

## **The Dorn-Therapy on Children and Infants**

Since the root problem appears to be the traumatic events at, before and after birth it is easy to understand that the treatment of children is not only possible with this gentle therapy but indeed necessary.

Children often lack the feeling for their body, different long legs or other imbalances in their structural system and they do not necessarily express these problems with pain because they are still more flexible and relaxed than adults and their energy flows more freely.

However problems are often noticeable in their behaviour like frequent crying, restlessness or the opposite and sleeping problems. Symptoms like Skin diseases and Inflammations, Breathing problems, Hyperactivity or frequent colds may be due to Misalignments and Blockages in the Spinal Column.

Closely related are for example the appearance of polyps and problems in the cervical spine at C2 and C4, Child Migraine often seems connected to a misaligned Atlas (C1) and Bedwetting and Bladder problems are connected to the third lumbar vertebra (L3).

When Kids do not like to walk, prefer to sit or want to be carried around, get tired easily or appear to have a limited range of movement and flexibility then this could be signs of misalignments in the pelvis and spine.

Especially after a complicated birth the often caused subluxations in the cervical spine and the pelvis and hips must be corrected as soon as possible.

Luckily we often do not need to correct the whole spine in very young children up to school age because they are still very self-adjustable and flexible at that age but the hips, cervical spine and sacrum need attention also in these kids.

But any problems also in children likely have connections to the spine and should be checked and corrected following the Dorn-Method principles.

### **Assessment and Therapy**

The assessment and correction of misalignments in children is in principal the same as it is in adults only much more gentle and with more patience. It mainly depends on the child's abilities if it can be treated the same way as an adult. If it understands the exercise and it is cooperating, it can stand on its own and swings the legs freely for example then the corrections can mostly be executed similar to the treatment in adults.

If the child is too small for that then we need some modifications in the therapy as the following descriptions illustrate it.

### **Different Leg Length in children**

The causes are as mentioned often at birth and directly after due to a difficult and traumatic birth experience, unfavourable lifting of the baby at the legs, carrying and moving the baby, one-sided movements, falls and others.

Because of the far reaching consequences for the child the parents, grandparents, babysitters, midwives, nurses and doctors should be made sensible for this problem.

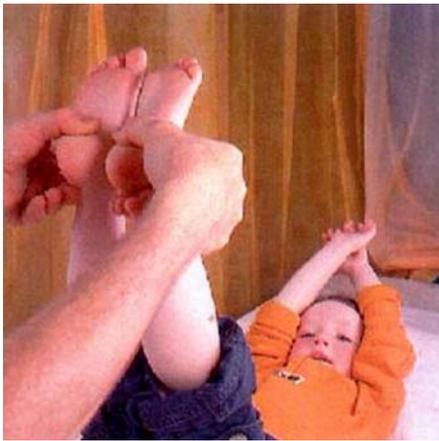
### **Leg Length check in children**

**With Mother (Parent)** – The baby lies on its back. The mother stands on the side and places one hand on the stomach area to ensure the back of the baby stays flat on the surface. The hand also has a calming effect.

**With Therapist** – The Therapist stands at the end of the table (at the feet). He should always explain every step to the mother first and stay in a calming and friendly eye contact to the baby and the mother. When the baby feels trust between the mother and the therapist then it is more likely to also trust the therapist.

### **Execution**

- Gently grab the baby's legs with both hands
- Carefully lift the legs while keeping the knees straight as much as possible. Be gentle, always! The baby must not be tense.
- Put thumbs onto the heels. The fingers assist the legs. The therapist then compares the position of his thumbs and assesses and leg length difference there similar to the procedure on adults.
- Note: Alternatively the therapist may place the index finger onto the heels and uses his thumbs to stabilize the legs.



