

Unit 4 Learning Objectives

Research

- ✓ I am aware of the paper that was published in JMPT in June 2016 from Dr Angela Todd, with Dr Matthew Carroll and Dr Eleanor Mitchell who both have PhD's.
- ✓ I understand and celebrate that the numbers of children receiving chiropractic care is rising every year.
- ✓ I understand the issue of *relative risk, or relative safety* when it comes to paediatric care within both the chiropractic profession and the medical profession.
- ✓ I acknowledge the very small risk that chiropractic care poses to a child, while at the same time recognizing the importance of incorporating aspects of practice that will further minimise this extremely small risk.
- ✓ I understand the key to safety in paediatric chiropractic lies in education, and that a 3 month old infant, is very different to a 3 year old toddler, who is very different to a 6 year old child, who is also very different to a 13 year old teenager.
- ✓ I recognize that the art of paediatric adjusting is one learnt by performing and developing this craft over many, many adjustments over perhaps many months or even years.
- ✓ I acknowledge the volume of extensive research on the subject of forceps and birth trauma.
- ✓ I am aware of the importance of perspective when discussing the forces associated with a chiropractic adjustment, when compared to the forces involved in birthing a child.
- ✓ I recognize when adjusting the paediatric patient, that I have a range of techniques available to me and that I can modify these to suit the age and condition of the patient.
- ✓ I am aware that I should always fit or match the best and most appropriate technique to that specific patient, rather than try to make the patient fit the technique.
- ✓ I understand the importance of my becoming proficient in *all* forms of paediatric adjusting for *all* ages. Whether this be activator, manual, drop piece, SOT, cranial, or fascial release.
- ✓ I acknowledge the guidelines that identify the 4 grades of input or force that I may employ when adjusting a paediatric patient.
- ✓ I am aware that despite an osteopathic article that states that both chiropractic sacro-occipital and osteopathic craniosacral therapy techniques apply forces *at below 1 N*, cranial adjusting is one of the most powerful techniques when managing the health of an infant or child.
- ✓ I acknowledge that, while there are no studies which detail the forces applied with toggle technique specifically in the paediatric population, the toggle recoil can be incredibly effective when adjusting infants and children.

- ✓ I understand that despite that no specific data on force applied have been identified with the paediatric drop piece adjustment, this is another potentially very effective technique when adjusting children.
- ✓ **Content**
- ✓ I understand the importance of nursing the baby before beginning the examination.
- ✓ I understand the importance of utilising a safe place to examine a child; we suggest a contoured pillow.
- ✓ I appreciate my role as a chiropractor is to obtain clinical information related to the overall level of health, not merely to search for the presence or absence of disease.
- ✓ I understand the importance of my role as the primary health care practitioner to determine if the child's condition should be managed solely with chiropractic, co-managed or referred immediately to a specialist.
- ✓ I recognise the best time to examine a baby is between feeds.
- ✓ I can test the muscle spindle reflexes in an infant.
- ✓ I understand what normal findings are in relation to an infant's reflexes.
- ✓ I can test a baby for hypotonia.
- ✓ I appreciate the importance of recognising hypotonia in an infant.
- ✓ I know how to test the Moro reflex in an infant and when it should have integrated.
- ✓ I know how to test the Tonic Labyrinthine reflex in an infant and when it should have integrated.
- ✓ I know how to test the vertical suspension reflex in an infant and when it should have integrated.
- ✓ I know how to test the ATNR reflex in an infant and when it should have integrated.
- ✓ I know how to test the Palmer Grasp reflex in an infant and when it should have integrated.
- ✓ I know how to test the Plantar Grasp reflex in an infant and when it should have integrated.
- ✓ I know how to test the Rooting and Sucking reflexes in an infant and when they should have integrated.
- ✓ I understand the difference between primitive and postural reflexes.
- ✓ I know how to perform the pull-to-sit test safely and I recognise the importance of this test.
- ✓ I know how to perform the positive support test and when this should develop.
- ✓ I know how to test the Landau reflex and when this should develop.
- ✓ I know how to test the anterior, lateral and posterior propping test and when these should develop.
- ✓ I know how to test the parachute reflex and when this should develop.
- ✓ I know how to conduct a hip orthopaedic examination.
- ✓ I am able to recognise incorrect crawling techniques in an infant and the potential clinical significance of this.
- ✓ I appreciate the importance of correct cross crawling technique for an infant.

✓ **Case Study**

- ✓ I understand the importance of educating the parents about their child's development.
- ✓ I recognise the importance of patience and persistence when it comes to a child's ability to reach developmental milestones.
- ✓ I appreciate the importance of involving the parent in their child's management in order to get the best possible clinical outcome for that child.

✓ **FAQ**

- ✓ I know when a full neurological examination is required for an infant.
- ✓ I understand how to approach a *difficult-to-elicited* muscle stretch reflex in an infant.
- ✓ I know when to perform a hip examination on a baby.
- ✓ I understand and appreciate other orthopaedic conditions to look out for while performing my examination of an infant.