## SOFT SOFT SWEET ALICE...

THE OSTEOPATH/PEDIATRICIAN SYNERGY FOR A NON-INVASIVE CARE OF POSISTIONAL PLAGIOCEPHALY AND GASTROESOPHAGEAL REFLUX IN NEWBORNS: QUALITATIVE RESEARCH AND CASE STUDIES.

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### Background and Objective

Although there is not strong evidence, different studies show that the osteopathic manipulative treatment of pediatric pathologies can be an effective[1,2,3] and safe[4,5] complementary therapy of standard medical practices.

The objective of this study is to strengthen the hypothesis that the synergy between the osteopath and the pediatrician in the positional plagiocephaly (PP) [fig.1] and the gastroesophageal reflux (GER) treatment [fig.2,3] can be an important option for the assistance of newborns.

## Methods

A qualitative research study was conducted between March 2-009 and November 2010. Eight (8) newborns (7.4 mth ± 5.7) affected by PP (4) and GER (4)(tab.1), received the osteopathic manipulative treatment (OMT) together with standard pediatric care for about 12 months. Treatments were carried on twice a week for the first three months and once a month for the last nine months when necessary.

Therapeutic treatment was structured in the following procedure: a thorough interview with a complete anamnesis in the present of both parents and specialists (osteopath/ pediatrician); observation and medical examination (osteopathic/pediatric); choice of the therapeutic treatment (principally cranial modeling for the PP and functional techniques to reduce somatic dysfunctions of the esophagus, D5/D7 zone, diaphragm and cranial-sacral system for the GER); explanation of the treatment to the parents to obtain the best compliance; monthly check ups to assess the clinical results with the parents.

#### Results

In regards to GER our results indicates a reduction (till remission) after suckling, and a diminished frequency of nocturnal awakening for the 4 newborns; in a case of unexplainable persistent nocturnal cough the symptomatology improved relatively with the frequency, but the nocturnal cough did not stop completely. In any cases, drug therapy was maintained because the parents did not want it to end.

In regards to PP we have observed the occipital flattening correlated to the lateral strain of the basisphenoid synchondrosis (3/4) and the vertical strain (1/4). The development of the cranial vault resulted more symmetric compared to the initial evaluation through plagiocephalometric analysis (3/4). In one case the parents decided to carry on with orthosis treatment (helmet)[fig.4] for few months without any significant results. Psychomotor development, valuated with Brunet-Lenzine Scale, was within the norm (4/4) and compatible with the chronological age at final checkup.

Tab. 1 Baseline newborns' characteristics	
Female/Male	2/6
Age (month)	7.4 ± 5.7
Height (cm)	50.1 ± 1
Weight (kg)	3.4 ± 0.6
Type of delivery:	
Vaginal	7
Cesarean section	1
Preterm	1/7
PP/GER	4/4

## Discussion

Patients who were followed with the procedures described above showed a reduction of the symptomatology in both cases of GER and PP. However, we have discovered considerable resistance to abandon drug treatment in GER cases and the use of helmet in PP. Then it is essential that the osteopath/ pediatrician synergy will become a frequent diagnostic/therapeutic approach because the osteopathic treatment tends to obtain integration between anatomy and function especially in the field of precocious pediatrics. It is our hope that this synergy will find an effective communication strategy throughout physicians.



Fig. 1



Fig. 2



Fig. 3



Fig. 4

# References

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