

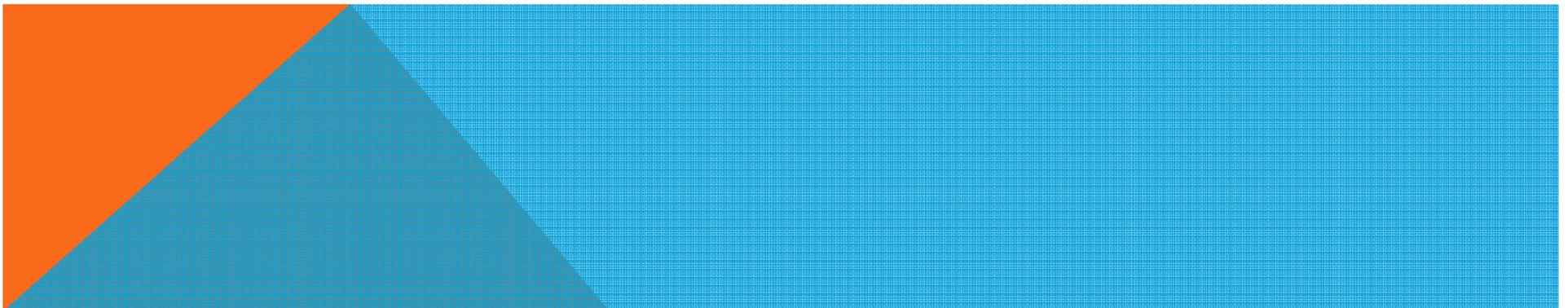
Back To Chiropractic Continuing Education Seminars

Pediatrics ~ 6 Hours

Welcome:

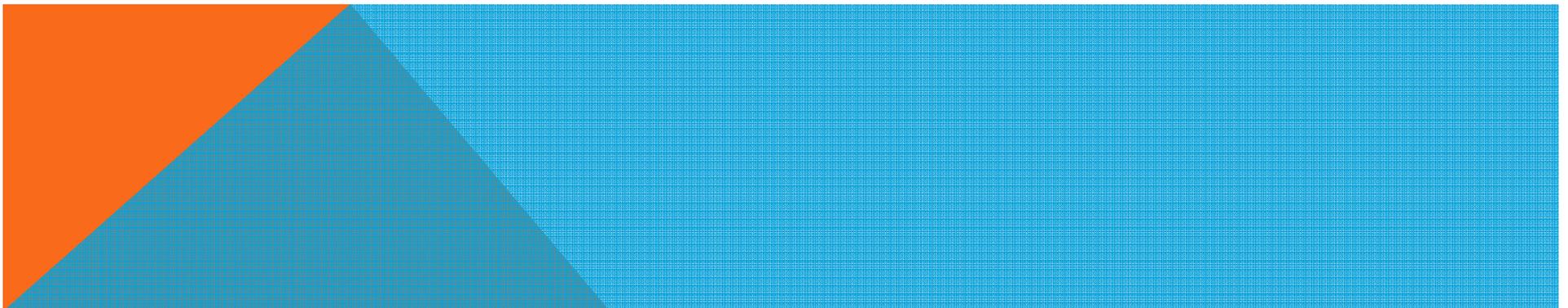
This course counts as 6 Hours of CE for Pediatrics for the Chiropractic Board of Examiners for the state of California.

There is no time element to this course, take it at your leisure. If you read slow or fast or if you read it all at once or a little at a time it does not matter.



How it works:

- 1. Helpful Hint: Print exam only and read through notes on computer screen and answer as you read.**
- 2. Printing notes will use a ton of printer ink, so not advised.**
- 3. Read thru course materials.**
- 4. Take exam; e-mail letter answers in a NUMBERED vertical column to marcusstrutzdc@gmail.com.**
- 5. If you pass exam (70%), I will email you a certificate, within 24 hrs, if you do not pass, you must repeat the exam. If you do not pass the second time then you must retake and pay again.**
- 6. If you are taking the course for DC license renewal you must complete the course by the end of your birthday month for it to count towards renewing your license. I strongly advise to take it well before the end of your birthday month so you can send in your renewal form early.**
- 7. Upon passing, your Certificate will be e-mailed to you for your records.**
- 8. DO NOT send the state board this certificate.**
- 9. I will retain a record of all your CE courses. If you get audited and lost your records, I have a copy.**



The Board of Chiropractic Examiners requires that you complete all of your required CE hours BEFORE you submit your chiropractic license renewal form and fee.

NOTE: It is solely your responsibility to complete the course by then, no refunds will be given for lack of completion.

Enjoy,

Marcus Strutz DC

CE Provider

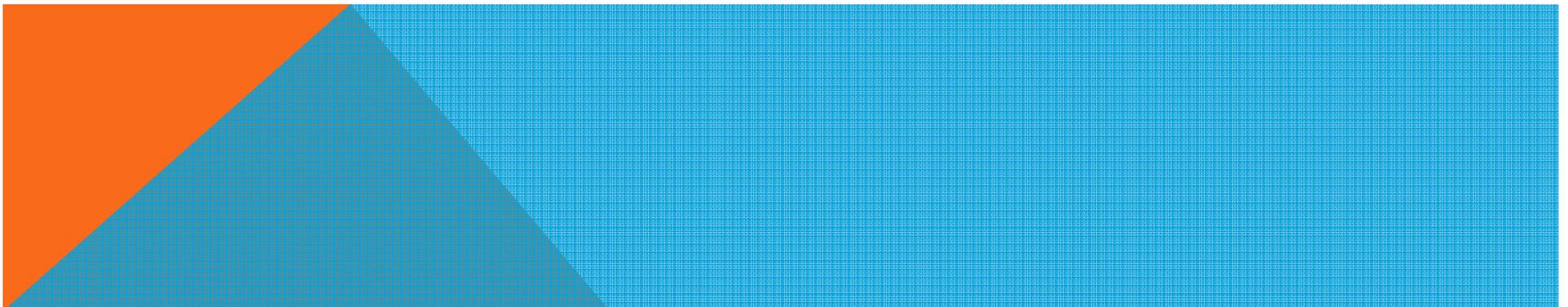
Back To Chiropractic CE Seminars

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PEDIATRIC CHIROPRACTIC

Dr. Rochelle Neally

IN THE BEGINNING....

- Pediatrics was offered in the curriculum at West Coast Chiropractic College in Oakland, CA in 1915.

Los Angeles College of Chiropractic offered 50 hour course in pediatrics by 1919.

1954 Dr. Lorraine Golden dedicated her practice to serving physically and mentally handicapped, emotionally disturbed and learning disabled children. Became Kentuckian Children's Center



- Oklahaven Children's Center was established in 1963. 1977 Dr. Bobby Doscher was director.
- 1975, Dr. Larry Webster founded ICPA, International Chiropractic Pediatric Association.

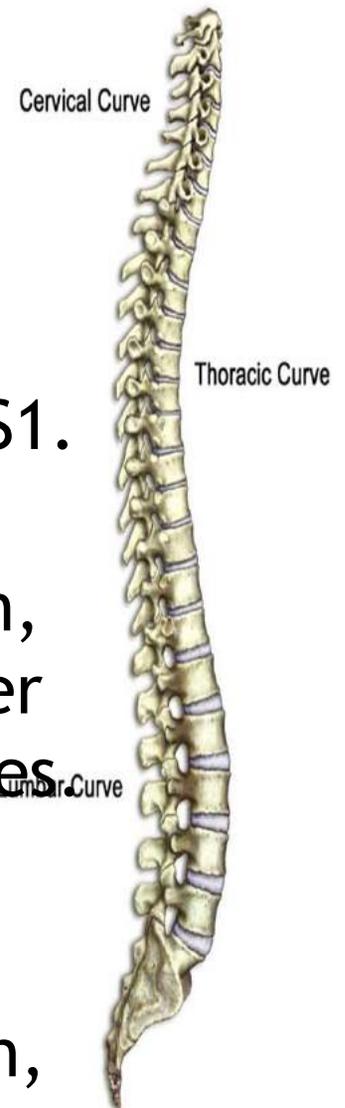


PRE/POST- NATAL SPINAL DEVELOPMENT

- ◉ In-utero constraint occurring in the last trimester of pregnancy may be an extrinsic factor for biomechanical stresses on the cartilaginous spine of the fetus.
- ◉ The average length of the spine of the neonate is approximately 20cm. Within the first 24 months of life, the length of the spine will grow to approximately 45cm.
- ◉ Largely composed of cartilaginous material up to 6 years old.
- ◉ This does NOT contraindicate specific adjustments

CAUSES OF SUBLUXATION

- ◉ Areas most susceptible to biomechanical stress are transitional areas C0-C1 and L5-S1.
- ◉ Causes of subluxation: In-utero constraint, birth trauma, vacuum extraction, c-section, accidental injury. Hyperextension and hyper flexion during car accidents, sports, bicycles
- ◉ Long term biomechanical strain leads deprives the disc tissue of needed nutrition, eventually leading to degeneration.



