

Pediatric Day 1 – Consultation, Exam, & First Adjustment

Pediatric Day 1 is the beginning of a patient, parent, doctor relationship that is ever changing. Like adults, peds have relevant stressors in their life. Unlike most adults, those stressors are quickly changing and sometimes anticipated, especially in the first 2 years of life.

Intention: to learn as much as possible about that child in-utero, birth process, and life experience thus far. For the parent to understand that what they might think of as normal is actually common, not normal. And that you, as the doctor, will be approaching their child's health from a view that their pediatrician has maybe never looked at. The parents should leave with hope and a better understanding of some normal vs. abnormal and examples of positive changes to look for after the first adjustment. We start to get the parents actively involved in taking control of their child's health from day 1.

Tone: Exciting, soft, confident, welcoming. Concern, caring, and hope are a large part while going through the history, chief complaint, and first adjustment.

Why: Parents would move mountains for the health of their children. This is our opportunity to change an entire generation in how they view and manage their health. The most heartbreaking comment from a parent is, "I wish I would have known before." It's our obligation to help those who do not yet have a voice.

The Pediatric Day 1 Appointment

A pediatric Day 1 typically includes the following:

1. New Patient Phone Call
2. Team Welcome
3. Office Tour
4. Consultation
(hand off to CA)
5. Scans: Thermal, EMG, HRV (Pediatric Core Score)
(hand back to Doctor)
6. Verbal Explanation of Scan findings
7. Exam
8. First Adjustment
9. Next Steps
10. Handoff to Check-out CA
11. Front Desk Check-out
12. Prepping for DR – Recommendations, Homecare, etc.

New Patient Pediatric Phone Call

All new patients get multiple touches before even entering the office. No matter if a patient is calling in, scheduling through social media, the website, or personally inside the office, it's important that each person feels very taken care of. The patient should have absolutely no questions about getting to the office and what's going to happen on the first visit.

On either their initial new patient phone call or their reminder phone call, the team is gathering information about the patient as well as sending information. It's important for the doctor to know the parents name that will be bringing the child, how old the child is, why the parent is making the appointment (chief complaint), and if the parent plans to have paperwork filled out prior to the appointment or if they will be coming early to fill it out. This information might sound irrelevant, but it can be very important. We prefer all paperwork to be filled out prior to arriving. A parent that must fill out paperwork in-office while also taking care of the child can be very stressful. This may also change some instructions that will be given at check-in. (more on this later).

Every patient will receive a New Patient email which includes a note from the office on how excited we are to meet (patient name), directions to the office with a picture of a map, and video from the doctor showing them around the office. They will also receive the NP paperwork attached if they choose to fill it out by hand, a link to our electronic paperwork to fill out online that comes directly to us and a note saying that they are required to come 20 minutes early if they plan to fill it out in-office. Lastly, there are instructions of what to do and not do the day, hours, and minutes leading up to the appointment to assure that the doctor gets the most accurate exam results.

- Remove child from car seat immediately upon arrival at the office
- Remove jackets or coats upon arrival at the office
- Let the doctor know if there have been significant emotional or physical stresses during the day
- Do not alter your prescriptions or supplements
- Allow at least 3 hours after exercise or sports practice
- Limit caffeine intake for at least 3 hours prior to your exam

Team Welcome

Every patient, including New Patients will be greeted by name. The team greets both the parent and patient (child) by name. If the child is old enough, they should be greeted directly after greeting the parent. It's a very friendly and welcoming greeting making sure the parent didn't have trouble finding the office and collecting the paperwork.

Our check-in CA will instruct the parent to take the child out of the car seat or take off any jackets or heavy sweatshirts. They will also have them wait in the front area for a team member to take them back to see the doctor. If the parent did not have paperwork filled out, they are still instructed to remove the baby from the car seat but either a front desk CA or a floor CA will offer to help in any way possible. This usually means holding the baby or asking the paperwork questions and filling it out for them. *It is vital that the patient does not stay in the car seat as the scan is likely to not be accurate.*

Office Tour

The pediatric office tour is basically the same as all other office tours with a few slight changes.

Rehab Area: As the team goes through the rehab, they will put an emphasis on the fact that this doesn't apply to babies or most pregnant women but may be applicable to others in the family when they decide to get their spine checked. If the patient is a slightly older child, the team member will explain that this rehab may or may not be prescribed as part of their health journey here in the office and possibly at home.

