Academic Difficulties: Dyslexia, A.D.D.?

by Viola Frymann, D.O., F.A.A.O., F.C.A.
http://www.osteopathiccenter.org/academic.html

Is it A.D.D., is it A.D.H.D, is it the Executive Syndrome, or is it dyslexia? But does the label solve the problem? Only by looking in the past may we begin to understand the present, and develop a strategy to enhance the future.

Birth is one of the most traumatic events to which many of us may be subjected. In a study of 1250 newborn babies, 10% were found to have optimal physiologic function of their primary respiratory mechanism. That is the underlying structural and functional manifestation of life itself. The outward manifestations of this dysfunction apart from the observation of distortion in the facial features, the shape of the head, or the posture favored by the baby at rest are:

- Difficulty learning to suck effectively
- Vomiting or spitting up
- Frequent inconsolable crying
- Sleep difficulties

Any of these problems should alert a parent to seek an osteopathic evaluation and treatment for this baby for this is prevention.

As growth continues does the baby roll over in both directions and when prone (face downward) does he begin to crawl, army style, in an integrated cross pattern keeping the body on the floor? Does this progress to creeping on hands and knees with such precise integration of opposing arm leg movements that only two clear sounds are audible? Frequently however a pitter-patter of four sounds may be heard because the arm and leg are not precisely synchronized in their movements. Pulling to a standing position, cruising along furniture and finally walking alone complete the next chapter in mobility development. These stages in the development of mobility are also contributing to visual and auditory function. When crawling prone, one eye and one ear are utilized, as the arm and leg are advanced on that side. Creeping on hands and knees stimulates binocular vision coordinating two eyes to provide a clear single image in all directions and binaural hearing whereby sounds are localized from all areas. Standing introduces the vertical dimension to vision and the tracking of eyes in all directions. Language has been developing simultaneously from the reflex cry of the newborn through meaningful sounds to expressive vocalization and eventually spoken organized language. Recollection of deficiencies in any of these stages indicates some developmental neurological inadequacies which may still be manifested today if tested.

In other instances however, these difficulties may not be recalled and a happy, healthy infancy may be reported. But perhaps an accident occurred like a fall down stairs, off a tricycle, or off some piece of furniture and there was only momentary loss of consciousness if any, no fracture and no apparent neurological disturbance, but gradually over a period of time certain deterioration in behavior was noted, attention was more easily distracted and the child became less cooperative.

But now the children in these respective groups are promoted to Kindergarten. It is reported that they do not sit still, they talk when they should listen, they do not complete a task, they have difficulty learning letters or numbers. The pediatrician cannot provide an explanation. Eventually first grade challenges them to read, to color within the lines, to participate in group activities in the classroom or on the playground. The teacher suspects a visual problem. The ophthalmologist finds healthy eyes and 20/20 visual acuity and urges more discipline at home. Psychological stress intensifies and the child is blamed and punished when homework is a problem and school sends bad reports. As the months and years go on the academic and the psychological conditions deteriorate, self esteem goes down and an aura of hopelessness gathers. Something must be done. A stimulant drug such as Ritalin is prescribed. Performance and cooperation may improve while the drug is used, but the underlying problem has not been addressed.

Consider the second child described above. An osteopathic physician evaluates the neurological developmental status and considers there is no major inadequacy. But structural changes in the head, neck, spine or pelvis may be identified and attributed to that traumatic episode. Osteopathic manipulative treatment corrects those structural problems and the behavior and academic performance improve rapidly. Such injuries may occur later in a child's life. Grades deteriorate, behavioral problems may be attributed to approaching teenage years and stress in the family grows. Osteopathic manipulative treatment will reverse this downward trend and restore optimal performance.

Now consider the child who did have a difficult birth and exhibited the difficulty sucking, or vomiting or inconsolable crying. His developmental performance was less than adequate but described as "normal." His eyes are healthy, his pediatric status is described as satisfactory yet he is a problem in school and a challenge at home. The osteopathic physician will make a thorough evaluation. Problems during pregnancy, difficulties during delivery, and the immediate state after birth will be considered carefully. Developmental milestones will not only be considered historically but their performance today will be observed. Classroom activities require integrated function of the eyes in tracking a horizontal line of print or a vertical column of figures and in accommodating the focus from the writing on the board to transcribing it on the desk.

These skills will be tested and visual perceptual dysfunction will be recognized if present.

A thorough physical and structural examination will be made and the consequences of a long labor or difficult delivery will be identified. Another area requiring close attention is that of nutrition for many foods included in the typical American diet also contribute to the learning and behavior problems. A consultation may be recommended with a neurological developmentalist and a developmental optometrist as well as a program of osteopathic treatment to address the structural inadequacies. As a result of this multi-disciplinary approach very gratifying changes may occur without the use of the standard stimulant medications, and this child will be on the way to achieving optimal well-being and performance.