ASSESSMENT

APGAR:

Heart Rate- less than 100 weak, over 100

Respiratory Effort- Weak cry vs. strong cry

Muscle Tone- limp, some flexion, good flexion

Reflex Irritability- no response, some motion, cry

Color- pale-blue, pink, some blue, pink

7-10 Normal 4-6 moderately depressed, 0-3 severely depressed.

PEDIATRIC GI TRACT

- Infants have no teeth and insufficient salivary secretions necessary for starch breakdown, significant concentrations of these enzymes are not present until the first teeth appear (approx. 5-7 months)
- Breakdown of more complex starches occurs in the small intestines and involves pancreatic amylase. Most pediatric GI authorities assert that this essential enzyme does not appear until around 15 months.

CONT...

- ◉ Newborns stomach secretions contain pepsin and hydrochloric acid which, along with the pancreatic enzyme trypsin effectively breakdown the specific proteins, minerals and fats present in breast milk.
- ◉ The walls of the infants small intestines are extremely permeable during the first 9 months ensuring maximum absorption but with less discretion than that of a mature gut.

INTRODUCING NEW FOODS

- ◉ 6-9 months generally the earliest age for new food and beverage introduction.
- ◉ 9-12 months when infants digestive tract has developed is sufficient enough to handle foods other than breast milk.
- ◉ Should have understanding of rotational diet plan.

DETERMINING WHAT FOODS ARE BEST

- ◉ Start with one food at a time and continue for 3-4 days provided there are no signs of intolerance.
- ◉ Fruits are good first choices
- ◉ In season fruits locally grown. Organic.
- ◉ Start with juicier fruits (peaches, pears, melons ect.)
- ◉ Freshly prepared juices rather than whole mashed to begin

FRUITS FIRST

- ◉ Require little digestion for adequate absorption and utilization.
- ◉ They contain an abundance of vitamins and minerals
- ◉ They are an excellent source of energy rich in natural carbohydrates
- ◉ Infants take to them well due to high water content
- ◉ Similar protein content to breast milk.



VEGETABLES

- ◉ Start with freshly prepared juices of carrots, squash, beets, celery, cucumber, zucchini.
- ◉ Best diluted 4 parts water to 1 part fresh juice. When certain of tolerance, the dilution may slowly be reduced.
- ◉ Raw is best to ensure all enzymes and nutrients remain intact.



GRAINS

- ◉ Growing number of experts agree that grains are less likely to be properly digested until ages 1-1.5 yrs.
- ◉ Don't rush into diet
- ◉ Because of frequency of allergy and intolerance to wheat and other gluten containing grains (barley, oats, rye) it is suggested that they are introduced last.
- ◉ Non-gluten grains (brown rice, buckwheat, amaranth) are better choices when introducing grains for the first time.

SIGNS OF INTOLERANCE

- Redness around the mouth within 1-2 hours, or redness around anus within 12-24 hours.
- Abdominal bloating, gas and distention.
- Irritability, over activity, restless sleep.
- Constipation, diarrhea
- Reflux
- Nasal congestion
- Eczema

COMMON FOOD CULPRITS

- ◉ Cow's milk
- ◉ Wheat
- ◉ Corn
- ◉ Citrus fruits
- ◉ Eggs
- ◉ Yeast
- ◉ Soy products



STATIC PALPATION

- ◉ Feel for bony misalignment, muscular rigidity, edema and guarded tenderness. Palpate the transverse process of atlas. (check laterality)
- ◉ The posterior portion of the lamina-pedicle junction in the cervicals.
- ◉ The spinous and transverse processes in the thoracics.
- ◉ The spinous and mammillary processes in the lumbar.
- ◉ Just lateral to the tubercles in the sacral segments.

MOTION PALPATION

- ◉ Use gentle lateral flexion and rotation to feel for fixation between atlas and occiput. Motion only upper cervical, not entire spine.
- ◉ C2-C7, motion by using a gentle P-A glide. Support head gently and contact either the spinous or posterior aspect of lamina-pedicle junction.
- ◉ Thoracics, use index finger or index finger and thumb at base of spinouses and check for P-A glide.
- ◉ Lumbars, try to have child lay prone on your lap or parents lap.

MORE MOTION PALPATION

- ◉ SI joints can be motioned by laying child prone. Palpate SI joint and lifting ipsilateral leg. Fixation and edema in the upper part of joint would indicate PI ilium. Lower part would indicate AS ilium.
- ◉ Older children you can have him/her sit on adjusting bench with you behind them. Place your thumbs on both PSIS's and have the child spread knees apart and then together. When knees are apart, both thumbs should converge equally toward the second sacral tubercle. The one with the least movement is the involved side.

EARLY SIGNS OF SUBLUXATION

- ◉ Newborn- 1 ½ years
- ◉ Inability to lift head
- ◉ Trouble latching on
- ◉ Cries when placed prone/cannot lift head
- ◉ Difficult nursing/ prefers one side
- ◉ Body looks asymmetrical
- ◉ Absent big toe dig
- ◉ Hands never relax or open
- ◉ Dull look
- ◉ Lack of energy in eyes



HEARING/ TACTILE/VISION

- ◉ Unresponsive to loud sounds- hypo
- ◉ Responds to many stimuli- hyper
- ◉ Does not like being held
- ◉ Lack of eye contact
- ◉ Inconsolable crying
- ◉ Tongue- protruding, flat



NEUROLOGIC ASSESSMENT

- ◉ Intracranial central nervous system lesions may lead to postural abnormalities, particularly persistent asymmetries.
- ◉ Extension of the extremities. Marked extension of the head, stiffness of the neck.
- ◉ CAN MEAN SIGNIFICANT MENINGEAL OR BRAINSTEM IRRITATION. (infection or hemorrhage)

NEURO EXAM

- ◉ Sensory exam- limited
- ◉ Cranial nerve 12- pinching the nostrils, there should be a reflexive opening of the mouth and a raising of the tip of the tongue.
- ◉ If 12th cranial nerve paresis is present, the tip of the tongue will deviate towards the affected side.
- ◉ Responses to stimuli form a large part of the exam. (Moro, dorsal, dazzle reflex ect..)

PRIMITIVE REFLEXES

- ◉ Primitive reflexes are primarily tested with suspected brain injury for the purpose of assessing **frontal lobe** functioning. If they are not being suppressed properly they are called **frontal release signs**.
- ◉ Primitive reflexes are actually caused due to **extra pyramidal functions**, many of which are already present at birth. They are lost as the pyramidal tract gain functionality with progressive myelination

INFANT NEUROLOGIC REFLEXES

- Rooting reflex- excellent indicator of general central nervous system function.
- Examiner's finger strokes above the ramus of the mandible from the zygoma towards the mouth. The infant should respond with a movement of the mouth towards the finger.
- This reflex is present immediately after birth and usually disappears by the third to fourth month.



MORO RESPONSE

- ◉ Considered to be the most critical of neonatal neurologic tests. Can provide comprehensive insight into the infants neurological status.
- ◉ Examiner supports infant in supine position with both hands. The examiner then “drops” the infant downwards.
- ◉ Looking for symmetrical extension and full abduction of the arms bilaterally with extension of the trunk and flexion of knees and hips.

- ⦿ This will be followed shortly by adduction of the arms into an “embrace” position.
- ⦿ Lack of upper extremity response may indicate hemiparesis or injury to brachial plexus.
- ⦿ Inappropriate response to lower extremity may signify congenital hip dislocation.





REFLEXES

- ◉ Neck righting reflex- having infant supine, rotate head to one side. The reaction should be ipsilateral rotation of the trunk. This is displayed at 8-10 months of age
- ◉ Palmer Grasp- Examiner places a finger into the palm of the neonate's hand. The infant should respond by tightly curling the fingers and thumb around the examiners finger





BABINSKI REFLEX

- ◉ To evoke the Babinski reflex, the sole of the foot between the heel and the toe is firmly stroked with a hard tool or a thumb. In infants, this could cause the big toe to extend, pushing outwards, and often the small toes will accompany it in a splaying motion.
- ◉ Infants demonstrate the reflex because their brains are not fully mature, so the protections which prevent this reflex are not yet present.
- ◉ Present until 2 years old.

