

## Special Populations Pediatrics



A 2012 systematic reviewed stated, “studies that monitored both subjective and objective outcome measures of relevance to both patients and parents tended to report the most favorable response to SMT, especially among children with asthma.”<sup>1</sup>

### ADHD

Evidence is insufficient to support chiropractic care for ADHD in children.<sup>2,3</sup>

### Autism spectrum disorders

Limited literature regarding chiropractic care and autism.<sup>4</sup> Preliminary studies suggest some benefit from chiropractic care.<sup>4</sup>

“Given the ineffectiveness of pharmaceutical agents, a trial of chiropractic care for sufferers of autism is prudent and warranted.”<sup>4</sup> (information obtained from abstract)

### Asthma

A 2010 systematic review states that SMT is not effective for asthma, compared to sham manipulation.<sup>5</sup> However, a 2007 review indicates that the entire clinical encounter of chiropractic care, including SMT, is beneficial to patients with asthma.<sup>6</sup>

Another 2010 systematic review states that “chiropractic care showed improvements in subjective measures and, to a lesser degree objective measures, none of which were statistically significant... some asthmatic patients may benefit from this treatment approach; however, at this time, the evidence suggests chiropractic care should be used as an adjunct, not a replacement, to traditional medical therapy.”<sup>7</sup>

### Best practices recommendations

Figure included in article listing “Red Flags” that require emergent treatment or referral and co-management (Figure 2)<sup>8</sup>

Standards for pediatric education should be developed in chiropractic college curriculum including post graduate education<sup>8</sup>

Chiropractic treatment for infants, children and adolescents include, but are not limited to spinal manipulation, vitamins, dietary interventions, therapeutic exercise, posture correction, and physical agents. Patient preference is important.<sup>8</sup>

Adult research may not be generalizable to pediatric population<sup>8</sup>

### Colic

“Chiropractic care is a viable alternative to the care of infantile colic and congruent with evidence-based practice, particularly when one considers that medical care options are no better than placebo or have associated adverse events.”<sup>9</sup>

Cochrane database systematic review and a 2010 review found that evidence was insufficient to make conclusions about the effectiveness of SMT.<sup>3,10</sup>

### Musculoskeletal conditions

Evidence is insufficient for manual therapy for spinal disorders in the pediatric population specifically. There was one RCT for TMJ disorders.<sup>11</sup>

### Nocturnal enuresis

Evidence is insufficient for SMT.<sup>3</sup>

*Continued on next page.*

## Special Populations - Pediatric continued

### Otitis media

Evidence is insufficient to support or refute SMT for OM<sup>3,12</sup> but there is no evidence of serious adverse events from SMT for children with OM.<sup>12</sup>

### Respiratory disease

Study looked at osteopathic manipulation, massage and chiropractic and found that the literature is insufficient.<sup>13</sup>

### References

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