Best Cases In Biological Medicine
Series #18

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Taking care of children with autism and ADD is a considerable clinical challenge and requires an understanding of all of the facets of human physiology and pathology in order to reverse the toxin overload, infectious burdens, multiple deficiencies, and genetic polymorphisms that contribute to the clinical syndrome.

But just as important and often overlooked, are the challenges of helping parents to cope with feeding and sleep problems, fussiness, learning difficulties, and neuromuscular deficits that the patient may manifest. What is done with the two year old child who doesn't listen, has tantrums, hits his mother, is a problem eater, and may not be talking in words yet? Or the elementary school pupil who is failing school, can't complete his work, and is being labeled by the teacher as ADD/ADHD?

With these concurrent problems, who can the busy clinician turn to for help to handle these aspects of care? I have been referring such cases to a Pediatric Occupational Therapist who specializes in child development, feeding problems, behavioral problems and sensory motor integration. This has made an enormous difference in the progress of improvement for each of these children who are also doing our medical programs. I asked her to contribute to this article so that others could gain from her expertise and experience. Her name is Fredlyn Berger. She is a Licensed and Registered Pediatric Occupational Therapist and has over 32 years in her field. Her company, Every Child Achieves, is in the LA and Ventura County area. They also intern OT students from USC in Pediatric Occupational Therapy and Rehab .

Fredlyn says, "I've seen what happens when minimal to no attention, or inappropriate attention is paid to children with these kinds of problems. They become the "unable to learn" kids, the deviants, the social outcasts, and even criminals. An unsuccessful child becomes a burden to the whole family and to society. The earlier these children are referred the better chance we have to help them reach their fullest potential."

Here is a snapshot look to give you a better idea of what she does. Here is her evaluation of a two year old patient with "possible autism and feeding disorder."

"As I entered the unkempt home, I noted the clutter of toys and equipment in the living room and dining room. I was in sensory overload myself while trying to maneuver between the toys all over the floor and the inflated jumping apparatus. The two sisters, ages two and four years old were running all over the house, chasing each other nonstop. Neither of them paid any attention as I entered and said "hello" loud enough for them to hear me over the blasting TV.

"Mom was friendly and cleared a small space and a chair for me to sit at the dining room table to begin the evaluation. She had her own work and computer paper clutter all over the table and chairs. Mom said she was glad I came to help her straighten out her youngest daughter's "feeding and social problems."

"As we began the evaluation, Mom provided basic background information regarding her pregnancy, birth details and medical history. I paid special detail to the physical and emotional health of the mother, any complications and medications she was on, and any birth trauma or condition that may have impacted the child prior to or since birth.

"Mom was asked to state her chief concerns for her two year old. She said she had severe difficulty in communicating and disciplining her daughter. She did not respond to any requests to brush her teeth, comb her hair or change her clothes. She had tantrums when mom insisted on anything she didn't want to do. She was a very "picky" eater and did not eat much. She was either blasting the TV or watching the same two videos over and over in a stupor. She was constantly on the go all day in the house, had difficulty sleeping at night and kept the whole family up with her screaming and need for constant movement and stimulation. She did not seek out or accept any hugging or closeness with the parents, and hardly ever made sustained eye contact. The mom reported, "I am at the end of my rope!"

"When I asked about her parenting routines, mom confessed that she never set the table or ate together with the children. She would put the food on the small coffee table in the middle of the play room and the kids could graze by themselves and "eat on the run." She also said that there were no set routines regarding bedtime or naps during the day, and that she hardly ever really sat down to play or spend time with her children. Dad was home only on the weekends and after 8:00 pm at night. He was usually tired and didn't spend much time with the girls either. They had no family in the area, and few friends came over. They rarely went to the park to play. Mom said she usually resorted to fast food at the drive up window because it was fast and easier. Breakfast was often at home and the kids liked PopTarts the best. She couldn't remember the last time she took the children to the grocery store and she didn't usually cook.

"I did a structured developmental evaluation on the child to determine her skill level in 5 domains of development. Those areas include developmental milestones in (1) adaptive/cognitive functioning, (2) fine and gross motor skills, (3) personal-social skills including play skills, feeding habits and diet particulars, and (5) receptive and expressive language skills.

"From my specialized parental interview and clinical observations of the child I could determine the sensory integration or dysfunction levels of the child and identify those aspects that were interfering with her functional abilities.

"The initial evaluation provided me with enough information to determine the major problems that required treatment, and then to set treatment goals with the parents. These included:

1) Problem: Feeding

The two year old suffers from poor weight gain, is a picky eater, limited variety, small amounts, and limited willingness to try new things. The cause was unclear, whether due to food allergy, digestive problems, toxin effect, or poor parental control and understanding. Oral motor coordination and control problems were noted. She disliked any mushy foods (like mashed potatoes) but liked on soft formed foods like Chicken McNuggets.

Recommendations and Goals

a) Recommend to mom (as the primary caregiver) to have child evaluated by a Biological Medicine MD for workup for deficiencies, toxicities, and allergies.
b) In-home visitations twice a week for teaching and "modeling" with the mom and child to increase the diversity and quality of foods presented, with variations in texture, temperature and sensory type on a gradient level. To have the parent keep a diary of types and amounts of food eaten, with the child's response. Provide and teach mom to do facial and oral-motor stimulation program
c) Nutritional consult
d) Parent to take child to the grocery store to see, touch , smell, taste and talk to her about the great variety of foods available.