Testimony Wall: The team will point out a few more pediatric & pregnancy testimonies, possibly even giving a brief personal testimony on their own child.

The Doctor: Upon entering the room, the CA will give the credentials of the doctor. i.e. 500 hours towards her pediatric diplomate, Spinning Babies certified, SOT certified, Birth Fit certified, Webster certified, etc.

The team will let them know they are excited for them to be in the office, and they hope the appointment with the doctor goes well. The doctor will be right in.

The Pediatric Day 1 Consultation

It is the responsibility of the pediatric doctor to get a very thorough history and understanding of the problem through a consultation and exam. Even if the pediatric patient is only days old, there is still a complete history that goes back to in-utero that can be obtained.

Your pediatric paperwork should be the starting point for any conversation you want to have including things like:

- Major and Minor concerns (reason for the appointment)
- A list of possible symptoms that may seem unrelated
- Mom's Labor & Birth process
- Growth & Development (milestones)
- Physical Stressors
- Chemical Stressors
- Vaccines
- History of Mother's Pregnancy
- Nutritional History
- Psychosocial Stressors
- A checkmark list of Retained Reflex symptoms

There are several important points during the new patient consultation:

1. Rapport
2. History
3. Concern
4. Hope
5. Nerve Chart & Spine
6. Next Steps

You'll find that the dynamic of every pediatric consultation can be different from the next. You want to do your best to touch on each of the points while also reading/understanding the delicate situation that is in front of you at that very moment. There are absolutely times when the parent is topped out and just wants you to "fix my baby". There are also times when the protective side of

the parent comes out and watches your every move and analyzes your every word. Finding the perfect balance between soft, solid, and confident can make or break the trust between you and the parent.

It's also extremely important to understand that the 5 essentials start to play a large role in the baby/child's care from day 1. For example, if a baby is breastfed vs. formula fed and you have a gassy/colic baby. If breastfed, we should talk to the mom about her nutritional habit. If formula fed we should be talking about brands of formula and getting a more organic/clean formula. Nutrition can easily be the cause of the subluxation and if not changed from day 1, can lead to difficulty clearing the patient's subluxations. Babies/kids can respond quickly to their adjustments and it's our responsibility to clear anything preventing the body from healing from the very beginning. Another example might be the age of the patient. Is the patient 4 months with a recent history of sleep disturbance, feeding changes, fussiness, an increase in parental neediness? All of these symptoms are very common for a 4 month neurological leap. Or it can also be due to a fall, traumatic birth process, or psychosocial event at home. These 2 different histories could change the depth of the care plan recommendations.

Rapport

Always enter the room with a soft demeanor and a confident voice. This is where it's important to thoroughly read the paperwork (and phone call note) to get the best understanding of what this parent has been through leading up to sitting in your office. It's likely both the parent and child are overstimulated and require a quiet environment. Having light dimmers, diffusers, heater/fan, nursing pillows, and soft pillows for baby sleeping are all great options to have in every pediatric room.

Always greet the parent by name and look at the child and greet them by name no matter the age. This can go a very long way in getting the parent to trust that you are comfortable and confident around babies/children. If the patient is a baby, say hello by name, pause, and then let the parent know how precious their little one is. If the child is older, again, greet by name and potentially have a small conversation to build rapport/trust directly. Example: "Hi Stetson! You have a dinosaur on your shirt, I love dinosaurs!! Do you have a favorite? I'm so excited that you're here. I'm going to chat with mom for a little while about some things that are going on. If you have any questions or want to say anything, you just shout it out, ok! Is it ok if I chat with your mom?"

History

Although the paperwork can paint a good picture of the history, it's important to go through it verbally with the parent as it's possible this is the first time it's been said out loud and mom can easily start connecting the dots before you even go into the exam.

Taking a complete history can help distinguish between dural/meningeal and/or a structural subluxation. A complete exam will identify which specifically, but a good history will help with a place to start and a potential mechanism of how it happened. This information plays a huge role in determining a pediatric care plan.

Concern & Hope

It's equal parts concern and hope throughout the entire Day 1 process.

