

■ Treating the Pediatric Patient (Part 3): Upper-Cervical Care

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Prior to becoming a doctor of chiropractic, you were a NICU and PICU nurse for 13 years. How did those experiences influence your interest in family wellness care? I always wanted to keep working with babies and children because of my nursing background, so in chiropractic school I became the president of the pediatric club, and decided upon graduation to pursue a family wellness and upper-cervical practice.

In your chapter, you share several case studies that have responded to upper-cervical care, including lactation issues, developmental delays and learning issues, reflux, colic and eczema. Can you share other clinical cases you have helped resolve when atlas subluxation was present? Other conditions I did not mention in my case studies [include] older babies and toddlers who were exceedingly stiff in their torsos, with weak arms and legs, and really no diagnosis to go along with it. They reminded me

“Many new infants with latch issues and head position abnormalities ... have improved [with upper cervical care]; as well as non-synostotic plagiocephaly in babies where an atlas adjustment changed the shape of the head immediately.” — Dr. Laura Sheehan

of working with cystic fibrosis children. There were many like this, and they all got better with the upper-cervical work, and extremity and rib cage adjusting. Failure to thrive and poor appetite also improved dramatically with upper-cervical care.

I remember one baby whose abdomen was blown up like a balloon; she was so bloated with gas and never looked her mother eye to eye. After her atlas adjustment, her mother, grandmother and I watched as her abdomen shrunk to half the previous size, and she turned her head and held her mother’s gaze for the first time.

Many new infants with latch issues and head position abnormalities (not quite torticollis, but just tilts with resistance to turning the head to one side) also have improved [with upper cervical care]; as well as non-synostotic plagiocephaly in babies where an atlas adjustment changed the shape of the head immediately – very noticeable and almost incomprehensible to the parent. There were three cases like that.

What do you hope to accomplish by sharing this type of information regarding upper-cervical chiropractic for children? I hope that more students and DCs will

become interested in how fulfilling it is to study the upper-cervical area of the brain stem; and maybe they will see how easy it is to build a practice this way because it is easy to explain and others grasp it quickly. The results are amazing and I am so grateful to our forefathers in chiropractic for developing it to this point. ■

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For more information on upper-cervical adjusting / atlas orthogonal, visit www.sweetinstitute.com

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