

## Healthy Children and Chiropractic

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**By Donald Epstein, D.C.**

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Providing health care services to children involves a dimension not often encountered in rendering care to adults. Not only must the child's needs and concerns be addressed, but those of the child's parents as well. The child doesn't have educational bias, is usually simple to care for, and will respond immediately to physiologic changes that enhance life expression. The parents may require more attention to further their knowledge and understanding of health. This article addresses the issue of how to know if a child's health is improving, and how to assure the parent of this.

There are two models of health: biomedical and social science. The biomedical model refers to physical symptom status and laboratory tests. The social science model refers to the individual's functional status; the ability to utilize the uniqueness of one's environment and one's experience. It also includes the changes to one's perception, the ability to make healthier choices, and improvement in one's overall quality of life.

Health, by definition refers to optimal function physically, mentally and socially, not merely the absence of disease and infirmity. The social science indicators must be considered to fully assess health. Since chiropractic is a non-medical discipline, it is all the more vital that our chiropractic and health assessments not be largely based upon medical indicators. In the course of chiropractic care, it is common for parents to remark that their child's disposition has improved, that he learns better in school, that she is more at peace, that he reacts to stress more effectively, sleeps better, and that in general he is more able to function without restriction. These are all indicators of health. At times a presenting symptom may not reduce or be eliminated, but the child's health will be improving in a variety of other ways.

It is important to eliminate inconsistencies in our philosophy, clinical approach, and communication. If we wish to assist in the restoration of spinal integrity (with its associated

enhancement of health and well being) through specific adjustment of vertebral subluxations, then our methods of outcome assessment must be consistent with this.

Is the spine healthier than at the entrance visit? What is the general trend, and what are the specifics at the time of re-evaluation? Is there a positive improvement in both the correction of subluxations and spinal integrity? And lastly, what is the child's personal assessment or the parent's opinion of the child's status in the following categories:

1. Physical State
2. Mental Emotional State
3. Stress Evaluation
4. Life enjoyment
5. Overall Quality of life.

It is important that the chiropractor not focus more clinical attention on the presenting complaint or symptom than the social science health and wellness indicators. The patient/family member might equate chiropractic care with a particular physical symptom's improvement rather than the goal stated above. Often particular symptoms may intensify during the healing process, while other indicators of health and wellness improve. The presenting complaint may be amongst the last of changes in the health picture. The practitioner must be certain of his or her focus and intent in monitoring the patient's progress.

A parent may notice their child has a fever, however the child's behavior may not appear any different than usual. In another instance the child may be less feverish, yet his behavior may be considerably affected. Is the fever in itself a measure of impaired health? Or has the overall picture of the child, including his interaction with his environment, reactions to stress, mood, and sense of humor been viewed? Rather than questioning an adaptation of the body's internal wisdom, such as fever, ask instead about how the patient feels (or appears to feel) about how he feels. In questioning a parent simply shifting the wording from "Tell me about Johnny's symptoms" to "Tell me about Johnny" will yield a far greater spectrum of information about your patient. The biomedical approach deals with the conditions only. The social science indicators refer to the person in which the condition is present. As chiropractors, it is the person, not the condition we seek to help.

A recent research paper titled A Retrospective Assessment of Network Care Using a Survey of Self Rated Health, Wellness and Quality of Life<sup>1</sup> presented the largest epidemiological study of a chiropractic population to date. It represents the largest study of chiropractic patients for such a wide range of health and wellness indicators. It established the initial validation for a new instrument of patient self evaluation for the categories mentioned above.

Patient's reported significant, positive changes in all the mentioned domains of health, as well as an enhanced quality of life. The improvements reported suggest that this particular application of chiropractic is associated with significant benefits in all categories. This study of 2,818 patients, conducted through multiple departments at The University of California, Irvine not only documented the health benefits of chiropractic care, but has established a new basis for evaluation of the health and wellness benefits of non medical disciplines.

Since the overall health and wellness benefits continued throughout the duration of care in the population reported in this study, it would be unfortunate to identify the goal of care as the reduction of a particular symptom, and miss the greater implications of long term vertebral subluxation based chiropractic care to the child's health. With accountability to our objectives and alignment of our procedures and communications, we can use safe, effective and gentle applications of chiropractic adjustments to position ourselves as leaders amongst the non-medical approaches to the health and well being of children.

<sup>1</sup> Blanks R., Schuster T., Dobson M., A Retrospective Assessment of Network Care Using a Survey of Self-Rated Health, Wellness and Quality of Life. *Journal of Vertebral Subluxation Research* 1997 1 (4) 15-30