BABINSKI REFLEX



REFLEXES

- ◉ Digital Response- The baby's forearm is stroked over the ulnar nerve distribution from proximal to distal towards the hand.
- ◉ The anticipated response is a fist-like curling of the hand with slight extension of the thumb. This response is from birth to 6 months.
- ◉ Baby should be able to grasp objects by 5 months.

PLACING RESPONSE

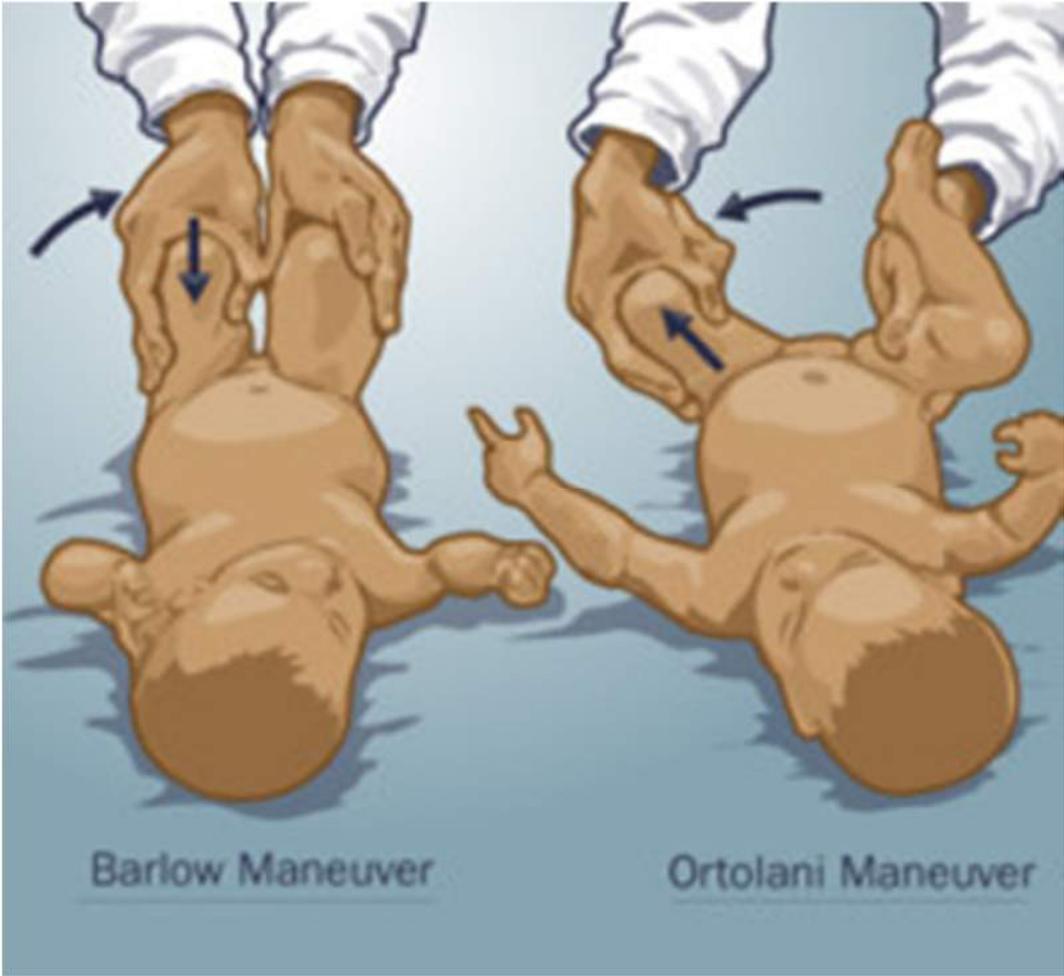
- Infant is held in upright position supported by examiners hands around the torso.
- The dorsum of one foot is then lightly rubbed on the underside of a surface.
- The infant should flex the knee and bring the foot up onto the surface.
- This is followed by the other foot replicating the response.

- Inadequate response may suggest paresis or hip dislocation.



ORTOLANI'S SIGN

- ⦿ Infant is laying supine, bilateral flexion of both thighs.
- ⦿ Then examine joints unilaterally. Flex knee and slowly abduct thigh.
- ⦿ Any clunking sounds or “slipping feeling”



GALANT'S TEST

- ◉ Assessing for spinal cord lesion.
- ◉ Infant is held in prone position, securely supported underneath abdomen by examiners hand.
- ◉ Unilaterally stroke the paraspinal musculature from the cervical region to the iliac crest.
- ◉ Anticipated response is extension and lateral flexion of the head and trunk towards same side as stimulus



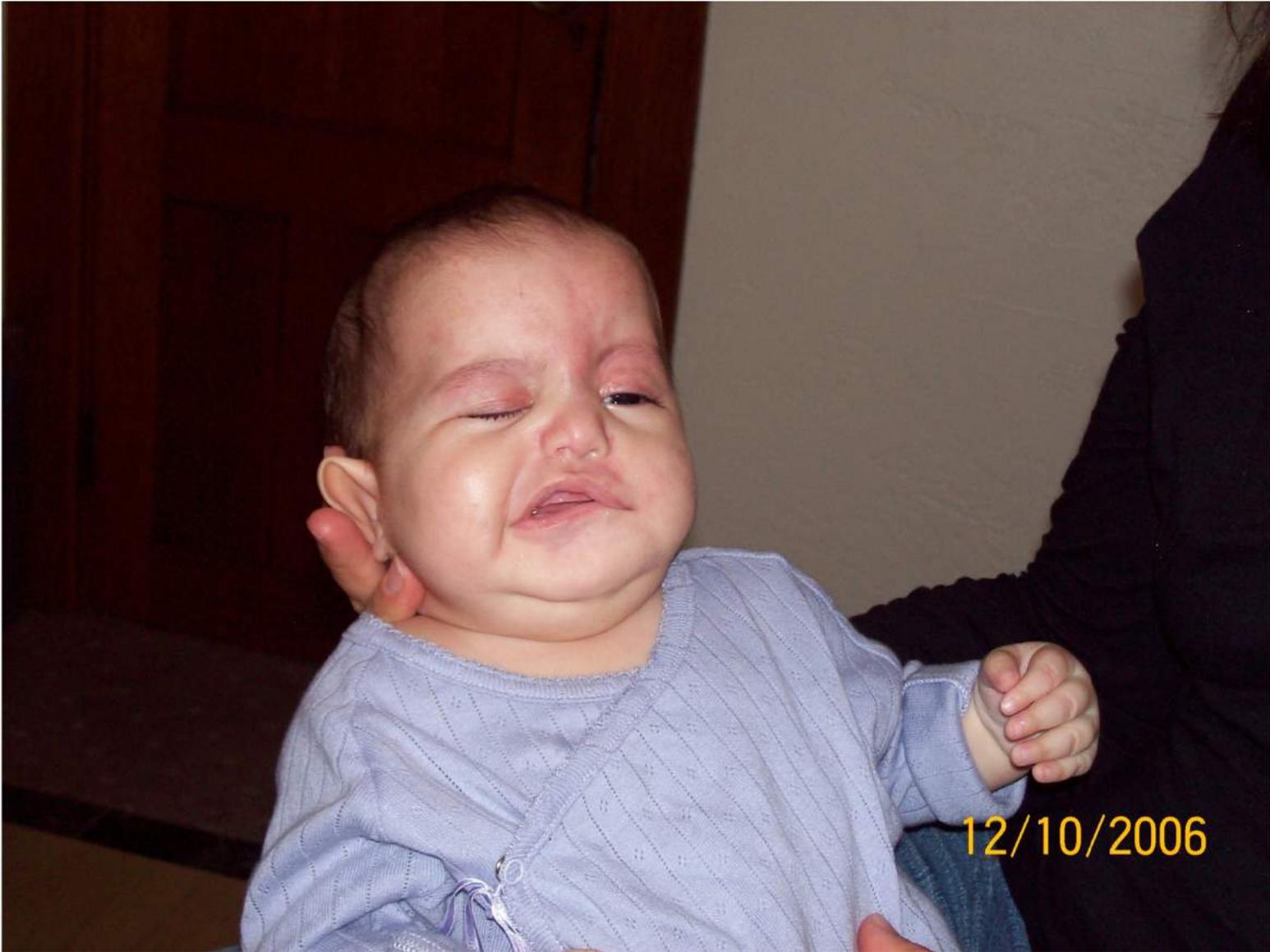
TORTICOLLIS

- ◉ Characterized most commonly by unilateral spasm of sternocleidomastoid muscle (SCM).
- ◉ Usually recognized by child stuck in muscle spasm with head tilted to one side.

- ◉ Many different subluxations may cause torticollis.
- ◉ Rotatory subluxation of C1-C2.
- ◉ Etiology factors may include in-utero or birth trauma. The use of forceps, vacuum extraction or extreme force and rotation during the delivery.

