



Clinical pearls for the non-pediatric practitioner.

Kids are not just little adults, and working with them requires certain changes in ways of thinking and expectations. Here are some clinical pearls for when you come across a young child that should help you to modify your exam to still get the most out of your time and get more reliable results.

WHAT TO EXPECT: For the first few years of their lives, young children only go to the doctors office when they are sick, or when they need vaccines. They might be extra nervous because they are relating this situation to past experiences. Starting off the session explaining what they will be doing and that it won't hurt. If they are nervous to be touched, you can demonstrate on a sibling or a parent first. Kids also do well if they have a reward that they are working towards, which can be as simple as a sticker, boucy ball, or lollipop. Just something simple that you can remind them of during the session if they start to lose focus.

Set the expectation for yourself that this will likely take longer than adults, especially if this isn't your primary area of practice. Explain everything to the child that you're going to do before you do it, but keep it vague and positive. If you need to explain some thing in more detail to the parents, give the child something to do like draw a picture of themselves- Often times their picture of themselves might give you some indication as to what part of the body is bothering them. Kids will often draw their eyes, ears, hands, or heads larger or smaller if they are experiencing discomfort there, sometimes omitting them completely.

GET ON THEIR LEVEL: No one likes it when someone is talking down to them: both literally and figuratively. Plus, putting your body into a position of neck extension can further enhance the fight or flight response if they are already nervous. So sit low/ raise them up so you can sit eye to eye comfortably. Use your friendly affect to engage and reassure them, without babying them.

KID FIRST LANGUAGE: Young children between the ages of 5-10 are rapidly growing, both physically and mentally. Knowing what to ask is just as important as their response. Starting with the lowest common denominator is always a good start. If they answer easily, it's easier to take it up a notch than it is to bring it down if you ask a question that is too difficult. Much of early elementary school focus is on simple math and literacy. The science/ social studies aspect initially focuses on the relationships around the children: the weather, family, friends, sports/activities, school teachers, etc. Asking questions around those topics can give you a baseline of their cognitive abilities without overwhelming them.

ASK THE RIGHT QUESTIONS: Young children often don't do well with open ended questions, especially if they are shy. Instead, if you ask them a question that has 2 acceptable options, you are more likely to get a successful response. It is important to only give ACCEPTABLE options however, and it can help you guide your session more smoothly. For example, you can give them the choice of which they want to do first : vestibular or visual, but shouldn't give them the choice to do treadmill or cervical first, since you need to clear the C-spine prior to TM for safety. It's also ok to just let them know what they are going to do next, instead of asking at all. Children of this age do best when following a schedule.

Still not getting the focus you need?

- **Full Body Listening:** In a calm, low voice try Saying the phrase “Eyes are watching, Ears are listening, Hands to Self, Feel to Self, Body is Calm” . This is a tool many teachers and pediatric therapists use to help a child refocus and calm down. Chances are if you are needing to say it, they will have heard it before.
- **Zones of Regulation:** If you find yourself seeing more and more younger kids who have a hard time identifying their emotions and/or how to calm themselves down, getting a Zones of Regulation board for the office can help. It not only helps children how to identify how they are feeling, but it helps to guide them on ways to get back to the “green zone” which is focused, calm, and ready to learn.

Make it Meaningful.

- Kids often lose focus/attention for activities if they are perceived to be boring. There are some really simple and inexpensive ways to get better effort, by making the examination more meaningful for the child.
- Instead of using a popsicle stick or your finger for the visual and vestibular part of the examination, glue a Lego mini-figure to a popsicle stick, or put a finger puppet on top of your penlight. You can engage the child by talking about specific things about the object while you are having them perform the task.
- When assessing for BPPV, describing the test as a rainbow instead of a Dix Hallpike Maneuver eases tensions because it is a word they understand, instead of 3 they don't.
- Ask the child if they have ever even seen / been on a treadmill before. Chances are this is yet another new task for them, and they might be nervous about it. Tell them that it is OK for them to feel nervous, and even add that you were nervous the first time you were on one as well, but that the people in the office's first job is to keep them safe. And that after a few minutes being on it, it will feel more normal and will be fun.
- Think they can't dissociate eye and head movements? Place a bean bag on their head to keep them still first, and then ask them to move their eyes for smooth pursuits and saccades. Chances are they can, they just didn't understand the directions.

PAIN ASSESSMENT

Using both a numerical scale and a WONG baker faces scale has been shown to increase reliability. Children above the age of 5 should know all their major body parts, but asking them to point to where it hurts will often get you a more accurate answer, especially if they are shy/nervous. Again, giving them the task of drawing a picture of themselves might give some further insight.