

How do we measure up in 2022 caring for children as chiropractors?

By Sharon Vallone, DC, FICCP, Editor

Most chiropractors have heard from our patients about the breakdown in care under the current persisting constraints of telehealth visits. We also hear how the decrease in the healthcare provider workforce has presented a challenge to families seeking immediate or at times, specialized care, for their children.

These challenges have brought many families to our doors because chiropractors have continued to provide safe and effective face to face and hands-on care under the guidelines of their individual state or country's departments of health, and because our patients talk about the care we provide. Many of the new individuals you have met over the last year may not have called upon us had their familiar channels of care been open to them. However, they have chosen to seek our counsel on the direction of another satisfied parent or patient or because our offices are open and available to them.

Chiropractors who treat children should be familiar with red flags that are critical signs that emergency intervention may be required and refer when necessary. Chiropractors are most well-known for seeking the cause of the complaint and correcting it with a focus on the chiropractic subluxation, segmental joint dysfunction, manipulable lesion, soft tissue injury, nutritional deficit, or underlying stress (physical or especially emotional in these chaotic times) that result in the body manifesting the presenting symptoms.

The JCCP presents manuscripts written by our colleagues who share research, literature reviews, protocols, case reports and commentaries to create a well-rounded appreciation of the complexities of pediatric care. We are reminded not to overlook the simple answers when the appearance is complex.

But when the situation is complex, what skills do we have to evaluate, differentially diagnose, refer and treat (Weber/McNamara) our youngest patients? Are we up to date on the cultural trends that affect our young patients, and do we have the experience, insight or language to address the issues that present to us (Loftus)? Do we read the literature to see what other professionals are seeing and saying (Abstracts)?

The importance of reading pediatric literature cannot be emphasized enough. For example, [an abstract](#) from the journal, *Pediatrics*, expounds on the recent changes in the [developmental milestone guidelines](#) published by the CDC in the United States. Critical reading of this paper is

important so that we are aware of what parents are now being told is normal development for their child. It is also important to critique this information through our own clinical lens and discern whether these published guidelines are adequate or if something is missing, why has it been eliminated? Why are we missing previously evaluated milestones? If they have been removed because less children are accomplishing the milestone, were we wrong to be evaluating it in the first place or have we normalized the failure to achieve it without examining why?

If we fail to challenge this, we risk missing important key aspects of child development. For example, the milestone to crawl has been removed from the guidelines. Learning to crawl in a cross-crawl pattern is an important motor milestone that has a profound effect on the infant's neurologic development. If children aren't learning to crawl, why aren't they crawling? Is there a musculoskeletal problem ranging from something as serious as hip dysplasia to something as simple as joint dysfunction as a result of spending too much time in a swaddle? And why are we overlooking the importance of achieving this motor milestone linked to development of right and left hemispheric communication which is critical for the "wholistic" development of the brain's motor and cognitive functions?

Analysis of 15 years of data was performed and new guidelines drawn up with the intention of preventing delays in identifying children who have fallen behind in their development and intervene as early as possible to optimize their progress. But with these modified guidelines, we must also be realistic and monitor how it will be applied in the early childhood evaluative process. Lowering the previous standards will inevitably have an impact on the services that may have been provided by early intervention services under the previous guidelines.

But I digress in order to point out that what we know and what we can yet learn about caring for children is ever evolving. My summation is that our authors attempt to share their experiences, hypotheses, protocols and techniques (Barnes) and each one of them puts a tremendous amount of time and effort into their final product despite being practicing chiropractors, active parents, caregivers, grandparents, first time or prolific authors, researchers, faculty members, institutional leaders, entrepreneurs and professional and community volunteers. I am always amazed at the enthusiasm and dedication of each of them as they prepare their thoughts (and the thoughts of those that walked before them as cited in their papers) for publication. It is a process I have the rare good fortune to follow, issue after issue, without ego or personal gain.

The responsibilities and liabilities of all health care providers including chiropractors have expanded over the course of the last several decades and we need to stay current in our education (whether undergraduate or postgraduate). Our education needs to continually remain current with the evolving international healthcare needs (Papadopoulou). We need to establish and constantly monitor academic standards and practice guidelines. We need to stay current and READ the literature (as well as write it!). We need to communicate with each other and

other healthcare professionals as well as our patients effectively and consistently to assure the highest level of care for the children who present to us daily. As a profession, we need to support each other by communicating, sharing information, and offering respectful, professional feedback and continue to raise the bar for the profession, especially as it concerns our pediatric patient base.

Respectfully,
Sharon A. Vallone, DC, FICCP