MANAGEMENT OF TORTICOLLIS

- ◉ The child in the next picture presented with facial hemiplegia and torticollis.
- ◉ Adjustments consisted of Activator C1 on the right. Anterior Superior Occiput using baby toggle piece.
- ◉ You can see the dramatic resolution in facial hemiplegia and torticollis in a 4 week span. This patient was adjusted 2x a week for the first 2 weeks and 1x a week for last 2 weeks.







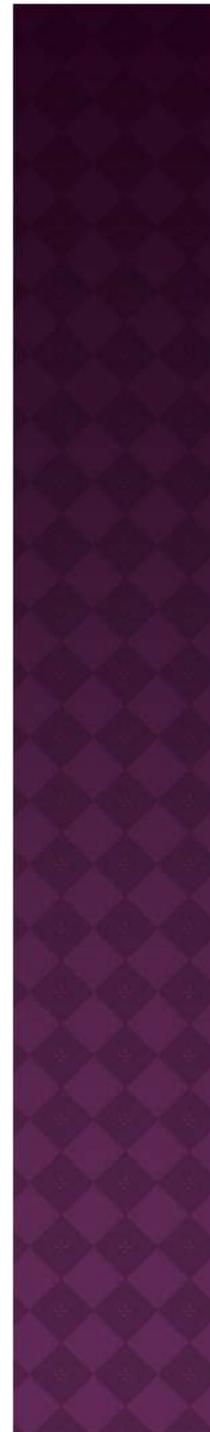
JACKSON EVALUATION



JACKSON EYE TEST



JACKSON ADJUSTMENT



JACKSON



ZSULT



ZSULT EXAM



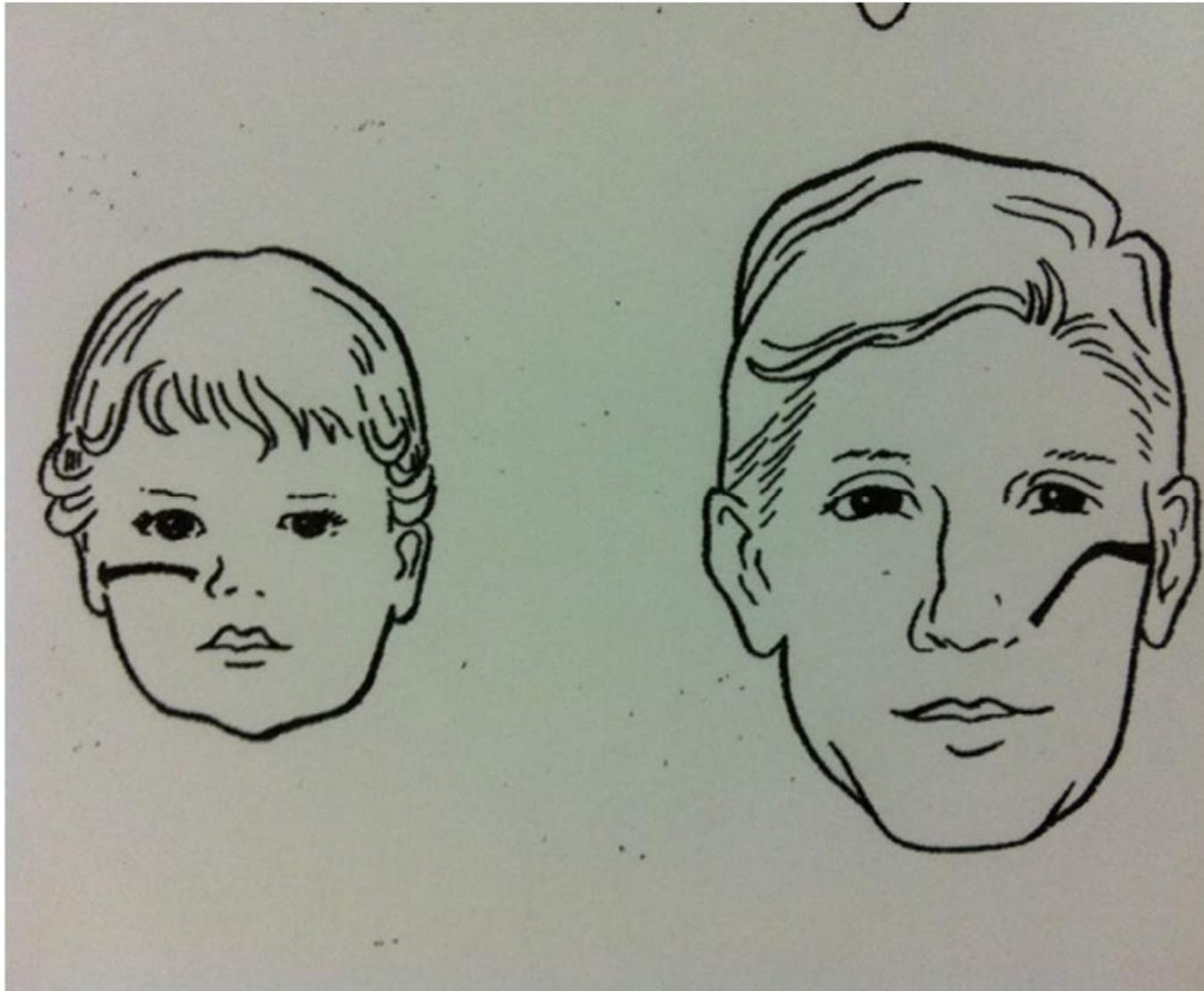
OTITIS MEDIA

- Inflammation of the middle ear
- -by 2 yo, 33% have had 3 or more episodes 66% have had a least 1.

- Medical Treatment
- Antibiotics, ear tubes, tonsils and adenoids out.

- Organisms-
- Pneumococci(30%) H.Influenza (20%) Beta-Hemolytic Streptococcus (10%)
- Sterile Effusion (40%)

EUSTACHIAN TUBE



OTITIS MEDIA

- ◉ Diagnosis: Red or yellow tympanic membrane
- ◉ Bulging tympanic membrane

- ◉ Chiropractic Care
- ◉ Upper Cervical Subluxation
- ◉ Affecting the superior sympathetic ganglion
- ◉ Interference of motor nerve fibers from C1-C4
- ◉ Inappropriate function of the Tensor Veli Palatini muscle
- ◉ Closure or blockage of Eustachian tube.

ANALYSIS OF UPPER CERVICAL SPINE

- Posture/observation- head tilt, high ear side possible atlas laterality
 - Static Palpation
 - Motion Palpation
- ADJUSTMENT
 - Activator
 - Toggle/Drop
- “Ear Circles”, lymphatic drainage
 - Tympanometer recheck

ASTHMA

- Spasm or swelling of the bronchial tubes and their mucous membranes.

MEDICAL TREATMENT

Temporary relief of symptoms

- a. Corticosteroids
- b. Bronchial dilators

Pathophysiology- severity and recurrence influenced by;

- a. Mental or physical fatigue
- b. Exposure to fumes
- c. Stress
- d. Endocrine changes

TYPES/CAUSES/CLASSIFICATIONS

◎ 1. Exercised Induced Asthma

- a. Occurs in 95% of asthmatic children
- b. Cold air is a stimulus

2. Allergic/extrinsic asthma

- a. Usually occurs before age 2
- b. Associated with foods, pollens, dust, animals
- c. Eczema common with allergic asthma

3. Non-allergic/intrinsic

- a. Viral infections
- b. Cold air
- c. Odors/smoke



“DRY” ASTHMA

- ⊙ A. dry, hoarse cough
- ⊙ B. associated with sympathetic nervous system
- ⊙ C. Triggered by endocrine system changes
- ⊙ D. subluxations associated with sympathetic functions
- ⊙ C6-T3 for thyroid function
- ⊙ T7- T12 for adrenal function

ADHD

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The Groundbreaking Brain Balance Program™
for Children with Autism, ADHD, Dyslexia,
and Other Neurological Disorders

Disconnected Kids

Achieve Results
at Home and
Without Drugs

Dr. Robert Melillo
Creator and Lead Specialist for Centers™



CLINICAL PRESENTATION

- ◉ Intermittent, recurrent episodes of
 - a. Coughing
 - b. Wheezing
 - c. Tightness of chest
 - d. Dyspnea

- 1. “Wet” Asthma
 - a. Excessive production of thick mucous
 - b. “wet” sound during respiration
 - c. Difficulty sleeping
 - d. Trouble with expiration
 - e. Subluxation associated with parasympathetic nervous system C0-C5 and sacrum

AUTISM

- ◉ . **Autism currently affects 1 in every 91 children today. It is estimated there are over 1 million people in the United States alone with autism.**

Autism is the most common developmental disability in California (and many other states). Autism is now more common than Down Syndrome, Mental Retardation, and Cystic Fibrosis combined

CHILD ASSESSMENT/ MILESTONES

◉ Receptive Response

12-18 mos. Points to body parts(eyes, nose mouth) understands up to 50 words, recognizes common objects by name(dog,cat, ball, book) Follows 1 step commands (“hug your bear”, “give me the doll”)

18mos-2yo Points to pictures when asked “show me” understands “in”, “on”, “under”. Begins to distinguish “you” from “Me”

30 months Follows 2 step commands, can identify objects by use.

