



Chiropractic Management Using Multimodal Therapies on 2 Pediatric Patients With Constipation

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ABSTRACT

Objective: The purpose of this case report is to describe chiropractic management of 7-month-old male twins who had had constipation since birth.

Clinical Features: Identical male twins presented with the chief complaint of constipation and bloating. Both patients were born premature after 29 weeks of gestation and had invasive abdominal surgeries in the right lower quadrant resulting in healed postsurgical scars. Patient A underwent ileostomy for a perforation in his ileum. Patient B underwent surgery to repair an inguinal hernia. Motion palpation restrictions indicated bilateral sacroiliac, cervical, and thoracic joint restrictions.

Intervention and Outcome: The treatment plan included chiropractic manipulation, acupressure stimulation, and dynamic neuromuscular stabilization. Manipulation of the sacroiliac, cervical, and thoracic spine joint restrictions was performed using minimal force. Cross-frictional massage and myofascial manipulation and scar tissue mobilization of the abdominal scar in the right lower quadrant were performed. Acupressure stimulation was performed on both patients' feet. Both patients had improved bowel movements after the first treatment. Patient A had 5 weeks of treatment (2 visits per week). Patient B had 4 weeks of treatment (2 visits per week). The patients' clinical progress improved, and once the goal of regular bowel movements was reached, as confirmed by their mother, follow-up visits were reduced to once a week and gradually to once a month.

Conclusion: Both pediatric patients with constipation responded to chiropractic care using multimodal therapies. (J Chiropr Med 2017;16:340-345)

Key Indexing Terms: *Chiropractic; Constipation*

INTRODUCTION

Constipation and bloating are common conditions seen in all age groups, including infants and children. It is estimated that more than 60 million people in the United States experience constipation.¹ The prevalence of childhood constipation is estimated at 29%.² Furthermore, 25% of visits to the pediatric gastroenterologist include a chief complaint of constipation.² Therefore, it is important to explore options for treating children with constipation.³

The pathophysiology of constipation is unclear, which makes it difficult for health care professionals to treat.³ In some cases, treatment of constipation is initiated using nonpharmacological treatment methods.³ Conservative treatment methods may include abdominal massage, chiropractic treatment, and

rehabilitative exercise therapy.³ Case reports have described the successful use of chiropractic care of pediatric patients with constipation.³⁻⁶ The purpose of this case report is to describe 2 infants receiving chiropractic care for constipation.

CASE REPORT

Case 1

Health History and Examination. Patient A was a 7-month-old 20-lb male infant who had had difficulty with bowel movements since birth. The patient's mother reported that his bowel movements occurred every 2 days, the feces had a toothpaste-like consistency, and defecation sometimes required straining by the patient. Patient A's diet consisted mainly of breast milk, but he had been introduced to formula daily since birth. Patient A's mother denied any family history of constipation.

On the first visit, patient A was a thriving, smiling, and happy infant. Passive range of motion of the lumbosacral region was symmetric and within normal limits. Ortolani's test, Barlow's test and infant reflexes were unremarkable. Healed right lower quadrant scarring was noted to the midline (up to the umbilicus). The healed scar was notably

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Table 1. Summary of Treatment Protocol for Twin 7-Month-Old Boys

	Patient Description	Baseline Measure	Treatment	Treatment Frequency/Length of Care	Outcome Measure
Patient A	Age: 7 mo Weight: 20 lb	BM every other day with associated bloating noted by patient's parent; unsuccessful medical treatment of ingestion of probiotics Baseline BM frequency: 3 in 7 d	Full spine Scar tissue mobilization Acupressure on foot Dynamic neuromuscular stabilization	2 times/wk for 5 wk Total length: 5 wk Total visits: 10	6 BMs/wk—Almost 1 BM a day after 5 wk of treatment Parent reported that patient did not seem to be in distress because of bloating Parents also did not report any adverse reactions to the chiropractic care provided
Patient B	Age: 7 mo Weight: 18 lb	BM every other day with associated bloating noted by parent; unsuccessful medical treatment of ingestion of probiotics Baseline BM frequency: 4 in 7 days	Full spine Scar tissue mobilization Acupressure on foot	2 times/wk for 4 wk Total length: 4 wk Total visits: 8	BM every day after 4 wk of treatment Parent reported that patient did not seem to be in distress from bloating Parents also did not report any adverse reactions to the chiropractic care provided

BM, bowel movement.

uneven, deep, hypertonic, and not easy to move and manipulate. Patient A exhibited aversion to gentle percussion and palpation of the lower quadrants of the abdomen. Normal bowel sounds were heard on auscultation. Static and motion palpation of the spine revealed dysfunctional motion and mild joint stiffness of the sacroiliac (SI) joints bilaterally. Dysfunctional motion was also noted at the L1-L4 and C2-C3 functional spine units. Patient A's movement pattern was inspected, and it was noted that patient was unable to roll into the normal 3-month prone position.

Treatment and Outcome. Treatment for patient A included the use of gentle acupressure stimulation on the feet, scar tissue mobilization, and gentle manipulation technique followed by dynamic neuromuscular stabilization (DNS) to correct his movement patterns and improve level of function. The magnitude of the thrust and the forces used was adapted to the patient's age and neuromusculoskeletal maturity.

On the first visit, gentle manipulation was applied to the cervical and lumbar segments and SI joints, with the line of drive being posterior to anterior and lateral to medial. Acupressure stimulation was provided for 5 minutes by applying slight pressure on the plantar aspect of both feet using a thumb contact. Scar tissue mobilization to the abdomen was performed for 5 minutes, with gentle cross-frictional movement along the scar aimed at relaxing abdominal musculature. Patient A did not tolerate scar tissue mobilization well during the first visit; however, tolerance to this treatment improved from the second visit. For the next 3 visits, the patient was cared for with chiropractic manipulation, acupressure stimulation, and scar tissue mobilization. The DNS protocol was not introduced until the patient's fifth visit. The first DNS treatment entailed a right mastoid contact with light traction

and left fourth intercostal space (ICS) contact with a vector toward to the opposite shoulder. After the very first treatment, patient A was able to turn toward the right into a prone position. During the next few visits, the DNS protocol included contacting the mastoid process and fourth ICS on the left and the right sides, to have the patient engage in turning to a prone position from both sides. After the third DNS treatment, patient A was able to turn prone from both sides without difficulty or any assistance. The scar tissue mobilization seemed to loosen the scar, allowing the patient to engage in trunk movement more easily. Patient A was seen in the clinic twice per week for 5 weeks (10 treatments in total), where we treated him using the above-mentioned treatment modalities (Table 1). Patient A's mother reported that he had a bowel movement (BM) an hour after the appointment. No adverse reactions were reported. After a total of 10 treatments, patient A consistently had 6 BMs per week (Table 1).

Case 2

Health History and Examination. Patient B was a 7-month-old 18-lb male infant with constipation since birth. Patient B had approximately 5 BMs per week; however, the patient's mother reported that feces had a toothpaste-like consistency, and defecation rarely required straining by the patient. Patient B's diet consisted mainly of breast milk, but he was introduced to formula since the time of birth.

On the first visit to the office, patient B was a thriving, happy infant. Passive range of motion of the lumbosacral region was symmetric and within normal limits. Ortolani's test, Barlow's test, and infant reflexes were unremarkable. A healed right lower quadrant scarring was noted to the midline (up to the umbilicus). The abdominal scar tissue

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