary and remove labels that the child has been given or adopted.
- “Power On” demonstration to explain subluxation
- Reinforce “we don’t treat”

Examination

- Mom/Dad does the exam
- Posture check and explanation
- Function tests
 - Primitive Reflexes
 - Neurological Testing
 - Display and explain function or lack of function
- Pelvic Distortion Subluxation Complex
 - Gillet test

Scanning Technology

X-Rays

- What age are x-rays appropriate?
- When should you take them?

Wrap Up

- Do you adjust the first visit or not?
- Preparation for the ROF

Report of Findings

- Who is it for?
- Schedule recommendations
- Special Considerations

Enuresis

Double check C0/1/2, L3/5, S3, coccyx

Double dose Fish Oil
Attention, concentration, hyperactivity, dyslexia
Check domination of one side of NS
Balance NS focus
C1/2, coccyx
Fish Oil
Ear Infections
C1/2
Adjust ears
Dairy issues
Immune compromise
Upper c/s
Probiotics, Vit D

Nutritional Support for Kids

Vitamin D, essential fatty acids, probiotics

Foods to avoid:

Soy, GMO, Corn, Sugar, Aspartame, Dairy, Wheat

Neurologically Stimulation/Balancing Games

- Think Gravity
- Use function tests as a guide
- Textures, colors, sounds, taste

Adjusting Kids Tonally

Rules

Think globally not locally

Think care plan instead of this visit

Think repetition for development and growth

Prioritize and Emphasize

Utilize MC2 for all kids who can follow directions

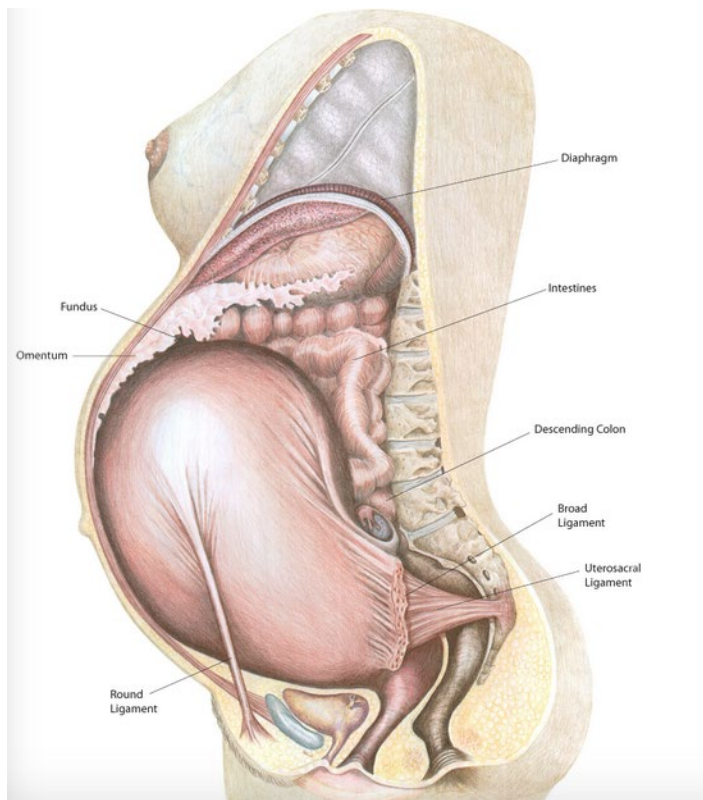
Adjust with pressure or integrator or vibration, limit diversified moves while kiddos young....slow down your hands.

Pregnancy Care

Why do you want to see pregnant women?

Why are pregnant women as patients frustrating?

Anatomy of the pregnant woman:



You must be willing to assess and work on the supporting tissue of the pregnant belly.

- The Webster protocol is a specific chiropractic sacral analysis and diversified adjustment. The goal of the adjustment is to reduce the effects of sacral subluxation/SI joint dysfunction. In so doing neuro-biomechanical function in the pelvis is improved.