3 yrs Knows several colors, knows what we do when we when are hungry, thirsty or sleepy. Is aware of past and future, understands “today and “not today”.

◉ Expression Response

◉ Uses words to express needs learns 20-50 words by 18 months, uses words inconsistently and echolalia.

◉ Uses telegraphic 2 word sentences “go bye bye” “want cookie”

◉ Uses jargon and echolalia infrequently, makes average sentences of 2 ½ words, adjectives and adverbs appear, begins to ask questions.

◉ Uses pronouns and plurals, can tell stories that begin to be understood; uses negatives (I can’t, I won’t) can tell full name, age and sex. For 3-4 word sentences.

GET TO THE POINT

- ◉ Early warning signs (by 18 months)
- ◉ Respond to name?
- ◉ Points to things of interest?
- ◉ Follow pointing gesture?



AUTISM SPECTRUM DISORDER FIRST DESCRIBED IN 1943 WITH 3 CLASSICAL SYMPTOMS:

- ⦿ Failure to use language in communication
- ⦿ Abnormal development of social reciprocity
- ⦿ Desire for sameness as expressed in repetitive rituals



CAUSES OF AUTISM

- ◉ Autism undoubtedly has a multi-factorial causation profile.
- ◉ Genetic
- ◉ Environmental- Toxins, inflammation, infections, impaired detoxification, oxidative stress.

HISTORY I

- Family History- autoimmune, allergies, GI issues
- Prenatal history- maternal health and diet, amalgams, vaccines, medications.
- Neonatal history- breastfeeding, colic, reflux, sleep issues, trauma, vaccines, medications.
- Environment- water, ticks, mold

HISTORY II

- ◉ Child's Diet- cravings, reactions
- ◉ Stools- diarrhea, constipation
- ◉ Illnesses/injuries
- ◉ Vaccines/reactions
- ◉ Skin rashes

HISTORICAL CLUES AND PHYSICAL EXAM PEARLS- GUT DYSFUNCTION

- Severe Colic
- GERD
- Wasted buttocks- can be a gluten intolerance
- Distended abdomen- can be gluten intolerance
- Strategies to put pressure on abdomen- gut pain
- Hands in pants (scratching)- can be yeast issue
- Frequent antibiotics = abnormal flora
- Yeast- rash/peeling feet, ridged discolored nails.
- Eczema- can be from food allergies

PHYSICAL EXAM PEARLS- OTHER

Zinc Deficiency- Acne/sparse hair/psoriasis
White spots/lines on nails
Canker sores

Essential Fatty Acid Deficiency- Dry, coarse
hair

Magnesium deficiency- Muscle twitch
Sighing
Salt craving

DIAGNOSTIC LAB TESTING

- ◉ IgG Food Allergy Panel (important not to get IgE food panel which is what majority of medical doctors and allergists order). This will only show immediate food allergies. Most children on the autism spectrum have delayed food allergy reactions. Specifically to gluten and casein.
- ◉ Gluten- found in wheat, rye, oats. Remember “wheat free” does not always mean gluten free. Also, “no gluten ingredients” does not always mean gluten free. Hidden gluten ingredients: STARCH and VINEGAR!





FOOD ALLERGY TESTING

- ◉ Immuno Labs- Food Allergy-Air borne allergy
- ◉ Alcat Labs- food allergy, food additives, food colorings, chemicals, herbs.



Gluten containing products other than bread and pasta are: **soy sauce, ice cream, many over the counter medicines in tablet form, some miso paste and some sushi rice.**

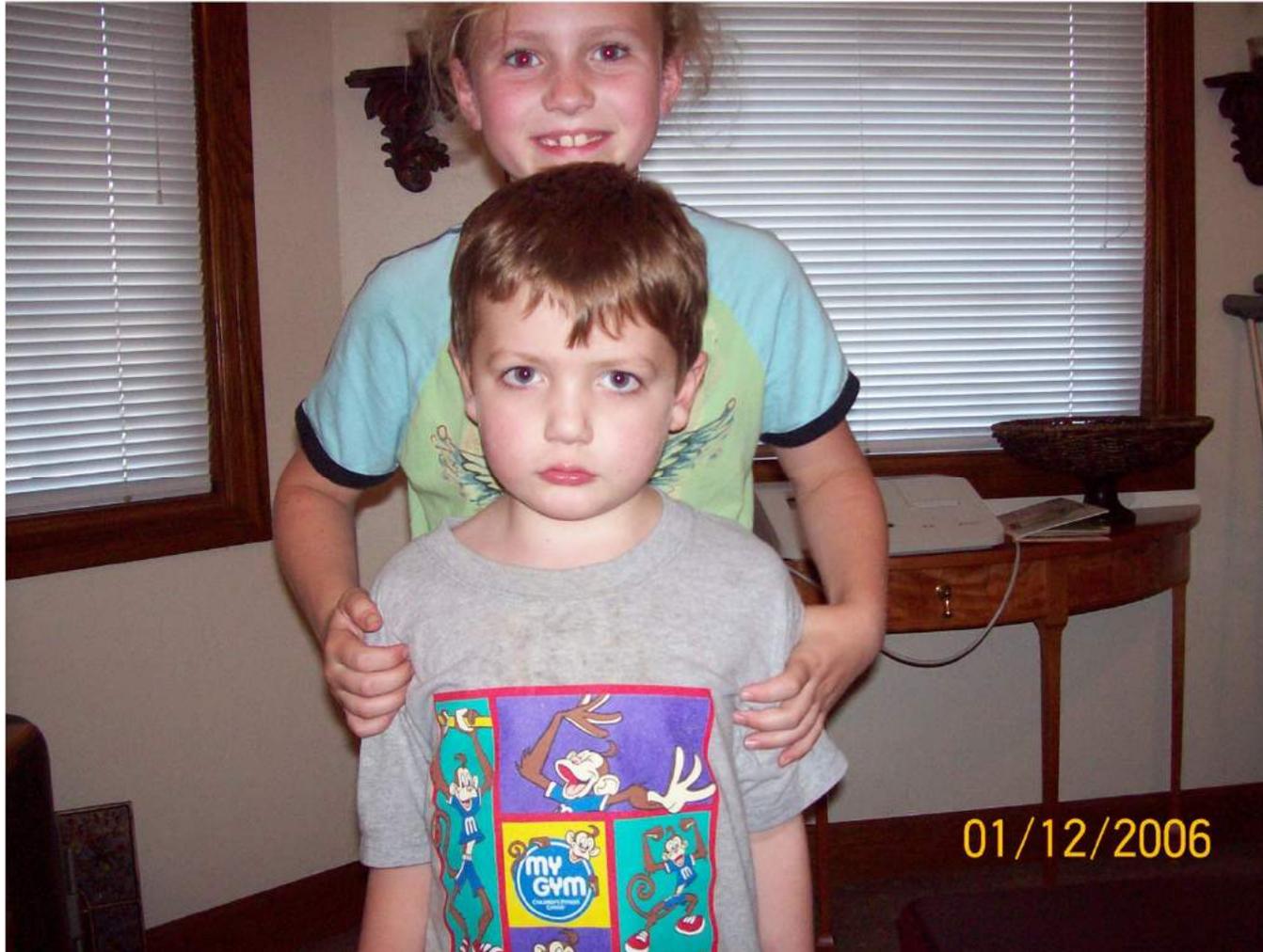
Casein- found in all dairy products. Many parents ask me if organic milk is okay. No, this still contains casein. “Dairy free” does not mean casein free. Always look for casein as an ingredient.

Rice milk and almond milk are good substitutes. I usually don't recommend soy milk. 50%-60% of children that cant tolerate dairy, also cant tolerate soy.