“With the birth process and first few weeks of life that little Stetson has had, I'm concerned he might have nerve interference. Birthing day is a big day for you mom, but potentially an even bigger day for Stetson. I know he's not very old, but he's been through a lot in his little life. Through the pulling of his spine in the c-section and the antibiotics from the ear infections, it's more than enough to interfere with the function of his nervous system causing a lot, if not all the symptoms we have been talking about today. The good news is that I've seen this a lot in my office. Although I hear this commonly from moms, it absolutely does not make it normal. One of the great things about kids is that they can respond quickly and heal but we have to remove the interference.”

Nerve Chart & Spine

It's helpful to have a baby spine and for your nerve chart to have symptoms on it that are relative to pediatrics. A function chart with how subluxations are created is also very helpful.

“Through various things in life we can create misalignments of the spine called subluxations. (showing what a subluxation looks like on a spine). Again, Stetson went through a c-section (pulling up on the cervical spine of the baby model). This is a significant amount of force pulling up on the spinal cord. We're designed to go through compression, NOT traction on the spine during delivery. A lot of moms describe the feeling of being pulled up from the table as their baby is being born. This is absolutely a major physical trauma (point to the words “physical trauma” on my function chart.” “Stetson has also had antibiotics for ear infections. This tells us 2 things, #1, his immune system is not functioning the way it should and #2, chemicals were introduced that can also cause interference to the nervous system (pointing to the word “chemical” on the function chart).

Next Steps

“Today my job is to figure out where the interference is and to start the healing process with his first adjustment. I'm going to have one of my assistants come in and they are going to do a series of scans. They put nothing into the body, they measure different aspects of how the nerve system is functioning and responding to or not responding to everyday stressors of life.”

“Do you have any questions for me initially?”

Scans: Thermal, EMG, HRV (Pediatric Core Score)

An assistant is best to do the scans as it allows the doctor to come back into the room for the exam and first adjustment with a different concern/seriousness.

We try our best to do a Pediatric Core Score, but an HRV isn't always an option depending on age.

Pediatric Core Score

Thermal Scan (Temperature Balance) (NeuroTHERMAL): End organ function. Sympathetic balance.

Surface EMG (Postural Energy) (NeuroCORE): The health of the muscle/postural system and its response to environmental stressors such as emotional and physical subluxation.

Heart Rate Variability (HRV) (Adaptability Reserve) (NeuroPULSE): The potential a patient has to heal, stay well, and maximize health.

Verbal Explanation of Scan findings

The Thermal Scan is always used as a verbal explanation of how the body is functioning. Showing the Thermal Scan on the tablet: "Red is clearly a color we do not want to see. After hearing everything about his entry into the world and other stressors Stetson has going on, I'm not surprised to see this much color. This is showing us significant interference to his nerve system in those red areas."

With exceptional care and concern: "I know most of this doesn't make sense to you right now, but I'm really glad he's here. We're going to start with his first adjustment to ensure his little body starts healing TODAY. On his next visit, we're going to go over this in great detail and we're going to make a plan going forward on what it's going to take for him to heal and for him to be at his 100%. For right now, I'm going to dive in a little deeper with an exam and give him his first adjustment. Do you have any questions for me?"

Exam

A good amount of the exam can happen from the second you walk in the door while doing the consultation with the parent. Things to look for:

- Fine Motor
- Gross Motor
- Adaptive
- Social
- Communications
- Gait Analysis

During the actual exam, collect any findings on the above categories if unable to observe. Other potential exam procedures when applicable:

- Cranial shape / measurements
- Prone / Supine Analysis
- Trap and Occipital Fibers, Occipital Sacral Segmental Indicators
- Primitive Reflexes
- Posture Analysis
- Soft Tissue Evaluation
- ROM
- Motion Palpation
- Dural Meningeal vs. Structural System Indicators
- Oral Ties
- Orthopedic Tests
- X-rays

A verbal confirmation of findings is always reported to the parent as you go through each test.

First Adjustment

All first adjustments, no matter the age, are addressed with the parent first. If the child is old enough, confirmation is received from him/her as well.

The first adjustment is also considered part of the exam process, that's why it's conducted on day 1. You're still gathering information to make a complete recommendation on their next visit, the doctor's report. Things you are observing are:

- Does the child tolerate the adjustment well?
- Is there tenderness during the adjustment?
- Does the subluxation reduce or the dura release with ease?
- Is there an immediate physiological response from the patient?

