



Home Page

About the Doctors

Office Hours

Articles of Interest

New sletters

Neurological Fitness

Location Map

Forms

Excerpted from the 12/99 - 3/00 Newsletter

TABLE OF CONTENTS

- [Computer Ergonomics for Kids](#)
- [Helping Us Help You](#)
- [Chiropractic Research Review](#)

Computer Ergonomics for Kids [Table of Contents](#) | [Go Top](#)

Heavy computer use just goes with the territory for many of us in the Washington Metro area. Most physically difficult computer time is spent at work, where the tendency is usually to just keep going until the project is done. Every day we see the results in the form of headaches, neck and upper back pain, carpal tunnel syndrome and sacroiliac pain from simply not getting up often enough.

Since most adult computer "abuse" occurs at work (unless you are a chat room junkie), we seldom realize that kids don't have to be part of the high-tech work force to spend hours at a time staring at the big cyber eye. They are exposed to poor computer ergonomics as much as any adult at a time when their muscles, bones and nerves are not yet mature. This puts them at risk for developing serious long-term problems at an early age. Whether your children are playing games, developing online correspondence with pen pals across the seas, studying Celtic history, or eagerly picking up misinformation about life (which older generations learned in urban streets or suburban malls), if they're spending time on the computer, you need to make sure that the cyber-station is ergonomically suitable for each little spine.

Just because your computer screen is appropriate for you doesn't mean it works for someone four feet tall. Since you probably can't adjust the height of the screen each time a different person uses it, adjusting the seat height is probably your best bet. Your child should be able to "look the screen in the eye." If this is not possible, it is better to look slightly up than down so that your child doesn't reverse his or her normal neck curve for long periods of time. If you can't adjust the seat to a proper height and there's no room for a different chair, provide pillows to sit on. These will bring the budding cybernik into a more normal position. Doing this and providing a low bench or stack of phone books for their feet will not only help prevent day-to-day injuries, but it will also help the spinal curves develop in a normal healthy position.

Don't use a chair with arms. Except for the occasional "perfect" set-up, most adults cannot get close enough to their work area in a chair with arms; imagine what happens to a young spine as a child has to lean into his project.

Control the amount of time spent on the computer without breaks. Don't let your children use the mouse for hours on end. Their fingers and wrists are even more likely to suffer from extended poor usage than those of adults. Sitting for long periods of time without getting up "loads" their sacroiliac joints and can jam them. Combine low back safety with another health benefit. Make your children get up every 45-60 minutes (minimum), and get a glass of water. This way, they relieve the strain on their low backs and get extra fluids. After a while, the fluids will help make sure they get up!

Somehow, people often get the idea that any activity that is not very rough can't hurt a child's neck and back. Maybe this arises out of a need to feel that our kids are indestructible. Unfortunately, it isn't true. Improper computer use among children can not only lead to eyestrain, headache, neck, low back and carpal tunnel pain now, it can cause damage to the developing spine resulting in long term problems. It can also result in a child who, by the time he or she is a young adult of seventeen or eighteen, is so used to feeling bad that he or she sees him/herself as unhealthy. Please don't let this happen to your child.

What do you do if your child is plagued with headaches, spinal pain or carpal tunnel problems resulting from long hours spent at the computer? The same thing you would do for yourself. Bring the child in so that we can correct the sublaxations (pinched nerves), so that his/her nervous system can continue to develop without undue interference. There are techniques suitable for all ages and no good reasons for your child to suffer needlessly.

Helping Us Help You [Table of Contents](#) | [Go Top](#)

There are a few things that will help us serve you better and the help we need is yours. Please read on!

Keeping Your Appointments; Being On Time

We understand that stuff happens, and sometimes you find yourself in a phone-free zone when you realize that you can't make it to your appointment. Other than that, we really need to know in advance if you won't be keeping an appointment so that we can either give that slot to someone else or do some paperwork. Since your appointments are all scheduled according to your chiropractic needs as shown by your progress exams, we don't recommend skipping them, but that is your prerogative. We do need to know since someone else may need that time.

Speaking of time, we have noticed that traffic seems to be increasing according to some runaway equation and is well beyond any of our capacities to control, but we do need you to perhaps plan your trip here with a little more room for the unforeseen. We're adding some extra [evening hours](#) to help get past this problem since that seems to be the

time more of you need us to be available, and it coincides with the worst of the traffic. Hopefully, this will help more of you to get here on time. We really try to get everyone in at the time of his/her appointment, barring an emergency, and if we take you in late, it's generally because someone has accidentally altered the schedule.

