The Whole Child

Mnemonics and acronyms. I firmly believe that I made it all the way through chiropractic school and then into active practice thanks to mnemonics and acronyms. I remember anatomy lab with instructors, Turkel and Kennedy, at my alma mater, New York Chiropractic College in Old Brookville, NY: "One, two — buckle my shoe, three, four — kick the door, five, six — pick up sticks, seven, eight — shut the gate." Perfect for a soon to be pediatric chiropractor, yes? This helped me remember the nerve root supply of deep tendon reflexes: S1, S2 — ankle jerk, L3, L4 — knee jerk, C5, C6 — biceps and brachioradialis, C7, C8 — triceps. Then there was "C3, 4, 5 keeps the diaphragm alive" to help remember the nerve root supply of phrenic nerve which innervates the diaphragm. I can still recall much "livelier" or entertaining ones I won't recount here!

Then there were the acronyms we went into practice with, like RICE which was the acronym for four elements of treatment for soft tissue injuries: rest, ice, compression, and elevation. Soon, there were those that became a part of everyday life working with Dr. Lorraine Golden and Dr. Tracy Barnes at the clinic of Kentuckiana Children's Center in Louisville, KY, where they faithfully provided chiropractic care to children with special needs: FLL, FTT, AOM, EDS, ADHD, ASD, DS, ALL, EBV, PANS, PANDAS (I'll leave you to puzzle these out! There's an entire alphabet of them.)[1]

But most importantly, I carry with me to this day the acronym I first heard while visiting Pennsylvania Institute of Straight Chiropractic as a third trimester student in search of chiropractic philosophy. ADIO, "Above-Down, Inside-Out", was a statement of chiropractic philosophy coined by BJ Palmer who taught that the innate intelligence of the body controlled healing from the inside out and that chiropractic supported the body to achieve self-healing.[2]

This philosophy has kept the fire burning for 37 years of clinical practice. I would like to offer you another acronym, an acronym for pediatric chiropractors who work with the WHOLE CHILD:

W — Who are you working with? Why have they come to you? What can you offer them? Is the family Willing to do their part? When can we start (is there anything you need to do before you initiate care?)

H — Hands on (we offer our patients a valuable and effective intervention — a specific chiropractic adjustment as well as the healing power of touch on modulating the autonomic nervous system[3,4] and we support them in Health and Healing.)

O — Observe[5] (we are trained to use our ALL of our senses to discern our patient's status, differentially diagnose then plan our treatment and any referrals that might be necessary to support the child where they are.)

L — Listen[5] (to the parent and the child and any other important people in the child's life that contribute insight into what the child is experiencing or needs (especially in the case of infants and toddlers, or older but non-verbal children.)

E — Educate[5] (Educate yourself, first and foremost Put your Ego to bed! Do I need to study different techniques, do I need to address the cranials?[6,7] do I appreciate the

role of fascia and treat fascial restrictions?[8] What do other practitioners provide and I should collaborate with them?

Educate your patients and their parents. "Words matter! The chiropractic profession has been a pioneer in health care employing aspects of the whole person biopsychosocial approach with an emphasis on self-healing. This approach has involved methods that encompass psychosocial, emotional/spiritual, physical, and healthy lifestyle components which may promote functional gain/preservation, reduction of pain interference and maximization of quality of life."[9])

C — Collaborate with other health care providers who offer expertise different from what you are providing (from their pediatrician to their teachers and coaches and everyone in between — IBCLC, ND, OT, PT, SLP, MT, LAc, RD, mental health workers etc.) or even collaborating with another chiropractor who may have a different technique or a niche expertise or experience that you do not (yet) offer or (yet) have.

H — Help — "Primum non nocere" — our prime directive ("First, do no harm") and Honesty, in the integrity of your communication and practice.

I — Inspire (again, educate, motive, encourage compliance and inspire your families! "Typical chiropractic encounters include distinct elements that involve "a plan that requires patient commitment and cooperation" and a goal to "develop a positive image of personal control over one's health."[9,10])

L — Love (need I say more?)

D — Discern (remain present to your patient in the time that you have with them and always monitor the ever-changing environment of the family and your patients health, mood, level of understanding and compliance and when you have done your job, and they need something in addition to your ministrations.)

Palmer explicitly stated that "over-adjusting is kept to a bare minimum if at all".[9,11]

Clarence Gonstead, a notable chiropractor whose teaching remains influential to the present day, regularly discussed the notion that upon finding the need to manipulate the spine one should fix it and leave it alone. "The right number and kind of adjustments can set the stage for nature to heal; too many adjustments in the wrong place can undo any good that was done and slow down the healing mechanism." [9,12]

"Instead of waiting for symptoms to appear or become advanced, chiropractors have also maintained a focus on early intervention and prevention measures that include addressing both biological and psychosocial elements."[9] Proactive maintenance care is a critical component in educating our patients (and their parents) in self-care during a critical window of opportunity with children who once empowered, can carry this "superpower" into a healthy adulthood.

But unfortunately, too often in our passionate desire to "help" our young patients, we may be over-treating. When we forget the ADIO principal, above down and inside out, when we think we are the ones healing our patients, we lose the thread. When we perpetuate an ongoing treatment plan of three times a week ad infinitum without seeing a measurable change in our patient's status or level of function, we are encouraging passive care and not empowering self-healing and self-regulation.

Yes, in some cases, more frequent, intensive care could apply to an infant failing to thrive or a child with acute otitis media or in the throes of fever. Seemingly frequent ongoing care could apply to a very competitive athletic child who happens to also be accident prone, a child who is sensory seeking and constantly falling or crashing into things, or another child who is wheelchair-bound and due to neurologic issues, constantly fighting their restraints. But if you are continuing to treat a child and fail to discern that they require "something more" (i.e. the "athletic but accident prone" child possibly needing some rehabilitative exercise[13] or the sensory seeking child who might benefit from something you do not provide like working on healing their gut after frequent rounds of antibiotics[14] with a naturopath or some sensory integration therapy[15] occupational therapy), have we fulfilled our obligation to serve them?

So, in conclusion, each child is an individual deserving of our full attention with constant self-surveillance to be sure we are attending to the child's progress and overall well- being (even tuning in to parent and caretakers whose own self-care modeling influences our young patients), life transitions and ever-changing social pressures. We are the portal to the inclusion of chiropractic care as a component of a lifelong regimen of wellness!

Are we doing our best work if we are not treating the WHOLE CHILD?

Respectfully and with Love,

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