### **Correction of the Hip-Joint**

**Position of Baby and Mother** – As before Mother on the side touching the baby

**Position of Therapist** – The Therapist stands on the same side as the Hip-Joint that will be treated.

### **Execution:**

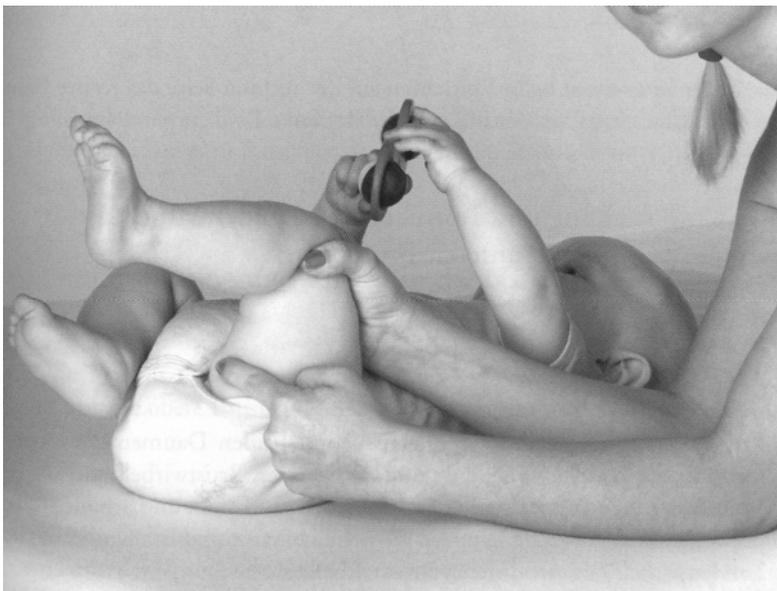
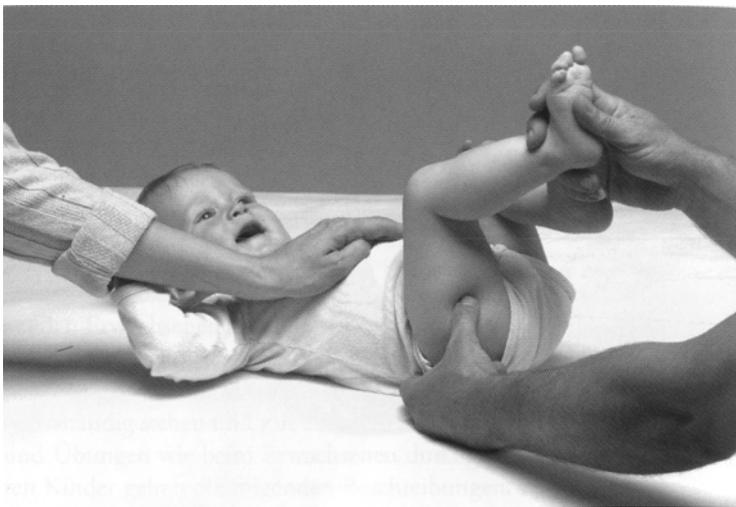
- Lift the leg to an angle of approximately 90°. The Mother gently keeps the back of the baby flat on the surface.
- Using very gentle pressure at the area of the greater trochanter with the thumb, thumb-base or back or front side of the index finger or two fingers directed a little upwards and inwards (towards stomach middle) the leg is then brought to a straight position to help the Joint find its proper position.
- Repeat this Procedure a few times (3 to 4) gently.

- Always do this procedure on the other side as well (both sides needs treatment)

**Control** – After correction of both sides make sure you check the leg length again. Usually they are now already at the same length. If not you may repeat all again once only.

**Note:** Each Therapist will develop his own style in time.

The Mother should be instructed how she can do this on her own and must be encouraged to do it on a very regular basis. There is no need of doing a leg length check prior to the correction. Always both sides must be corrected and spending a little time for this the baby will cooperate as it is a play situation. The mother should be a little patient to wait for the right moment doing the correction.



## **Assessment and Correction of the Sacrum**

**Position of the Mother** – The Mother is usually standing and holding the baby at her stomach area. The baby's head lies at her chest. One hand is holding the baby's buttock while the other is stabilizing the upper back and head. The legs are hanging down freely.