Building trust with the patient and parent is key number 1. Building trust with the patient can be obtained through things like: talking them through each step, positive facial expressions, communicating through understandable terms like "popcorn", having the parent sit with a hand on the child, etc. The biggest way to build trust with the parent is to walk them through each step of the adjustment and what it means for the baby/child.

Next Steps

Following the first adjustment, detailed communication on what to expect at home is addressed with the parent.

"Stetson did great with his first adjustment today. There are 2 things that the body needs to heal and that's rest and fuel. You might notice that he is extra hungry or thirsty and you might notice that he wants to sleep more. The body always knows exactly what to do, our job is to honor what it's asking for in order to maximize healing." It's always a good idea to address the chief complaint in terms of watching for changes after the adjustment. For example, ear infections or snotty nose: "you might notice extra drainage out of the nose or down the back of the throat resulting in an upset stomach. These would all be very common and expected things as the body purges the symptom. You may also not notice anything on the outside and that would also be normal. All healing happens from the inside out and the body will heal what's the most important first. That might not be the ear infection but that's ok. At the end of the day the healing process has begun inside of the body and we know it's doing exactly what it need to do to optimize Stetsons potential." "On your next appointment we will go into great detail on everything I found today, Stetson's scan and what they mean, and a plan on what it's going to take to get him to his 100%."

Prepping for DR – Recommendations, Homecare, etc.

Pediatric Recommendations

When deciding on care plan recommendations, there are multiple things to consider:

1. In-utero Stress
 - a. Were there times of malposition?
 - b. The stress of mom
 - c. Medications, supplements
 - d. Mom's daily activities (did she work in a "twisted" position often?)
 - e. Number of ultrasounds
 - f. Chiropractic care

2. Labor and Delivery
 - a. Was it long? Short?
 - b. Epidural
 - c. Induced
 - d. Forceps or vacuum
 - e. C-section
 - f. Internal monitoring
 - g. Homebirth, birth center, hospital
 - h. Complications
 - i. Fetal stress during contractions / pushing
 - j. Position of delivery – cephalic, breech, etc.
3. First few weeks of life (and time leading up to current age)
 - a. Gestational age
 - b. Birth weight
 - c. APGAR scores
 - d. NICU time
 - e. Latching issues
 - f. Oral ties
 - g. Medications
 - h. Breastfed vs formula fed
 - i. Vaccines
 - j. Other Physical, Chemical, or Psychosocial Stressors?
 - k. Are they meeting milestones?
4. Chief Complaint
 - a. Severity
 - b. How long has it been there? Is it getting worse?
 - c. Are they under care by other providers?
 - d. Is this creating other secondary symptoms?
5. Scans
 - a. Mild, Moderate, Severe
6. First Adjustment
 - a. Does the child tolerate the adjustment well?
 - b. Is there tenderness during the adjustment?
 - c. Does the subluxation reduce or the dura release with ease?
 - d. Is there an immediate physiological response from the patient?

Homecare

Unless there is something directing affecting the health of the patient, homecare is usually not addressed until the Doctor's Report. Some common things that might be discussed on the first visit that the parent can change immediately are:

- Nutrition
 - o Breastfeeding
 - Are there things in mom's diet that can be taken out or changed?
 - Does mom need to eat more? Hydrate?
 - Breastfeeding positioning
 - Address transition out of using a nipple shield if it's being used.
 - o Formula

- Is it a clean formula or can a cleaner brand be recommended?
- Solid Foods
 - Things to take out depending on symptoms: sugar, dairy, gluten
- Supplementation
 - Probiotic
 - Digestive Enzyme
 - Specific supplements to add because of depletion due to medication
 - Adding specific supplements due to lack of nutrients in formula
- Posture Changes
 - Cervical curve protection
 - Lumbar protection
- Other Providers
 - Oral ties

Additional homecare changes to add or subtract at or after Doctor's Report

- Nutrition
 - Supplements
 - Vaccine detox
 - Liver support / organ system support (i.e. Bioray, Earthley)
 - General daily supplements (multi, omega, vit D, probiotic, etc)
- Posture
 - Postural reading glasses
 - Blue light glasses
 - Spinal molds