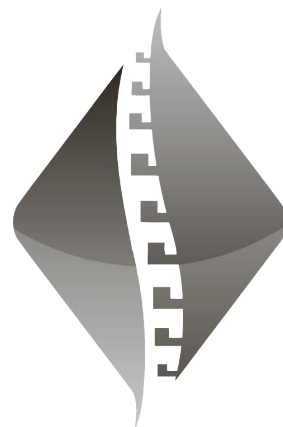


# VAN DAM CHIROPRACTIC

Dr. *Scott A.* VAN DAM



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1203 28th St. S - Fargo, ND 58103 - 701.532.5320 - vandamchiropractic.com

## BACKPACK SAFETY

Back pain is pervasive among American adults, however it is not uncommon among children and teens either. In a new and disturbing trend, young children



are suffering from back pain much earlier than previous generations, and the use of overweight backpacks is a contributing factor, according to the American Chiropractic Association (ACA). In fact, the U.S. Consumer Product Safety Commission has previously reported that backpack-related injuries sent more than 7,000 people to the emergency room in one year's time.<sup>1</sup>

"In my own practice, I have noticed a marked increase in the number of young children who are complaining about back, neck and shoulder pain," said Dr. Scott Bautch, a member of ACA's Council on Occupational Health. "The first question I ask these patients is, 'Do you carry a backpack to school?' Almost always, the answer is 'yes.'"

This new back pain trend among youngsters isn't surprising when you consider the disproportionate amounts of weight they carry in their backpacks - often slung over just one shoulder. According to Dr. Bautch, a study conducted in Italy found that the average child carries a backpack that would be the

equivalent of a 39-pound burden for a 176-pound man, or a 29-pound load for a 132-pound woman. Of those children carrying heavy backpacks to school, 60 percent had experienced back pain as a result.

According to Dr. Bautch, preliminary results of studies conducted in France show that the longer a child wears a backpack, the longer it takes for a curvature or deformity of the spine to correct itself. "The question that needs to be addressed next is, 'Does it ever return to normal?'" Dr. Bautch added.

The results of these types of studies are especially important as more and more school districts - many of them in urban areas - remove lockers from the premises, forcing students to carry their books with them all day long.

The problem has become so widespread, in fact, that some states have passed legislation that would force school districts to develop ways of reducing the weight of students' backpacks. ACA believes that limiting the backpack's weight to no more than 10 percent of a child's body weight and urging the use of ergonomically correct backpacks are possible solutions.

### What Can You Do?

ACA offers the following tips to help prevent the needless pain that backpack misuse could cause the students in your household.

Backpack Safety.....	1
How Do Students Benefit From Chiropractic.....	2

Research and Chiropractic.....	3
References.....	3

Make sure your child's backpack weighs no more than 5 to 10 percent of his or her body weight. A heavier backpack will cause your child to bend forward in an attempt to support the weight on his or her back, rather than on the shoulders, by the straps.

The backpack should never hang more than four inches below the waistline. A backpack that hangs too low increases the weight on the shoulders, causing your child to lean forward when walking.

A backpack with individualized compartments helps in positioning the contents most effectively. Make sure that pointy or bulky objects are packed away from the area that will rest on your child's back.

Bigger is not necessarily better. The more room there is in a backpack, the more your child will carry - and the heavier the backpack will be.

Urge your child to wear both shoulder straps. Lugging the backpack around by one strap can cause the disproportionate shift of weight to one side, leading to neck and muscle spasms, as well as low-back pain.

Wide, padded straps are very important. Non-padded straps are uncomfortable, and can dig into your child's shoulders.

The shoulder straps should be adjustable so the backpack can be fitted to your child's body. Straps that are too loose can cause the backpack to dangle uncomfortably and cause spinal misalignment and pain.

If the backpack is still too heavy, talk to your child's teacher. Ask if your child could leave the heaviest books at school, and bring home only lighter hand-out materials or workbooks.

Although the use of rollerpacks - or backpacks on wheels - has become popular in recent years, ACA is now recommending that they be used cautiously and on a limited basis by only those students who are not physically able to carry a backpack. Some school districts have begun banning the use of rollerpacks

because they clutter hallways, resulting in dangerous trips and falls. If you or your child



experiences any pain or discomfort resulting from backpack use, consider visiting a doctor of chiropractic (DC). DCs are licensed and trained to diagnose and treat patients of all ages and will use a gentler type of treatment for children. In addition, DCs can also prescribe exercises designed to help children develop strong muscles, along with instruction in good nutrition, posture and sleeping habits. (1)

## HOW DO STUDENTS BENEFIT FROM CHIROPRACTIC CARE?

School is starting. Want to give your children an edge in their grades and studies?



