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Chiropractic Adjusting of the Pediatric population

Introduction & Learning Objectives (5 minutes)

- Overview of the presentation structure and why this topic matters.
- Key takeaway: Pediatric adjusting is **not** adult adjusting scaled down—techniques must be modified for anatomy, neurology, and safety.

Developmental Anatomy, Physiology & Biomechanics (15 minutes)

- Key differences: Infant spine (more cartilaginous, hypermobile, smaller vertebral bodies), cranial sutures/fontanelles, meningeal attachments, and nervous system immaturity.
- Birth trauma considerations (e.g., forces during delivery) and early developmental stressors (crawling to walking transitions).
- Neurological implications: How spinal function influences autonomic, sensory, and motor development.

Clinical Rationale & Common Pediatric Presentations (15 minutes)

- Why parents seek care: Colic, reflux, plagiocephaly/torticollis, ear infections, sleep disturbances, breastfeeding/latch issues, developmental delays, postural concerns.
- Chiropractic perspective: Focus on nervous system optimization via gentle correction of subluxation/dysfunction patterns .
- Evidence overview: Summary of supportive studies alongside limitations in research.
- Holistic benefits: Supporting natural growth, symmetry, and nervous system function.

Safety, Evidence, Contraindications & Red Flags (15 minutes)

- Safety data: Extremely low risk with proper training; no deaths reported in literature for chiropractic care in children; minor transient effects possible (e.g., irritability).
- Best practices consensus: Low-force techniques only; thorough history/exam; informed consent

- Absolute contraindications: Acute fracture, infection, tumors, inflammatory arthropathies, severe instability.
- Red flags for referral: Neurological deficits, unexplained fever, non-musculoskeletal symptoms.

Pediatric Assessment Protocols (15 minutes)

- Step-by-step history taking: Prenatal/birth history, developmental milestones, parental concerns, red-flag screening.
- Observation: Posture, movement patterns, cranial shape, tone.
- Palpation & functional tests: Segmental motion, muscle tone, cranial suture mobility, primitive reflexes (where relevant).
- Neurological indicators: Simple, non-invasive tools for infants (e.g., visual analysis, range-of-motion checks).
- Age-specific modifications: Infants (supine/prone holds) vs. toddlers/children (play-based, seated).

Gentle Adjusting Techniques – Infants (0–12 months) (20 minutes)

- Philosophy: Extremely light contact (fingertip pressure similar to testing a tomato's ripeness); often no thrust—use baby's own movement or sustained holds.
- Common methods: Hands on:
 - Light manual spinal/cranial contacts.
 - Instrument-assisted
 - Cranial-sacral/meningeal release techniques.
 - Soft tissue and myofascial approaches.
- Specific areas: Occiput, cervicals, thoracic, sacral/pelvic; cranial distortions.
- Positioning: Supine, prone, or held by parent.
- Video demonstrations + key principles (contact, vector, force, frequency).
- Common corrections

Gentle Adjusting Techniques – Toddlers & Children (12+ months) (15 minutes)

- Adaptations for mobility and cooperation: Play-based, seated, or parent-assisted positioning.
- Techniques: Low-force manual, Activator, gentle mobilizations; progression toward more specific segmental work as child grows.
- Full-spine considerations and extremity checks (when indicated).
- Video demos: Age-appropriate examples.
- Tips for reluctant children: Building trust, short sessions, positive reinforcement.

Case Studies, Integration & Communication (10 minutes)

- 2–3 real-world cases: Before/after outcomes, decision-making process.
- Parent communication: Explaining care simply, obtaining consent, setting expectations, home care advice.
- Practice integration: Screening protocols, referral networks, documentation.

Q&A, Key Takeaways & Conclusion (10 minutes)

- Open floor for questions.
- Recap: Safety first, gentle/low-force only, assessment-driven, collaborative care.