2) Problem: Minimal Parenting and Family Organizational Skills

Recommendations and Goals

a) Help parents to establish better family routines that (1) increase parent –child interaction. This would include daily play time 1:1 on the floor with an activity such as reading a book, painting, helping with meal prep where the child is involved, teaching the child to brush teeth and hair, dress herself, etc. for about 30 minutes twice a day.
b) Have three mealtimes sitting at the kitchen table together and eating. Prepare food at home and minimize fast food.
c) Work with the parent to understand how to complete a task, from the beginning of it, to doing it, to finishing, and then to use this skill with her family.
d) Work with parent to understand that when her children are allowed to contribute to the family in any small way, it makes them part of the family group and improves their morale. For example, having the children help with food prep or cleaning, even though more work for mom, eventually makes the child feel needed and important as a family member.

3) Problem: Child's play is limited in imagination, contains stereotypic movements and repetitious routines for self stimulation, and is mostly nonverbal with poor social engagement skills. There are developmental delays in gross and fine motor skills and lack of problem solving skills

Recommendations and Goals

Work with child and parents on a 1:1 program twice a week in our gym program:

1) Improve muscle tone, proprioception, and balance.
2) Improve play with others in group setting with the gym equipment.
3) Improve fine motor skills with specialized play.
4) Work with child to learn to sit for an extended period of time and produce a completed puzzle or other cognitive/fine motor skill
b) Coordinate with MD for child development specialist, speech and parenting therapists to achieve these goals.

Outcome:

This child was seen for 10 months by the OT twice weekly at home and twice weekly in gym/clinic. A speech therapist worked with child twice weekly in the home.

She is now able to sit at the table in her booster seat and eat a meal with her family twice a day. She is eating about 75 % of an appropriate meal of varied tastes and textures. She now uses a spoon and fork, and with minimal assistance she can cut her food into small pieces. She is able to use a small cup filled half way to drink. Her weight is improved and she is now in the 60% level for height and weight.

Mother has learned to involve her child in home activities and plays with her on the floor for about 30 minutes each day. She now focuses her gaze directly at her mother and sister, OT and other therapists nearly 80% of the time during play when she communicates. The child is now speaking in 3 word sentences to communicate her needs. Her frustration level is greatly reduced. She is able to play with peers at the gym on swings, slides and climbing structures. She is free of stereotypic behaviors and is initiating social contact with her peers at least 5 times in an hour session in the gym.

Mom has improved at home by establishing regular routines involving the child in light meal preparation. Mom is now doing some basic cooking to follow the gluten and dairy free diet that was prescribed by the MD.

The child is now assisting with teeth and hair care, donning her clothes and independent in doffing her clothes.

The child is now attending daily a small group daycare program to further her skills and prepare her for public school at the age of 5 years old. She is continuing with OT and Speech therapy privately twice a week each.

Working as a team, we have made great changes and improvements in this child's abilities that are the foundations to a successful life. She is well on her way to becoming a happy and successful child and a contributing member of her family.

"In our experience, the best results come from early intervention and treatment. Our local physicians now understand this and at the first indication of a developmental, learning or behavior problem, they call us for an evaluation and treatment program."

Fredlyn is available to discuss cases and lectures to interested groups who want to learn more about Pediatric Occupational Therapy, sensory integration , feeding and dysphagia training and the team approach in the treatment of developmental and functional delays throughout the childhood years. She may be contacted at:

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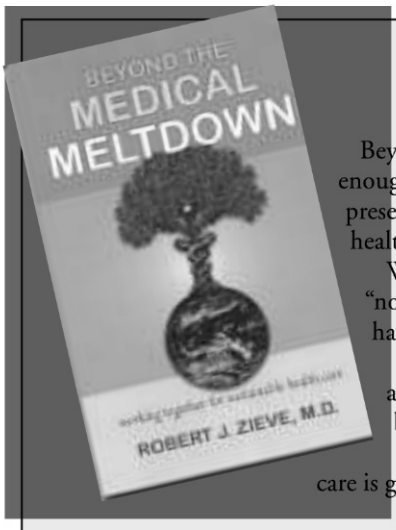
In Biological Medicine, our patient is a part of a greater whole that includes his family and wider environment. Our goal for him, whether child or adult, is to improve his health to a point where he can be an active and contributing member of society, enjoy his life and pursue his dreams. This case is a nice example of a team of professionals working together to successfully help a patient advance toward this goal, and in doing so, build a better future for all.

The purpose of this series is to present illustrative cases from different practitioners in order to demonstrate the highly effective principles and practice of Biologic Medicine. If you have cases that have educational value for others using Biological Medicine in practice, please email them in Word format to Dr. David I. Minkoff M.D. at ***drminkoff@bodyhealth.com****. They will be presented each month as part of the* ***Best Cases in Biological Medicine*** *series.*



Beyond the Medical Meltdown

BY ROBERT J. ZIEVE, M.D.

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Beyond the Medical Meltdown demonstrates that there is enough quality health care and enough money to pay for it, that more drugs and surgery is not necessarily better, and that the present health care quandary does not need to be the way it is. But to see this and to change health care will require enough people to wake up, think outside the box, and take action.

We are on a threshold. Health care as we know it is dying. What we have come to see as "normal" medicine is not "healthy" medicine. To quote Dr. John Abramson of Harvard, we have an "overdo$ed America."

Health care today is a manipulated market, not a free market. It is neither effective nor affordable for most people in the United States. In both the public sector and the private business world, it is a top-down, over-controlled system. This situation must change. Dr. Robert Zieve details how to create a bottom-up approach, which is necessary if health care is going to work for all of us.

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