AUTISM



AUTISM



ECZEMA

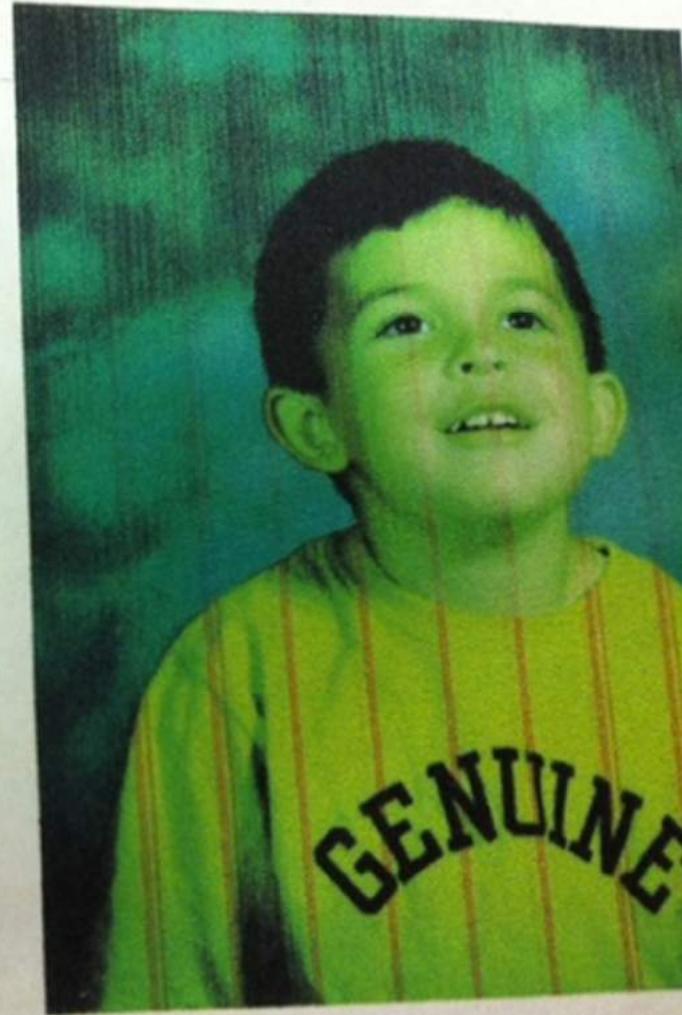
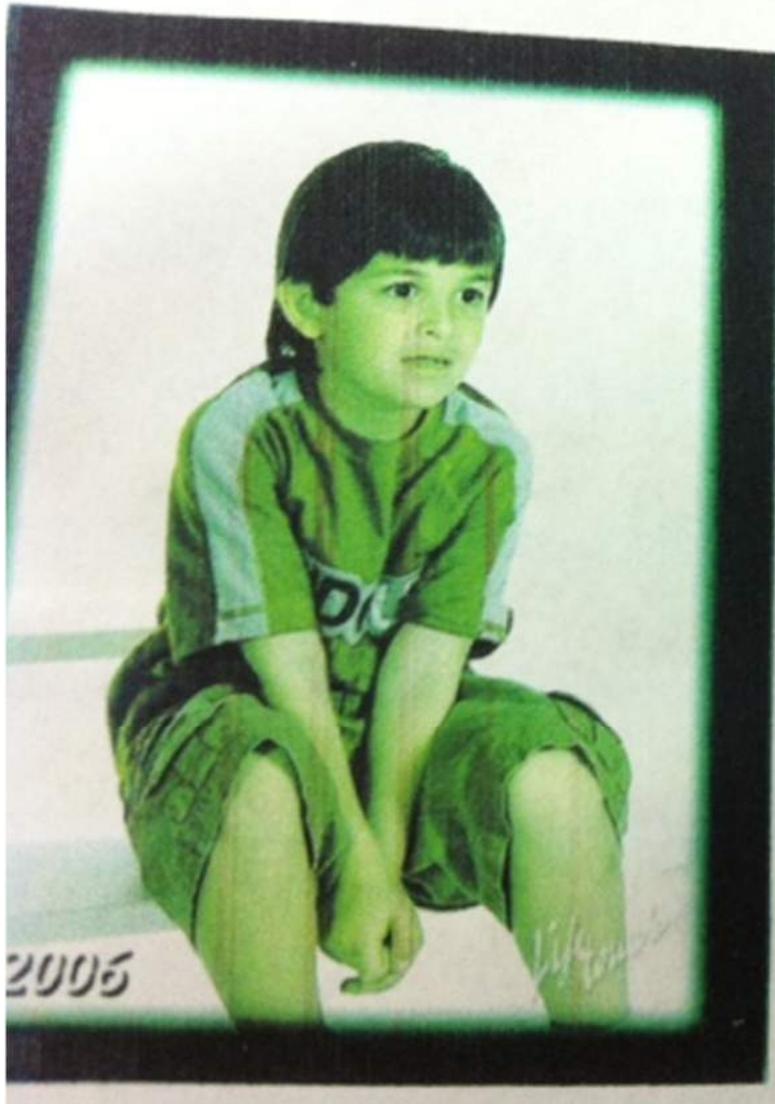


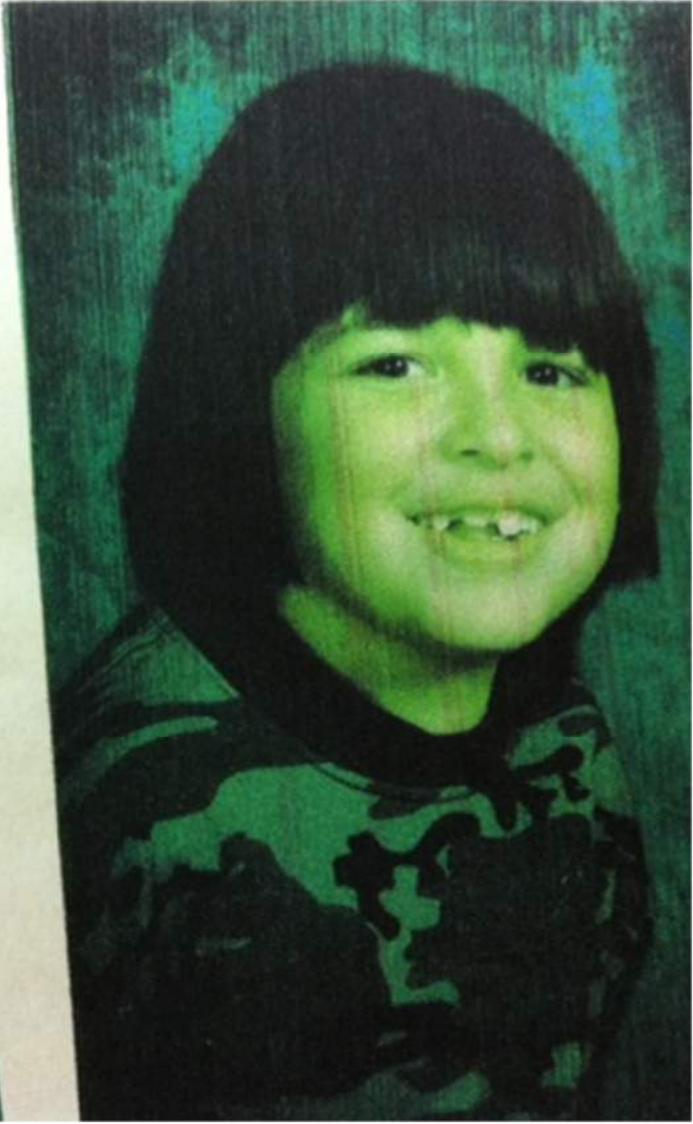
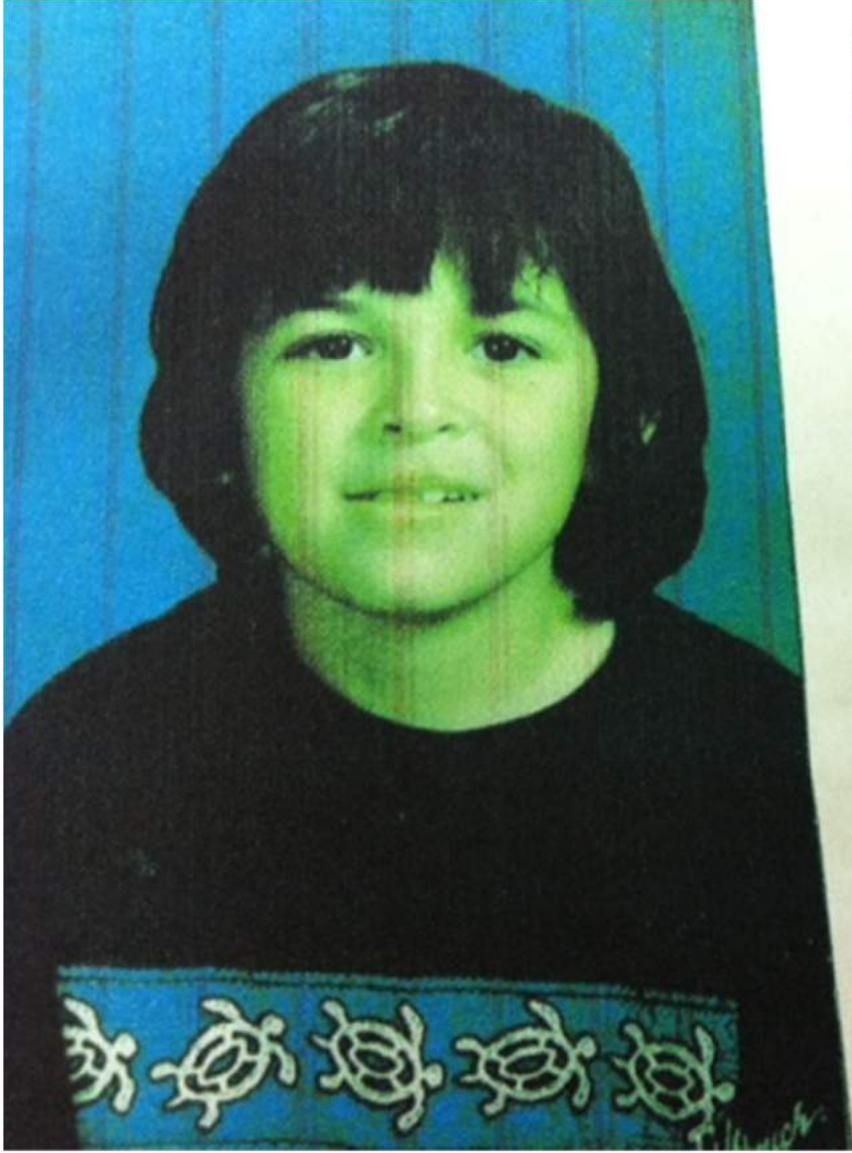


