

# 5

## facts about physiotherapy and the paediatric spine



### 1

#### Spinal manipulation should not be performed on infants



First-line treatment recommendations include:

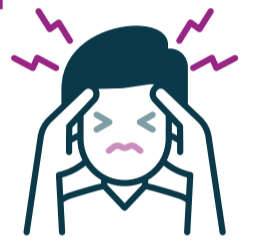
- passive range of neck motion with a focus on stretching the sternocleidomastoid muscle when passive range of motion is limited
- neck and trunk active range of motion
- environmental adaptations to encourage neck rotation to the non-preferred side.

### 2

#### Manual therapy helps some adult headaches but the evidence is inconclusive for children

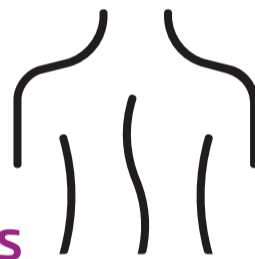
Physiotherapists should:

- endeavour to classify the headache correctly
- determine which outcome measure is of interest to the child and family
- ensure care is tailored to the family's values, culture, preferences and resources.



### 3

#### Adolescent idiopathic scoliosis does not benefit from spinal manipulation



Full-time rigid bracing is considered most effective for managing moderate-grade adolescent idiopathic scoliosis; however:

- alternate treatment protocols such as exercises and night-time bracing with daytime physical activity have been investigated
- night-time bracing with self-mediated physical activity may be effective
- no conclusive evidence exists of positive effects from spinal manipulation or mobilisation for the correction of adolescent idiopathic scoliosis.

### 4

#### Spinal mobilisation and manipulation could be used sparingly for neck and back pain

Where there is sound clinical reasoning, spinal mobilisation or manipulation may be appropriate for children and adolescents for:

- spinal mobility impairments associated with neck-back pain
- segmental hypomobility or joint pain
- muscle/myofascial pain or muscle/myofascial stiffness across all spinal levels
- joint hypomobility or pain in the thoracic spine.



### 5

#### not recommended for non-musculoskeletal conditions

In some regions, infants, children and adolescents with non-musculoskeletal conditions are treated with spinal manipulation or mobilisation; however:

- strong evidence exists of no significant effect on impairments of asthma or nocturnal enuresis
- there is inconclusive evidence regarding their use for managing impairments related to autism, breastfeeding difficulties, cerebral palsy, infantile colic or otitis media.



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