Adjusting during pregnancy:

Think plan, don't try to do everything in one visit.

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Cervical spine

- Assess with MC2 for UC involvement

While patient supine check pubis

- Have patient squeeze knees together into your fist
- Shortened leg is side of anterior/superior pubis
- Side of pubis subluxation often side of round ligament tautness

Adjust pubis

- Activator or drop
- LOD is A-P and S-I
- Recheck leg squeeze mm test

Check round ligament for tautness

- Webster RL hold

Assess softness and balance of the uterus

Assess the psoas for unequal contracture

Sacrum

- Lateral or posterior
- Base anterior/posterior
- Adjust with drops, Logan, SOT blocks (ask)

Coccyx

- Have patient squeeze buttocks, side of shortened leg is side to adjust

Lumbar Spine

- Especially L5/S1
- L3

Hips

- Bend knee; rotate foot out, check; then rotate foot in, check
- Can be performed prone or supine (both test and adjustment)

Thoracic/ribs

- Try to avoid if close to due date or breech baby...unless it is a primary subluxation then it is contributing to the issues.

Report of Findings

Discuss health, normal function and what happens during pregnancy. Make sure you emphasize that pregnancy and birth is normal, natural and efficient when the body is working at its best.

Discuss post natal work...if you don't talk about it then they will see you as their "pregnant chiropractor" and only come when they are pregnant...you are a family wellness chiropractor!

Schedules of care

Minimum care schedule: follow the birth provider's schedule, stay away from corrective care plans, which can overwhelm, but find a balance so you're adjusting them to be healthy not simply stay ahead of their symptoms.

Ob/Gyn	Midwives	Doulas
<ul style="list-style-type: none"> ● Trained surgeon and pathologist looking for problems ● Trained to follow timetable ● Taught that birth can go wrong and they must intervene to support healthy outcome ● Delivering baby by whatever means possible will save the baby's life and is medically necessary 	<ul style="list-style-type: none"> ● Birth natural process ● Patient must qualify for midwifery care ● Midwife must transfer high risk patients ● Hospital CNM ● Birthing Center CNM or LDEM or DEM ● Home birth midwife LDEM or DEM 	<ul style="list-style-type: none"> ● Not a midwife ● Not a replacement for the spouse/partner ● Trained birth assistant ● Experience and knowledge of normal natural birth and ways to support mom through this process ● Can help a mom in the hospital or at home ● Advocate for the birthing mom

Post Delivery Adjustment

Utilize mindset of pregnancy adjusting

Cushion mom with pillows for breasts and tender abdomen and pelvis

Communicate health, function and wellness with your adjustments. Talk about what the patients will gain by getting adjusted and having their babies adjusted.

Infants

Birth Trauma

Average pull on a newborn's cervical spine is 60-90lbs

Cardinal signs of subluxation from birth or intrauterine constraint are (KISS):

- Difficulty breathing at birth (low APGAR score for respirations)
- Difficulty nursing, especially when nursing poor on one side
- Crying spells and difficulty sleeping
- Arching of the back
- Head tilt
- Flattening of back of head or bald patch on one spot
- Asymmetric skull
- Difficulty swallowing and tendency to spit up
- Child does not like to be cuddled

If left untreated, subluxations or KISS can lead to:

- Problems with balance
- Poor posture
- Walking on tiptoe
- Tiredness
- Atypical stomach ache
- Sleep problems
- Headaches
- Changes in behavior
- Growing pains
- Delay in learning words
- Changes in behavior: easily discouraged, temper tantrums, demanding attention, nervousness

First Visit

Paperwork with questions about pregnancy, birth, ultrasounds, APGAR score, vaccines, nursing etc.

Consultation

Review and ask about the birth, pregnancy, and feedings, sleep habits etc.

