

# The Atlas Times

Issue #5

Baker - Borski Chiropractic, S.C.

May 2017

*Happy May Day!*



## Welcome to the following New

### Patients

Linda A.	Matthew H.
Kriston B.	Shirley H.
Calon H.	Ernie B.
Vince B.	Nicole F.
Sarah S.	Stevie S.

### Thank you for your referrals

Marcia H.	Bob F.
Dan W.	Ethel B.
Ann & Erin H.	Emily B. x 2
Sharon S.	Samantha P.

### Thank you for the treats and gifts

Dr. Smith	Sherri M.
Lydia W.	Judy W.
Steve T.	Kari M.
Rose B.	

### Welcome back!

Caroline W.	Lee S.
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### Schedule changes:

**We will be closed Thurs. May 18<sup>th</sup> from 12 p.m. through Friday, May 19<sup>th</sup> to attend training classes. We will also be closed Mon., May 29<sup>th</sup> for the holiday! We will be open Tuesday, 8:30-1, 3- 5:30.**

May is Mental Health Month

Most people are unaware that the profession of chiropractic had a mental

health facility in Davenport, Iowa. In the fall of 1922 a psychiatric hospital was opened, later known as Forest Park Sanitarium. Several years later a second institution opened – Clear View Sanitarium. Today it is an alcoholic rehabilitation center. After a fire devastated Mercy Hospital in Davenport, the psychiatric patients went to Forest Park and that institution eventually became Davenport Psychopathic Hospital. Hospital records show that patients found great improvement in mental illness conditions. The facility was closed by the end of 1961 due to restructuring at Palmer College of Chiropractic which owned it.



### Chiropractic and Children

The safety and effectiveness of chiropractic for children was established in a scientific research study published in Explore: The Journal of Science and Healing. Chiropractic has been known to be safe and helpful for all kinds of illnesses and injuries. This study proves it is so for children. Chiropractic care for children has been under attack but the record speaks for itself. Chiropractic is the most popular form of practitioner based Complementary Alternative Medicine therapy for children, although there are plenty of us who object to the term “alternative” and “medicine”

because we are not truly either of those. We love to share information about Chiropractic and Pediatrics, and how they can help your children stay healthier without drugs or surgery. Dr. Baker was at booth #66 at the “All About Baby” Event at the Cedar Creek Event Center Saturday, April 29 from 11 a.m. until 3 p.m.

## Happy Feet??!!

We are seeing more and more pediatric patients with foot problems: over-pronation, collapsed arches and pain into the ankles, legs/shins and hips/spine. What is different today than say, 20 years ago?

Here are some of my theories:

- 1. Overtraining.** I believe this to be the number one problem in children’s sports today. Well meaning but overzealous coaches and trainers, ill equipped with physiological education on the facts of a pediatric neuromusculoskeletal system and the long term effects of intensive sports training including weight training. Children (children!!) are being told to work through the pain, toughen up, and no pain, no gain. Nonsense.
- 2. Shoes.** Why we were able to go barefoot or just wear flip flops and Keds while children today are wearing Crocs and having foot problems? Again, some of it may be that some kids are more intensively involved in sports now at younger ages (rarer when I was a kid). Their feet are getting a more intense workout all of the time. I would also estimate that many kids today are proportionately heavier. So their free time spent barefoot or in

Crocs is aggravating overworked feet by offering no support. Some kids are wearing their Crocs all of the time. Not a good idea. They’re fun, casual, and summery. But they do little to support the primary arches of the foot. Don’t let your kids wear their shoes until they’re worn out completely. Look at the bottoms and sides of the shoes. If they are showing serious wear, replace them in spite of their protests. Look for uneven wear. That indicates more serious problems that may require more invasive treatment: adjusting, taping and/or orthotics.

- 3. Genetics.** You kids just didn’t pick your parents well! But genetics may determine a predisposition toward foot problems. Reasons #1 and #2 will exacerbate bad luck/genetics.
- 4. Trauma:** obviously trauma and accidents will affect the foot structure accordingly.