03/18/2007



AUTISM





ADDITIONAL LAB TESTS

- ◉ For food allergy testing, I use Immuno Labs. Here are few labs:
- ◉ IMMUNO LABS www.immunolabs.com
- ◉ ALLETESS MEDICAL LABS
www.foodallergy.com

- ◉ Gluten-free, Casein-free web sites:
- ◉ GF Meals, by your Dinner Secret
www.gfmeals.com
- ◉ The Official GFCF Diet Web Site
www.gfcfdiet.com
- ◉ TACA (Talk About Curing Autism) gfcf-diet.talkaboutcuringautism.org

MORE TESTS

- Comprehensive Digestive Stool Analysis-
check for gut dysbiosis, yeast levels,
bacterial levels, parasites.
- Urine metabolic acids/organic acid
- General blood test: CBC
 - Iron, ferritin
 - Zinc, copper
- Urine/hair for heavy metals

COMMON LAB FINDINGS

- ◉ High IgG antibodies to casein, gluten
- ◉ High urinary yeast (bacterial) metabolites
- ◉ Low Essential Fatty Acids
- ◉ High copper
- ◉ Low zinc
- ◉ Low magnesium
- ◉ Low B12
- ◉ Low selenium
- ◉ Low taurine

THE THREE R'S

- ◉ **Remove**- remove food allergens, remove subluxations, remove heavy metals.
- ◉ **Replenish**- replenish gut with probiotics, replenish body with deficient supplement.
- ◉ **Repair**- let the body heal! Repair gut, brain, nervous system

CHIROPRACTIC & AUTISM

- ◉ Find and fix subluxations!
- ◉ Persistent toe walking- check for AS Occiput!
- ◉ Hyperactivity- stay with cranial sacral adjustments, parasympathetic nervous system.

AUTISM: A CHIROPRACTIC PERSPECTIVE CLINICAL CHIROPRACTIC 2006 (MAR): 9 (1): 6-10

Aguilar carried out a series of chiropractic adjustments on 26 autistic children over a 9-month period. Twelve were found to have a left atlas laterality and 14 had a right atlas laterality. Outcomes from the study were varied but included normalization of deep tendon reflexes and dermatomal subjective sensation, increased cervical range of motion and reduction of other health problems. Many of the children were taken off Ritalin, bladder and bowel control improved, some children started to speak and eye contact and attention span also improved in some children. Hyperactivity and aggressive behavior were reduced in other children and five children were able to attend mainstream classes at school for the first time. Behavioral data, recorded by the teachers and parents, showed significant improvements in most cases.

THE EFFECT OF CHIROPRACTIC ADJUSTMENTS ON THE BEHAVIOR OF AUTISTIC
CHILDREN:
A CASE REVIEW
JOURNAL OF CHIROPRACTIC 1987 (DEC); 24 (12): 21-25
SANDEFUR, R.; ADAMS, E

Autism is a severe behavioral and neurological disorder involving or inappropriate use of language, bizarre behaviors and an insistence on

sameness. A systematic series of chiropractic adjustments was administered to six autistic children to see if behavioral or neurological remediations would occur concomitant to treatment. The subjects were recruited from a Kansas City area specialized facility. Data used for the study were collected by the classroom teachers. Those behaviors that remained fairly constant prior to treatment were selected for analysis. Results were divided into observable effects and no observable effects. All of the observable effects that occurred following intervention were in the desired direction. Behavioral improvements were observed in such diverse areas as picking up toys, use of sign language, reduction of self-abuse and appropriate use of language. It is hoped that this pilot study will generate further research into the effects of chiropractic adjustments on similar neurological disorders

AUTISM AND VACCINES

<u>Country</u>	<u>#Vaccines</u>	<u>Autism Rate</u>	<u>Mortality Rank</u>
United States	36	1 in 150	34
Australia	27	1 in 200	16
Canada	26	1 in 165	20
Iceland	11	1 in 1,100	1
Sweden	11	1 in 862	2
Japan	11	1 in 475	4
Norway	13	1 in 2,000	5
Finland	12	1 in 719	6
France	17	1 in 613	11
Israel	11	1 in 1,000	17
Denmark	12	1 in 2,200	18

www.rescuepost.com/files/gr-autism_and_vaccines_world_special_report1.pdf

IF YOU VACCINATE, ASK 8! WHAT YOU NEED TO KNOW BEFORE & AFTER VACCINATION

- Am I or my child sick right now?
- Have I or my child had a bad reaction to a vaccination before?
- Do I or my child have a personal or family history of vaccine reactions, neurological disorders, severe allergies or immune system problems?
- Do I know the disease and vaccine risks for myself or my child?
- Do I have full information about the vaccine's side effects?
- Do I know how to identify and report a vaccine reaction?
- Do I know I need to keep a written record, including the vaccine manufacturer's name and lot number, for all vaccinations?
- Do I know I have the right to make an informed choice?



- If you answered yes to questions 1, 2, and 3, or no to questions 4, 5, 6, 7 and 8 and do not understand the significance of your answer, you may want to review information on NVIC's [website](#) with links to other websites and resources so you can better answer these questions designed to educate consumers about the importance of making fully informed vaccine decisions. Click [here](#) to learn more about the role of informed consent in vaccination.

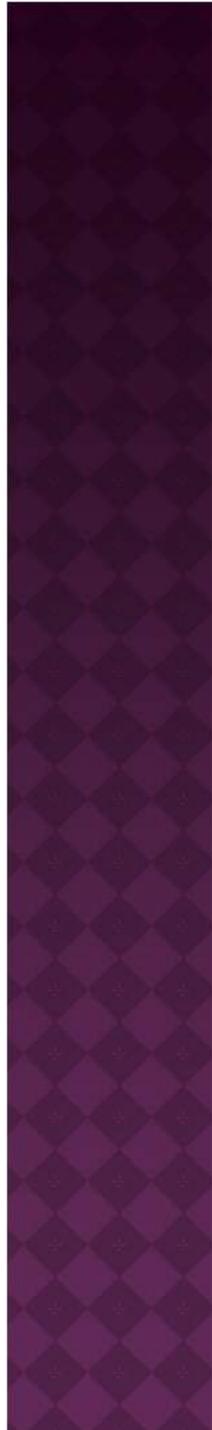
NVIC also publishes a free online NVIC Vaccine [eNewsletter](#) to keep consumers informed of the latest information about vaccines and infectious diseases and offers tools like [NVIC's Advocacy Portal](#) that helps consumers protect vaccine choice in their state and the [Vaccine Ingredient Calculator](#) to assist consumers in becoming knowledgeable about vaccines, existing safe standards for toxins found in vaccines and a printable vaccination plan to facilitate parent-health provider dialogue. Be sure to visit our [Diseases and Vaccines](#) webpage, which provides information on risks and benefits associated with vaccines.