Discuss your purpose and explain what a subluxation is

Discuss what you do and don't do

Explain the amount of pressure you use to check and examine the baby as well as when you adjust.

Examination

Who is it for?

Check cranials

Check primitive reflexes

Check jaw and latch

Belly should be soft and pliable
Palpate hips for popping/motion
Lateral Bend
Palpate the spine completely
Gluteal Fold Deviation
Inversion

Scans

Watch for over stimulation

1st adjustment

2 mindsets:

Separate from the exam with explanation and preamble

Physically make it separate if doing it this way.... Leave the room for a little while, have mom dress baby first, etc.

Part of the exam with explanation and preamble

Schedules of care support

- NO COOKBOOK! You're the doctor!
- Wellness every 2 weeks
- Torticollis 3x a week to start; prep family for 4-8 weeks.
- Torticollis with plageocephaly 3x6-8 to start.
- Ear Infections chronic 3x minimum
- Nursing issues 3x minimum
- Failure to thrive daily
- Reflux 3x2-4 to start
- Daily checks

Motor Vehicle Crashes

- While the rate of deaths in motor vehicle crashes in children under age 16 has decreased substantially – dropping 45 percent between 1997 and 2009, it is still the leading cause of death for children ages 4 and older. Counting children and teens up to age 21, there are more than 5,000 deaths each year. Fatalities are just

the tip of the iceberg; for every fatality, roughly 18 children are hospitalized and more than 400 are injured seriously enough to require medical treatment.

- 5000 deaths means 90,000 hospitalized and 2 million require medical attention!

Car Seats:

In the April issue of *Pediatrics*, the AAP (American Academy of Pediatrics) published a new policy statement stressing the fact that one year and 20 pounds is the MINIMUM for forward-facing. Their new statement **strongly advises parents to keep their children rear-facing until the age of two, or until they outgrow the height/weight limit for the car seat.** Even then, it is advised that convertible car seats, which can accommodate rear-facing up to 35 pounds, be used. Children under 2 are 75% less likely to die or be injured in a crash if rear facing

MOST PARENTS DON'T KNOW THEY ARE USING THE WRONG CAR SEAT. DO YOU?

KNOW THE AGES & STAGES!

ages	0 - 2	2 - 7	4 - 12	8 - ADULT
stages	1	2	3	4
Illustration				
REAR-FACING	FORWARD-FACING	BOOSTER	SEAT BELT	
INFANT CONVERTIBLE 3-IN-1	CONVERTIBLE 3-IN-1 COMBINATION	3-IN-1 COMBINATION BOOSTER		

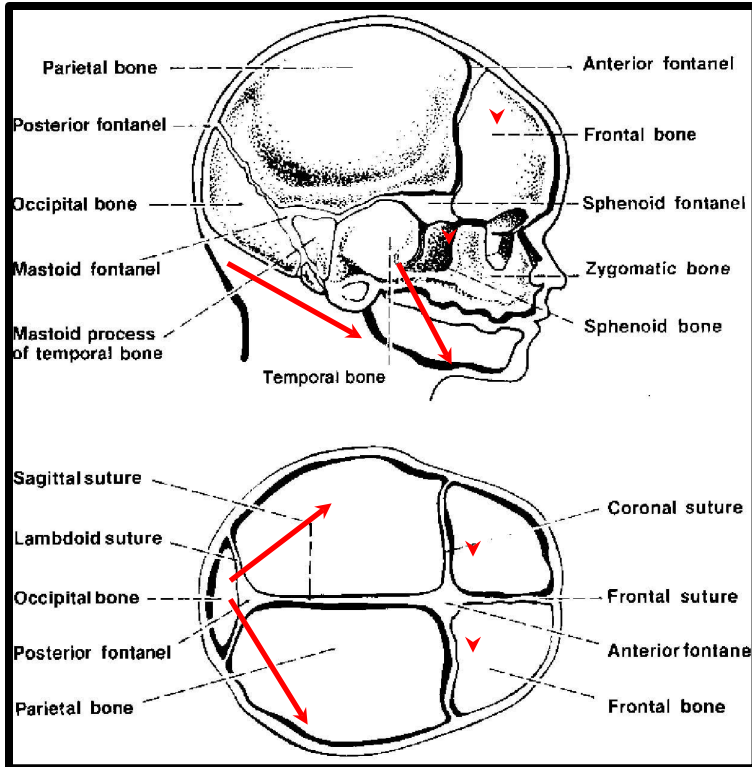
Many babies outgrow infant seats before 2 years, and a convertible or 3-in-1 will be needed to continue rear-facing