### **What is the solution?**

In some cases, just making sure your child wears good, supportive ergonomically correct shoes will help. This could be an athletic shoe or some European designs that naturally support the foot. If your child is very active you need to replace the shoes at least every 6 mos. so their feet are not injured by undetected but hidden shoe deterioration which may be invisible to the eye. Certainly replace shoes if they start to show noticeable wear. If the wear is uneven, or your child continues to complain of foot, ankle, leg, hip and/or spine pain then more intervention is needed such as

adjustments, taping, and/or orthotics. If your child is very active you need to replace the shoes at least every 6 mos. so their feet are not injured by undetected but hidden shoe deterioration which may be invisible to the eye. The price of orthotics can be money well spent if the other problems are circumvented and/or stopped. We do provide orthotics in our office through **Foot Levelers, Inc.** We have used them for years feel they are a superior product, and they stand behind their product as well.

**An ounce of prevention is worth a pound of cure** – Ben Franklin.

**Look well to the spine for the cause of disease** – Hippocrates (even the Father of Medicine understood the critical role of spinal health – what happened?!). **The doctor of the future will give little medicine, but will interest his patients in the care of the human frame, diet, and in the cause and prevention of disease.** – Thomas A. Edison.

## Children

There were several important articles that came out recently related to our children's health.

1. **25% of our children are on prescription drugs.** This is not a good trend. Lifelong dependence on drugs only leads to greater problems later in life when organ systems start to fail from long term use. You will see liver and kidney function fail, digestion issues of all sorts including acid reflux, irritable bowel syndrome and colon issues.

2. **Medication dosing for children** is a guessing game. In fact a recent medical article relates that dosing instructions and amounts are highly variable and unreliable with **99%** of children's medications. The pharmaceutical manufacturer generally adjusts as if they are little adults. This is bad science since they are experiencing tremendous growth spurts and their metabolism is very different. Again, if they are taking more than one drug, the outcome is a guess as well. No one can predict the interaction of the drugs. **25%** of the medications did include standardized dosing devices as well.

Journal of the American Medical Association (JAMA) Nov. 30, 2010.

3. **Otitis Media treatment with antibiotics**

A rather large clinical study was done on children aged 6 mos. to 2 yrs. with acute (onset within 48 hrs.) otitis media (middle ear infection). The study also discerned between bilateral vs. unilateral infections. Another interesting aspect was the outcome based on exposure to other children after treatment and the relapse rate at set periods of time following treatment. Amoxicillin-clavulanate was the medication used vs. a placebo. The study was conducted at the Children's Hospital of Pittsburg and Armstrong Pediatrics, an affiliated facility in Kittanning, PA. between March 2006 and Nov. 2009. 1, 385 children were screened, 498 were eligible and 291 were enrolled. New England Journal of Medicine Jan. 13, 2011; 364: 105-115.

## Healthcare in the U.S.A.

Studies from the Infectious Diseases Society of America finds more than half of guideline recommendations are based on low quality evidence (bad science) as reported in the Archives of Internal Medicine. Of the 4200 recommendations from 41 guidelines since 1994, 55% were supported by low quality evidence. This would include recommendations regarding flu/flu treatments/vaccines; HIV; Bird flu; TB; pneumonia, etc. Of the recommendations cited as “good”, 37% were “expert opinion” – not even researched or studied! This explains a lot of the flip-flopping, retracted recommendations and medications allowed to be tried out on the public.

Archives of Internal Medicine 2011; 171 (1): 18-22.

\*\*\*\*\*Go, Go AO!\*\*\*\*\*



## **BACKPACKS!**

Parents remember that the weight limit of backpacks is **10 -15 %** of a child's weight.

45 lb child =  $\leq$  6.75 lbs. max. weight!

60 lb. child =  $\leq$  9.0 lbs. max. weight!

72 lb. child =  $\leq$  10.8 lbs. max. weight!

Think they are carrying more than this? You bet they are. When we allow them to carry packs heavier than this, we risk long term damage to our children's spine, including degenerative changes occurring 10-20 years faster than the normal population. If more of us start complaining when our children bring home packs full of heavy books, we may get a change in the way schools delegate

study hall work and homework. These children should not be bringing packs home full of heavy textbooks. Let's raise our collective voices to stop this practice for the sake of our children's health!



## From actual church bulletins:

Ladies, don't forget the rummage sale. It's a chance to get rid of those things not worth keeping around the house. Bring your husbands.

Don't let worry kill you off – let the Church help!

For those of you who have children and don't know it, we have a nursery downstairs!

Irving Benson and Jessie Carter were married on October 24th in the church. So ends a friendship that began in their school days.

Potluck supper Sunday at 5 p.m. - prayer and medication to follow.

Ladies Bible Study will be held Thursday morning at 10 a.m. All ladies are invited to lunch in the Fellowship Hall after the B.S. is done.

## **Happy Memorial Day!**

