Asia-Pacific Chiropractic Journal
SOT® Research Conference

Cranial Adjustments and Neurodivergent Children: Clinical Considerations [Abstract]

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Indexing terms: Chiropractic; SOT; Neurodivergent; paediatric; children; hypersensitive.

Narrative:

The term 'neurodivergent children' can describe many types of the paediatric population including autism spectrum disorders, attention deficit/hyperactivity disorders, learning disabilities, such as dyslexia, dyscalculia, dysgraphia and dyspraxia, Tourette syndrome and other tic disorders, and sensory processing issues.

SOT cranial therapy can be vital in treating neurodivergent children. Getting motion in their cranium to help improve of cerebrospinal fluid circulation and glymphatic flow has clinically been shown to be very helpful for their condition. The actual treatment of children with autism spectrum disorder, especially those who have sensory processing sensitivity issues, can be very challenging.

Sensory processing sensitivity is found in the general population (approximately 20%) and colloquially called the 'Hypersensitive Person' discussed extensively by Elaine Aron. However children with autistic spectrum disorders will have an even lower threshold to stimuli so that they do not like their heads or bodies to be touched. It can be challenging for a child presenting with this condition to comfortably lie down on an adjusting table. Sometimes their body will be moving and they will be making loud noises so understandably this can make treatment very difficult for the doctor and patient.

Some treatment strategies can be having the parents let them look at an iPhone while they are being treated. Gentle pumping of the sacrum into flexion timed with inhalation can help reduce their motion and facilitate treatment interventions. The chiropractor has to try to synchronise their own movements with the children and treat them in any position possible. These positions can be while standing, sitting or even as they are twisting around on the adjusting table.

Even with the different patient positioning the same chiropractic techniques are applied for adjusting other children without their condition. Adjustments can be made either manually or with an activator type instrument to the child's tolerance. It has been found that making sure to keep lights dim and no outside noises helps to calm them during treatment. These children do best with routines so try not to add too many things at each visit.

Conclusion:

Realising that each neurodivergent child is different and may present with different sensitivities and body movements or preferences is important for chiropractors treating this patient population They are in great need of care that chiropractors can offer, but the chiropractor needs to accommodate the child as they present and not expect that the child has to change to meet the doctor's needs or customary treatment methodologies.

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Cite: Cantwell K. Cranial Adjustments and Neurodivergent Children: Clinical Considerations [Abstract]. Asia-Pac Chiropr J. 2025;6.2.
www.apcj.net/SOT-Abstracts-2025/#CantwellNeurodivergentChildren

About the practitioner

Kathryn Cantwell DC, DICCP, CSP, CSCP is a 1991 graduate from Western States Chiropractic College (University of Western States). She earned her paediatric Diplomate (DICCP) in 1996 and had been in practice in the Chicago suburbs for 24 years. Dr Cantwell is currently practicing in Beaverton, Oregon since 2015. She also is a Certified SOT and Cranial Practitioner (CSP, CSCP) and more than half of her practice is paediatrics and pregnancy. She also co-treats with many dentists treating TMJ and sleep disordered breathing issues.