Do not move to this stage until the child fits the adult seat belt properly, typically when 4' 9" in height

- **Age is important** The younger children are, the more fragile they are, and the more protection they need.
- **Know the limits!** ALWAYS follow the weight and height limits of the car seat.
- **Fits your vehicle** Not every car seat can be installed correctly in every car, try before you buy.
- **Easy for you to use** Try out the features of the car seat, choose one that will make it easy for you to use correctly every time.
- **Maturity matters** A booster is designed for children mature enough and big enough to sit still in the proper position for the whole ride.

Cranial Work





Breastfeeding Support

<p>Lactation Consultants</p> <p>Some are in hospital, some are trained nurses (may have never nursed)</p> <p>IBCLC's have to be trained and certified through International Board of Certified Lactation Consultants</p> <p>Others options are doulas with special training, la leche league</p>	<p>Dentist Can perform the lip tie, tongue tie procedure</p> <p>Pediatricians Often will perform a clip of the tongue in office Some don't think it's a big deal unless very serious</p> <p>ENT Some will clip or use laser for the revision, must find pediatric and lactation friendly doctor.</p>
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Lip Tie

Tongue Tie



First Solid Foods

- Don't start introducing foods until baby has a tooth
 - Salivary amylase to break down carbs
 - Teach mom to allow baby to 'play' with food or explore food rather than as only nutrition source.
 - Pressure from family and friends
- Breast milk is the main nutritional support for the first year of life
- First foods
 - Avocado is an excellent first food
 - Vegetables should be next
 - Then fruit
 - Lean protein
 - Grain, if desired, should wait as long as possible

Vaccines

Do you have a stance on this issue?
Should this be something you discuss in a family wellness practice?

What do you say when a mom asks you?

Structuring your vaccine class

What is the goal?

- Education
- New patients
- Piss off MDs

Who is your audience?

- Existing patients
- Lay public
- Medical public

Why are you doing this?

- Share knowledge
- Increase personal understanding and knowledge
- Stand for healthy families
- NOT ANTI-vaccine

Know your scope of practice

Know your state/province or country's laws on vaccinations so you can speak to those
Be aware of any groups (religious, etc.) that are highly influential and have taken a stance
in your area.

This can be a great way to build relationships with other chiropractors; medical doctors
and birth providers who don't want to discuss this topic themselves, but would love to
refer their patients and clients to a class instead.

Networking

Make sure this is win-win-win (you, them and the patient) to be successful!

Midwives
Obstetricians
Doula
Birth Educators
Lactation Consultants
Pediatricians
Dentists
Naturopaths
Herbalists
Acupuncturists
Massage Therapists
Cranial Sacral Therapists
Energy Workers
Yoga Instructors, especially pre-natal.
Psychologists
And many others....get creative, seek out providers who help you and your family be healthy and network with them.

How

Monthly Classes or Workshops
Birthing Events
Natural Parenting Events
Referrals
Ask your patients whom they like!
Lunch and learn
Make yourself uncomfortable and get out there!
These can be a slow build, but once the foundation is strong they are easy to maintain at a high level and offer an ongoing referral source of new patients that are qualified in what you do.

Further Support and Training:



**Practice Evolution-
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