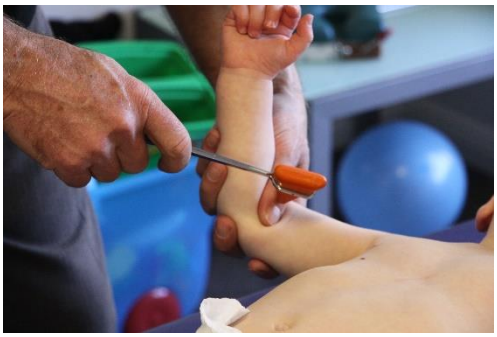
The 10 minute Chiropractic Examination of the Toddler.

Be thorough, but focus your examination on the direction your findings takes you.

In the chiropractic examination of the toddler, the following areas *may* need to be addressed.

- neurological examination
- orthopaedic examination
- cranial examination
- spinal examination.



Please understand, as with the examination of the infant, I do not go through *every* cranial nerve examination, *every* primitive reflex, *every* orthopaedic test, every cranial assessment, with *every* child who presents to my practice. But I do have the knowledge and the skill to do so *if the history and presentation suggest that it is necessary*. That is the purpose of this handout. To help chiropractors understand that it doesn't necessarily take a lot of time to *comprehensively* examine a toddler, so that the very best clinical outcome is achieved for every patient that you see.

A detailed history should point you in the direction you should be taking with the child in front of you. Then as you proceed through your examination, a clearer clinical picture should gradually evolve, thus further focussing your examination on the more clinically relevant procedures you need to perform.

The following presents in outline form the toddler examination as one simple, structured examination procedure for the toddler. This illustrates to the family chiropractor clearly that an efficient and comprehensive examination of the toddler is not only achievable *but also essential* in any chiropractic practice that sees children as patients.

Following this step-by-step procedure will enable you to examine the infant comprehensively in a structured, professional and time-efficient manner.

Prior to the examination: 1 minute

- interact with the child to begin the bonding process.
- allow the child to remain clothed.

Cranial nerve examination (conducted only if history or observation suggests a potential neurological issue):

- observe for ptosis
- shine penlight into each eye and observe both pupils
- have the child focus on a central object, then introduce wiggling fingers into the lateral fields of vision
- have the child focus on a central object and then trace an 'H' pattern
- test convergence by bringing finger towards child's nose
- cotton wisp on forehead, cheeks and chin, and lateral cornea
- warm spoon on forehead, cheeks and chin
- observe and palpate the temporalis and masseter muscles while jaw is clenched
- ask child to look up, wrinkle their forehead, close their eyes as tightly as they can, close their lips as tightly as they can, smile as widely as possible, frown and pull down the corners of their mouth
- introduce salt or sugar to the front of the child's tongue
- whisper a commonly used word behind the child's back and have them repeat it
- if concerned, use a tuning fork and perform Rinne's and Weber's tests
- have the child say 'Ah' and 'K' repeatedly and observe for symmetrical elevation of the uvula
- if concerned, elicit the gag reflex
- test resisted rotation of the head
- in the older child, test for trapezius strength
- have the child press their tongue against resistance through the check
- observe the child's tongue for fasciculations while it is at rest in the mouth.

Muscle stretch reflex examination (with the child sitting or supine); test:

- Jaw jerk
- Biceps reflex
- Triceps reflex
- Patella reflex
- Achilles reflex

Retention of primitive reflexes; test for retained:

- Moro reflex
- Asymmetric tonic neck reflex
- Galant reflex
- Tonic labyrinthine reflex
- Symmetrical tonic neck reflex
- Rooting reflex
- Palmar reflex

Spinal examination:

- Lumber spine and pelvis:
  - prone static palpation
- Lumbar spine (prone toddler, sitting older child)
    - if restriction found, sit the child up and assess for rotational component
- Sacrum (S1 to S3) (prone)
  - if restriction found, assess for rotational component with the child still prone
  - squeeze child's buttocks
- Sacroiliac joints (prone).
- Thoracic spine:
  - sitting flexion and extension of the trunk, T3 to T12
    - if restriction found, assess for rotational component by rotating child's body
  - sitting flexion and extension of the neck, T1 and T2
    - if restriction found, assess for rotational component by rotating child's head
    - if difficult to determine rotational component, assess movement in lateral flexion
  - observe and assess for an anterior subluxation.
- Upper cervical spine (occiput to C2):
  - observe the child for upward or downward gaze
  - assess upper cervical region for lateral flexion movement with the child sitting
    - no restriction, no upper cervical involvement

    - if a restriction found, with the child in a seated position, contact each occipital condyle, take the joint into slight lateral flexion then flexion and then extension
    - if restriction found in lateral flexion, but occiput flexion and extension moves well, assess C2 for movement restriction
    - no restriction at C2 means no C2 involvement
    - assess for rotational component of C1 subluxation
- Lower cervical spine (C2 to C7):
    - flexion extension contacting spinous process with child sitting; look for restriction
    - if restriction found, maintain contact while rotating child's head and looking for rotational component to the subluxation.

Cranial examination (*discussed in detail in 'Elevate Paediatrics'*):

- CV4 (Occipital Pump)
- Assessment of the movement at the sphenobasilar junction:
    - vault hold
    - flexion
    - lateral flexion
    - torque.
- Assessment of the cranial sutures
- Assessment of sacral movement

The purpose of this 10 minute examination procedure is to provide you with a structured system that allows for the integration of all relevant clinical data in a methodical and organised format. This will not only facilitate a more efficient means of collecting relevant clinical information but also, when performed well, add to the parents' perception of your clinical confidence and competence with their child.