Learning Objectives Unit 12

Research:
'The chiropractor's role in the interdisciplinary care of the infant with faltering growth: two case reports'

- ✓ I understand that faltering growth has been defined as a slower rate of weight gain in infants and young children than expected for age and sex.
- ✓ I recognise that, clinically, concern of faltering growth should be raised in any of the four presenting scenarios mentioned with an infant.
- ✓ I know that as a primary health practitioner, and often the practitioner that families rely on for advice and guidance with their family's health, it is essential to fully understand this condition and to manage it appropriately, so that the best clinical outcome is achieved for the infant.
- ✓ I recognise the importance of being aware that faltering growth may be the result of paediatric disease, but that organic disease, however, does only constitute a small percentage of infants with faltering growth and is unlikely in an asymptomatic infant who appears well on examination.
- ✓ I acknowledge that the information I get from my comprehensive history and examination will in most cases point me in the right direction with my management strategy with faltering growth.
- ✓ I acknowledge that several studies have concluded that there is no association between faltering growth and socio-economic factors such as parental occupation, education, maternal eating disorders and alcohol consumption during pregnancy.
- ✓ I know that prematurity and neurodevelopmental concerns are likely to be related to faltering growth and infants who are small for their gestational age are at risk of persistent small stature.
- ✓ I also know that faltering growth may be related to feeding difficulties, including weak sucking, slow feeding, consumption of small quantities of milk, refusal of breastmilk and abnormal appetite.
- ✓ I recognise that depending on the specific case, it may be helpful to involve a specialist such as a midwife, paediatric dietician, infant feeding specialist, maybe a paediatrician, social worker, or even a clinical psychologist.
- ✓ I understand that the GP or medical approach is far more likely to be pharmacologically based.
- ✓ I acknowledge that the author suggests that the paediatrician should really only be contacted if the infant presents with signs and symptoms suggesting an underlying serious systemic condition or organic pathology, or in the case of severe weight loss.
- ✓ I recognise that while the infant's weight should be monitored and measurements should be taken at appropriate intervals depending on the age and severity, it is important to be aware that weighing infants too frequently could increase parental anxiety regarding the faltering weight.

- ✓ I know that the specialists involved in the management of these cases include the chiropractor, midwife, GP, lactation consultant, paediatric dietician, tongue tie practitioner and paediatrician.
- ✓ I recognise that, as a chiropractor, my success or otherwise, with that infant with faltering growth, will be determined first and foremost by my knowledge and my skill; knowledge of the possible aetiologies of the condition, knowledge of my role in its management, and the skill to confidently address those issues that are within my scope of practice.
- ✓ For me, the overall take from this study is to understand my potential role in an infant with faltering growth, and the importance of identifying *who* and *when* to involve other practitioners in the management strategy to ensure the best clinical outcome for the child.

Paediatric Essentials;
Spinal Adjustment of the Cervical and Thoracic in an older child

- ✓ I understand that primary subluxations of the thoracic spine are uncommon
- ✓ I understand that I should approach every adjustment in the paediatric patient with the view that the adjustment is delivered specifically to restore normal function to that joint as well as improved neurological function to that child
- ✓ I can confidently adjust the thoracic area of a spine in an older child
- ✓ I understand that the upper cervical spine should only be assessed and adjustment once I have addressed any dural tension present
- ✓ I can confidently adjust the cervical region of the spine in an older child
- ✓ I know and can perform Atlas correction using Thompson-Derefield System of Analysis
- ✓ I understand that lower cervical spine primary subluxations are more common in older children due to the varied falls that are a day-to-day occurrence in the life of a toddler
- ✓ I know and can perform the cervical stairstep technique

Case Study;
A very distressed 3 month old

- ✓ I understand the importance of KISS syndrome (kinematic imbalance due to sub-occipital strain).
- ✓ I understand some indicators of this syndrome include a traumatic birth, congenital torticollis, persistent hyperextension, a palpable lump in the SCM, poor or late integration of primitive reflexes, inability to raise the head in the prone position, poor pull to sit examination, a child who is never comfortable, a C-curve posture, normal muscle spindle reflexes, plus a host of others depending on the child
- ✓ I understand that not providing the care to a child that needs it is potentially a disserve to that child
- ✓ I understand the importance of doing all that I can to achieve the best clinical outcome possible for the child
- ✓ I HAVE TRUST AND CONFIDENCE IN WHAT I DO!

- ✓ I understand the importance of never stopping learning

FAQ

- ✓ I recognise the importance of having well-trained CAs
- ✓ I understand the primary function of our CAs is to serve our patients
- ✓ I can now help train CAs to answer the following questions or confidently manage the following situations…
    - Can I make an appointment please?
    - Does your clinic see children?
    - I can't bring my child in today.
    - My child is sick, I won't bring him in.
    - My child is worse since beginning chiropractic.
    - My child doesn't seem to be any better.
    - Can you squeeze my child in for an appointment.