- If you choose to vaccinate, always keep a ***written record*** of exactly which shots/vaccines you or your child have received, including the manufacturer's name and vaccine lot number. Write down and describe in detail ***any*** serious health problems that develop after vaccination and keep vaccination records in a file you can access easily.
- www.nvic.org/ask-eight-questions.aspx

Educate Before You Vaccinate

Vaccines are created with a long list of ingredients. These ingredients can often have potent side effects, both alone and in combination.

Vaccines by multiple manufacturers	Ingredients*	Side Effects** including a partial list of reactions, events & reports*
DTaP (Diphtheria, Tetanus, Toxoids, and Acellular Pertussis) Vaccine Absorbed	Aluminum Phosphate, Ammonium Sulfate, Aluminum Potassium Sulfate, Thimerosal [a vaccine preservative that is approximately 50% mercury by weight] Formaldehyde or Formalin, Glutaraldehyde, 2-Phenoxyethanol, Dimethyl-beta-cyclodextrin, Sodium Phosphate, Polysorbate 80.	Autism, fever, anorexia, vomiting, pneumonia, meningitis, sepsis, pertussis, convulsions, febrile, grand mal, afebrile and partial seizures, encephalopathy, brachial neuritis, Guillain-Barré syndrome, Sudden Infant Death syndrome.



Flu Vaccine
Influenza Virus Vaccine

Thimerosal [a preservative that is approximately 50% mercury by weight], Chick Kidney Cells, Egg Protein, Gentamicin Sulfate, Antibiotics, Monosodium Glutamate [MSG], Sucrose Phosphate Glutamate Buffer.

Significant respiratory and gastrointestinal symptoms, seizure, allergic asthma, decreased appetite, increased mitochondrial encephalomyopathy, partial facial paralysis, Guillain-Barré syndrome, Bell's palsy, Stevens-Johnson syndrome, herpes zoster [shingles].

Hep B Vaccine
Hepatitis B Vaccine

Aluminum Hydroxyphosphate Sulfate, Amino Acids, Dextrose, Phosphate Buffers, Potassium Aluminum Sulfate, Formaldehyde or Formalin, Mineral Salts, Soy Peptone, Yeast Protein

Influenza, febrile seizure, anorexia, upper respiratory tract illnesses, herpes zoster, encephalitis, palpitations, arthritis, systemic lupus erthematosus (SLE), conjunctivitis, abnormal liver function tests, Guillain-Barré syndrome, Bell's palsy, multiple sclerosis, anaphylaxis, seizures.



HIB Vaccine
Haemophilus b Conjugate
Vaccine (Tetanus Toxoid
Conjugate)

Ammonium Sulfate,
Formaldehyde or Formalin,
Sucrose.

Anorexia, seizures, renal
failure, Guillain-Barré
Syndrome (GBS), diarrhea,
vomiting.

HIB/HepB Vaccine,
(Recombinant) Haemophilus b
Conjugate (Meningococcal
Protein Conjugate) and Hep B

Aluminum Hydroxyphosphate
Sulfate, Formaldehyde or
Formalin, Sodium Borate, Soy
Peptone, Yeast Protein,
AminoAcids, Dextrose, Mineral
Salts.

Anorexia, seizure, otitis media
[ear infections], upper
respiratory infection, oral
candidiasis [yeast infection],
anaphylaxis [shock].

HIB / Meningococcal
[Haemophilus b Conjugate
Vaccine (Meningococcal Protein
Conjugate)]

Aluminum Hydroxyphosphate
Sulfate, Formaldehyde or
Formalin, Phosphate Buffers.

Febrile seizures, early onset
HIB disease, otitis media [ear
infection], upper respiratory
infection, Guillain-Barré
syndrome.

MMR Vaccine, Measles, Mumps
and Rubella Virus Vaccine Live

Chick Embryo Fibroblasts,
Amino Acid, Bovine Albumin or
Serum, Human Serum Albumin,
Antibiotics, Glutamate,
Phosphate Buffers, Gelatin,
Sorbitol, Sucrose, Vitamins.

Atypical measles, arthritis,
encephalitis, death, aseptic
meningitis, nerve deafness,
otitis media [ear infection].



Pneumococcal,
Pneumococcal 7-valent
Conjugate Vaccine
(Diphtheria CRM197 Protein)

Aluminum Phosphate, Yeast
Extract, Amino Acid, Soy
Peptone.

Febrile seizure, Sudden
Infant Death, anaphylactoid
reaction including shock,
decreased appetite,

Poliovirus Vaccine (IPV)
Poliovirus Vaccine Inactivated

2-Phenoxyethanol,
Formaldehyde or Formalin,
Monkey Kidney Tissue,
Newborn Calf Serum Protein,
Antibiotics, Neomycin,
Polymyxin B, Streptomycin.

Death, anorexia, Guillain-
Barré syndrome.

Chicken Pox (Varicella) Virus
Vaccine

Ethylenediamine-Tetraacetic
Acid Sodium (EDTA) [a metals
chelation agent], Bovine
Albumin or Serum,
Antibiotics, Monosodium
glutamate [MSG], MRC-5 DNA
and Cellular Protein,
Neomycin, Potassium
Chloride, Potassium
Phosphate Monobasic,
Sodium Phosphate
Monobasic, Sucrose.

Febrile seizures,
encephalitis, Varicella-like
rash, upper respiratory
illness, lower respiratory
illness, eczema, encephalitis,
facial edema, cold/canker
sore, aseptic meningitis,
Guillain-Barré Syndrome,
Bell's palsy, pneumonia,
secondary bacterial
infections.

* This is a partial ingredient list with information from "Vaccine Excipient & Media Summary, Part 2, Excipients included in U.S. Vaccines, by Vaccine." The information was accessed in November 2008 from:
www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf

VACCINATED BOYS VS. UNVACCINATED BOYS

- ◉ Vaccinated boys were 155% more likely to have a neurological disorder
- ◉ Vaccinated boys were 224% more likely to have ADHD
- ◉ Vaccinated boys were 61% more likely to have Autism

SYMPTOMS OF AUTISM IN CHILDREN

SYMPTOMS OF MERCURY POISONING IN CHILDREN

- ◉ Loss of speech
- ◉ Social withdrawal
- ◉ Reduced eye contact
- ◉ Repetitive behaviors
- ◉ Hand flapping, toe walking
- ◉ Temper tantrums
- ◉ Sleep disturbances
- ◉ Seizures

RESOURCES

- ◉ What Your Doctor May NOT tell you about Children's Vaccinations- by Stephanie Cave, M.D.
- ◉ Evidence of Harm- by David Kirby
- ◉ The Vaccine Book- by Robert Sears M.D.
- ◉ Healing and Preventing Autism- Jenny McCarthy and Dr. Jerry Kartzinel

VISION CHECK

- Cover one eye on child. Shine a light across the open eye. Does pupil respond to light? (2.5 months)
- Use finger puppet to track eye movements. (7 months)
- Horizontal
- Vertical
- Diagonal



VISIONS

- ◉ Hold finger puppet 18 inches in front of child's nose. Move puppet to child's nose. Do eyes converge? Crossed? (12 mos.)
- ◉ Recognize images (18 mos)
- ◉ Read at peer level (6 yrs)
- ◉ Have child look through tube. Which eye does child use?

AUDITORY

- ◉ Ask child to put head on table while you tap table from underneath. Which ear does child put on table to listen?
- ◉ Touch/Manual
- ◉ Have child reach in bag to grab unknown object. Which hand do they use?
- ◉ Unscrew cap off water bottle.

MOBILITY

- ◉ Crawl on tummy with opposite arms and legs?
- ◉ Sit on floor?
- ◉ Run with cross pattern of arms and legs?

- ◉ Have child kick ball. Which leg?
- ◉ Have child hop.



LAST PEARLS

- ◉ For treating children on the Autism Spectrum, take it slowly.
- ◉ If you going to try an elimination diet, supplements and adjustments, try one at a time.
- ◉ Add one supplement at a time for a week to check for any reactions.
- ◉ Remove food from the diet one food each week and check for improvements.

RESOURCES

- ◉ To become a Defeat Autism Now practitioner, contact Autism Research Institute.
www.autism.com
- ◉ www.generationrescue.org (Jenny McCarthy Autism Website)
- ◉ www.nvic.org (National Vaccine Information Center)
- ◉ International Chiropractic Pediatric Association www.icpa4kids.com

THANK YOU!!!

I hope you enjoyed this seminar and learned valuable tools that you can begin using in your practice tomorrow!

- Please take the exam and submit your answers to marcusstrutzdc@gmail.com