In case of snow, if you're scheduled and you don't hear from us, we're open! Please call if you're going home early.

Leave the Whole Message

When you leave a message on the answering machine, please remember to leave not only your full name, but your phone number and how long you can be reached at that number. That way, we can get back to you.

We're delighted that most of you feel like a part of the Vienna Chiropractic community, but please forgive us if we have to ask you who you are when you call in during the work day and say, "Hi, it's me!" When things are busy in the office and lots of people are at the desk, we may not immediately recognize your voice!

Follow Directions

If we ask you to ice an area or do a particular exercise, it's because we think it will help you. If you've had a collision or fall, we're probably trying to halt the progression of damage from that incident, in which case, time is of the essence.

If we see you on Monday and we ask you to call in two days, please do so. We're asking because we're trying to monitor your progress. If you feel better and don't want to come in for a follow-up, that's your choice to make, but please call either way so that we can make necessary and appropriate recommendations.

If you're having some tests or have been referred to another health care practitioner to fill out the picture, we need to know what's happening. Talk to us!

Be a Good Historian

"I'm paralyzed!" (Translation: It hurts when I move my leg.) "I've had it forever, and it never stops!" (Translations: I've had it about three months, and it happens throughout the day.) "It hurts so bad, I'm thinking of killing myself!" (Translations: It's painful enough to interrupt my sleep, and I'm getting scared.)

Sound familiar? In health care, being a good historian means giving as factual and complete a description of what's going on as possible. This might include the length of time that you have been aware of your problem, what you are physically feeling, when it is worse, and when and how you find relief. When you are vague, when you either exaggerate or minimize your problems, or when you withhold information, you are giving us an inadequate history.

Being a good historian helps us care for you better and prevents us from sending you for unnecessary tests to fill in the blanks. Even if you are in for a wellness visit, any new information about your health in general is a big help.

Chiropractic Research Review [Table of Contents](#) | [Go Top](#)

1. Reference: Wilberg, J.M.M., J. Nordstreen, N. Nilsson. "The Short-Term Effect of Spinal Manipulation in the Treatment of Infantile Colic: A Randomized Controlled Clinical Trial with a Blinded Observer." *Journal of Manipulative and Physiological Therapeutics*, 1999; Vol. 22: pp. 517-522.

Synopsis: The Danish Chiropractors Association has pioneered research on chiropractic care for colicky infants for more than ten years. While older pediatric textbooks dismiss colic as an unimportant condition which goes away by itself, recent studies have shown that the unexplainable, uncontrollable screaming (for more than three hours per day) may continue for as long as twelve months. This is tremendously stressful for the child's parents. In fact, infantile colic has been identified as a risk factor for child abuse.

In this study, 50 colicky infants were randomly assigned to chiropractic care or medication with the drug dimethicone. By day twelve of the study, the parents of the chiropractic group reported a 67% reduction in crying while there was only a 38% reduction in the dimethicone group. These significant results are similar to those reported by previous chiropractic researchers.

Adjustment techniques for infants are quite different from the manipulation techniques often used on adults. Subluxation in a baby is corrected with light fingertip pressure, which does not produce an audible joint "pop."

2. Reference: Tuchin, P.J. "A Case Series of Migraine Changes Following a Manipulative Therapy Trial." *Australasian Chiropractic and Osteopathy*, 1997; Vol. 6 (3): pp. 85-91.

Synopsis: In this Australian study, four patients suffering from migraine headaches kept daily diaries of their symptoms and medication dosages for a two month observation period. The diaries were continued during a two month period of chiropractic adjusting, as well as an additional two month follow-up observation period. Symptoms at follow-up were compared to the initial observation period.

The average frequency of migraine attacks was reduced by 90%, and medication usage was reduced by 94%. For two of the patients, nausea and vomiting, which accompanied migraine headaches during the initial observation period had disappeared by the follow-up period.

It has long been understood that certain types of headaches are caused by subluxations (pinched nerves) in the neck. In the biomedical literature, these are referred to as "cervical headaches." There is now a growing awareness in the health care community that migraine

sometimes includes an important element of cervical headache. It is not at all unusual for a chiropractic adjustment to provide relief during a migraine attack, especially if it's caught early. This Australian study implies that correcting subluxations may also be useful as a preventive measure.

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