**Position of Therapist** – The Therapist stands opposite of the mother directly behind the baby.

### **Execution**

- To check the sacrum position the therapist palpates very gently the dimples area (PSIS) downwards to the coccyx's and looks for asymmetric Bone structure similar to check an adults sacrum however much more gentle.
- The correction is done with very gentle pressure using the thumb against the PSIS while the other hand is moving the leg of the same side (or the opposite side) gently back and forth.
- It is again advisable to do this in any case on both sides.

## **Assessment and Correction of the Lumbar Vertebrae and the lower Thoracic spine**

**Positions** – As before

### **Execution**

- The little Spine is palpated very gentle left and right of the spinous processes from the sacrum upwards to the lower thoracic spine (middle of the back) pretty much the same way as with adults. It is often best to use the thumbs for this.
- If any deviation of the vertebra position is found then a correction is attempted. The correction is done in principal the same way as with adults. The swinging motion of the leg is done by the mother or the therapist. Gentle thumb counter-pressure is guiding the vertebra back in place while the leg on the same side is moved back and forth.

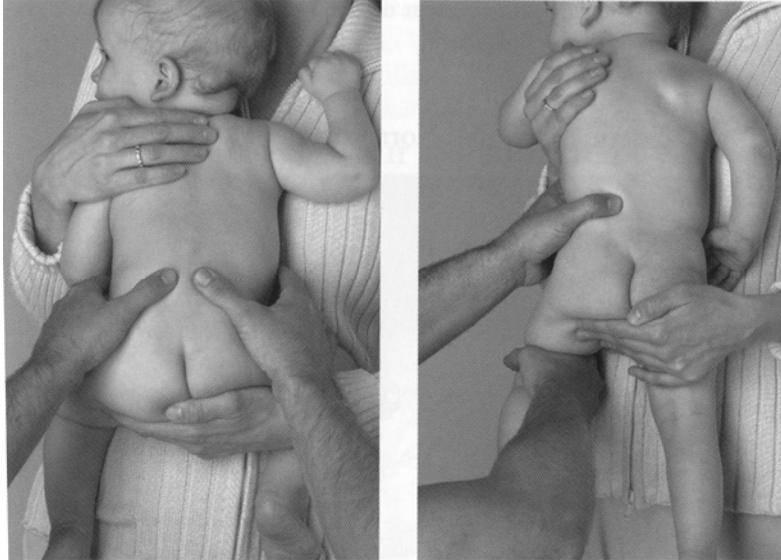
## **Assessment and Correction of the upper Thoracic Spine**

**Position** – The mother stabilizes the baby at the lower thoracic and lumbar spine so the therapist can reach the upper parts for palpation.

### **Execution**

- The therapist is palpating the spine from the lower thoracic area upwards left and right next to the spinous processes and checks for any abnormalities and deviations. It is often best to use the thumbs for this.

- Misaligned vertebra are brought back to their proper position again with very gentle counter pressure against the processes while one arm of the baby is moved forwards and backwards in a swinging motion by the mother or the therapist. It is either the opposite arm that is moved or the arm at the same side to be corrected.



### **Assessment and Correction of the Cervical Spine**

**Position of Mother and Baby** – The Baby lies on its back on the treatment table (any table will do). The mother holds and calms the baby by placing her hand onto the baby's stomach.

**Position of the Therapist** – The Therapist stands at the Head (above) of the baby

#### **Execution**

The therapist takes the head of the baby in both hands; ideally the baby cuddles into his hands.

With his fingers the therapist is palpating the cervical vertebra and checks if they are in their proper position. The therapist should be skilled and gentle as this may be uncomfortable if any misalignments exist.

The correction is done by applying very careful and gentle pressure onto the spinous or transverse processes while the head is moved (rocking motion) from side to side (No-No Movement) by the therapist.

At the Atlas a super gentle and careful traction can be used to help the vertebra in place additional to the described procedure.



**Note: Always work in cooperation with the Mother. Be very careful and gentle. Do not overdo it. Do not cause Pain to the Baby.**

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