Let chiropractic be their (and your) secret weapon.

Studies show that by releasing stress from the brain and nervous system, chiropractic adjustments may improve your child's concentration, attention span, grades and interpersonal behavior. (2-3)

Chiropractic has also been shown to increase IQ, help coordination, improve self-esteem and to get the body to function better. The great thing about chiropractic is that it is not a treatment for a particular disease or health condition - it is a way to make the entire body work better. That is why no matter what health problems a student may have, chiropractic will help your child heal naturally and do better in school and do not attend to or correct the root cause of the problem. (4)

**Van Dam Chiropractic would like to thank our patients for their many referrals of friends and family to our office.**

**As a special thank-you, if you refer someone to Van Dam Chiropractic and they put down your name as the referral Dr. Van Dam will send out a \$5 GIFT CARD TO STARBUCKS**  
**We know there are a lot of choices of doctors for your healthcare and we thank-you for choosing us.**

## RESEARCH AND CHIROPRACTIC

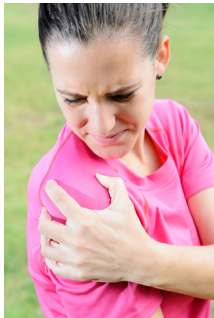
THERE SEEMS TO BE NO END TO THE CONDITIONS THAT RESPOND TO CHIROPRACTIC CARE – PHYSICAL AS WELL AS PSYCHOLOGICAL CONDITIONS.

THAT IS BECAUSE CHIROPRACTIC DOES NOT “TREAT” A PARTICULAR CONDITION. CHIROPRACTIC CARE “TREATS” OR MORE ACCURATELY “CORRECTS” A SERIOUS INTERFERENCE TO BRAIN, NERVOUS SYSTEM AND ENERGY FUNCTION KNOWN AS THE SUBLUXATION.



NO MATTER WHAT CONDITION YOU OR A LOVED ONE MAY HAVE, YOU WILL ALWAYS FUNCTION BETTER WHEN FREE FROM SUBLUXATIONS. CHIROPRACTORS ARE UNIQUELY TRAINED TO LOCATE AND CORRECT SUBLUXATIONS. ENJOY THIS MONTH'S CASES AND SEE MORE NEXT MONTH.

**Shoulder pain and chiropractic.** A 45-year-old woman and a 47-year-old man suffering from shoulder pain and dysfunction began chiropractic care. The woman injured her right shoulder following a fall. She did not receive medical care as her pain was tolerable. However, 2 months later she could not move her right shoulder due to pain, and was experiencing right-sided neck pain. Over-the-counter medication was ineffective. The male patient suffered from restricted shoulder motion following a motor vehicle collision 2 months prior. Physical therapy was ineffective.



Chiropractic adjustments were applied exclusively to the upper neck area (C0-C1). Shoulder range of motion improved significantly and pain rating showed significant improvements in both patients. (5)

**Epileptic seizures.** A 21-year-old female presented with epilepsy that had plagued her for over a year. She reported suffering from two to three seizures a week while on a high dose of an antiepileptic drug. She lost fifty pounds and developed depression, anxiety, migraines, allergies, severe fatigue and memory loss.

The patient underwent chiropractic adjustments to reduce her subluxations that were found using x-ray analysis and palpation. The patient reported a change in her symptoms after two months of care

with a cessation of all seizures after six months of care. (6)

**Meniere's disease.** Prior to beginning chiropractic care, a 63-year-old woman with a ten-year history of Meniere's disease had undergone surgery to cut her right vestibular nerve. There was no improvement. She suffered from tinnitus (ringing in the ears), significant hearing loss, headaches and vertigo (dizziness). Analysis revealed that she had a vertebral subluxation complex of the first cervical vertebra. The subluxation was corrected and her Meniere's symptoms were reduced painlessly and non-surgically. (7)



**THE OFFICE WILL BE CLOSED  
ON MONDAY, SEPTEMBER 5<sup>TH</sup> IN  
OBSERVANCE OF LABOR DAY**

## REFERENCES

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