

**Childhood (cont)**

**Physical signs:** There may be asymmetries in the child's posture, such as holding the head on one side, or one shoulder being higher than the other. It may be easier for the child to turn to one side than the other. This has implications on the best seating position within the classroom, to facilitate activities such as watching the teacher, copying from the blackboard etc.

**Physical discomforts:** The child may complain of headaches, growing pains, stomach aches or other physical aches and pains.

**Gradual recognition of learning difficulties**

Learning difficulties do not suddenly happen. Usually there are indications that a problem may be present from birth onwards. Early on the child may be able to overcome these difficulties, and seems to be reaching milestones. However, as demands are placed on him at school, it may become increasingly difficult for him to keep up with his peers. Eventually he falls behind, and a 'learning difficulty' is identified.

**Osteopathic treatment**

For best results, osteopathic treatment should be carried out as young as possible, before the physical stresses have caused any further problems. Treatment is most effective before the age of 5 years, when there is still active growth of the head and brain.

After 5 years there is usually an improvement in physical well being and concentration, and teachers and parents often report that the children seem to find it easier to grasp concepts.

On average 4-6 treatments are required, but this varies according to the age of the child and the severity of the problem. The younger the child, the quicker birth stresses are to resolve.

**Other factors**

There are other factors that can cause or aggravate learning difficulties, including impaired hearing or eyesight, and retained primitive reflexes.

**How to help a child with learning difficulties**

An **osteopathic assessment** of the child is of paramount importance to ensure that they are physically balanced, and that there is no undue strain in the body that is causing or aggravating the learning problem.

A **visual assessment** is also helpful to identify any visual problems. Specialists in this field are Developmental Optometrists, who not only assess the ability of the eye to focus, but also tracking of the eyes and the ability of the brain to interpret visual information.

A **hearing test** is recommended where there has been a history of glue ear, or other reasons to suspect hearing loss. **Neurodevelopmental** therapy may be recommended where there are retained primitive reflexes, to help the development of co-ordination.

**Diet** is also important, as food allergies and intolerances can impair learning and concentration.

**Specialised teaching** is essential. Ideally, therapists and teachers should work together to find the best way of helping each child.

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This text is based on clinical observation, and is produced for patient information.*

# Children with Learning Difficulties



## About Learning Difficulties

Learning difficulties may prevent a child realising his/her full potential. Although each child is an individual with his own unique learning path, there are certain common features. Learning difficulties (including dyslexia and dyspraxia) can be broadly categorised into two main causes:

**Neurological:** an inability of the brain to process information correctly.

**Physical:** an inability of the musculoskeletal system of the body to respond appropriately to orders from the brain.

Osteopathy may be able to help both types to varying degrees. Both can be due to physical strain and discomfort in a child's body limiting the development of both the brain and the musculoskeletal system. The most common cause of this is unresolved strain from the birth process.

## Effects of physical strain in a child

A child who is physically uncomfortable may not complain of aches and pains. The stresses have probably been present since birth, and have become 'normal' for that child. He/she may be affected at a subtle level and display any or all of the following characteristics:

- The child may be fidgety and restless, find sitting still difficult, and prefer to be on the move.
- Concentration is often poor and the child is easily distracted.
- Volatile behaviour, in the same way that any person who is feeling tense may overreact emotionally.
- Light sleeper, often finding it difficult to drop off to sleep at night.
- Clumsiness, poor balance. The child may fall a lot, often seeming to bump the same part of their body (such as the head!).
- Handwriting is laborious and often untidy.
- Fatigue.

It is noticeable how similar these signs are to many of those classically associated with learning difficulties.

## Indications of retained birth stresses

There are usually indications in a child's history of retained birth stresses, which can contribute to learning difficulties.

### Birth history

Birth is arguably the most stressful event of a child's life. Even a relatively straightforward birth imposes enormous stresses on the baby, in particular on the head. This can readily be seen in the amount of moulding or distortion in the heads of newborn babies. Much of this resolves naturally in the first few weeks of life, but if the pressures have been too great then a varying amount of strain and distortion can remain locked into the child's body as he grows. This can have implications for the subsequent development of the brain.

### Development of the brain

After birth, there is still much growth and development yet to occur in the brain, and this can be delayed or impaired by bony restriction within the casing of the skull.

The area of the skull behind the ear is particularly vulnerable to distortion during the birth process, and the subsequent growth and development of the temporal lobe of the brain underlying this may be compromised. This is the region that deals with language and word recognition, and is sometimes implicated in dyslexic children.

### Early diagnosis

Physical stresses respond more readily to treatment when the child is very young. Early treatment also reduces hindrances to growth and development of the brain, thus limiting the severity of any developing learning difficulty.

It is therefore important to be able to recognise characteristic early signs of a problem in the health, development and behaviour of a child as young as possible.

## Common behaviour patterns

### As a baby

Babies with retained birth moulding display a number of common symptoms as a result of their discomfort:

**Excessive crying,** or an irritable baby who prefers being carried and needs to be rocked to sleep.

**Feeding problems:** a slow feeder with a weak sucking action, or a voracious feeder who constantly needed to suck. The baby often has a preferred feeding position.

**Colic and excessive wind.**

**Disturbed sleep patterns,** often a very light sleeper and waking frequently.

### As a toddler

**Mobility:** The child may sit, crawl and walk early, seeking movement to relieve physical discomfort.

**Play:** The child may not become engrossed in play for any length of time, preferring to be on the move. This may lead to a butterfly type of child, constantly flitting from one activity to the next, and may contribute to poor concentration later on.

**Sleep patterns** often remain disturbed.

**Behaviour** is often at the difficult end of 'normal' toddler behaviour!

**Teething** may be particularly uncomfortable as the already stressed bony structure of the face resists the rapid changes necessary in the eruption of teeth.

**Head banging** is often an indicator of stresses within the head, and not simply a sign of frustration.

### Childhood

**Illnesses:** The child often has a depleted immune system and succumbs to many infections. Learning can be detrimentally affected by both a child feeling unwell and increased time lost from school.

Retained birth moulding in the head restricts the development of the nasal sinuses and the ears. Such children are vulnerable to chronic ear infections and glue ear, with associated loss of hearing that can delay speech development. They are often habitual mouth breathers.