Rationale for paediatric MSK care Cheat Sheet

by Siffi (Siffi) via cheatography.com/122609/cs/22895/

Ages

Newborns	**Premature** (<38 weeks) **Term** (>38 weeks)
Neonate	0-30 days
Infant	**Early** (1-12 months), **Late** (13-24 months)
Young child/toddler	2-6 years
Child/school child	6-12 years
Adolescent	12-18 years

General MSK in utero conditions

MSK from intrauterine environment	Pathologies, uterus differences, growth restriction and arthrogryposis
Congenital contractures	AROM + PROM reduced with structural and or functional abnormalities of soft tissues
Congenital anomalies	Malformations, disruptions, deform-ations, dysplasia

Arthrogryposis: Abnormal contracture of joints - curved joints

Signs that a child needs manual therapy

Signs of a neck problem

Decreased cx ROM	Decreased neck tone + strength
Asymmetric head shape	Difficulty sleeping supine

Palpable lesion in joints/muscles of the cx spine

Swaddling

Increases risk of SID - more likely to be prone	Negative effect on mother-infant relationship compared to skin to skin
Later breastfeeding	Developmental hip dysplasia
Acute respiratory infection	Vitamin D deficiency
Decreases pain scores	Decreases spontaneous awakening and arousability, greater quality sleep

Increased risk of hyperthermia

Pain in later life

Pain - increased heart rate	Hypothalamic pituitary adrenal axis reprog-ramming
Higher risk of maladaptive responses to anxiety & stress provoking stimuli	Anxiety, depression, OCD, panic & PTSD
Cognitive functioning	Reduced cognition and visual motor integration
Increased size of amygdala	
Periaqueductal grey	Immediate & permanent changes

Increased endorphin & encephalin protein

Prevention:
Non pharma therapies : Kangeroo care, massage, skin to skin contact, breastfeeding, NNS, oral sweeteners
Parents:
Increase emotional sensitivity
Increase education
Lower parental stress

Foetal akinesia

Lasting >3 weeks

Lack of normal muscle stretching

Causing:

Assessed by:

Was your baby n
pregnancy or sta
Movements are i
development

Risk factors for

Primigravida (firs
Small maternal s
Uterine malforma
Uterine Fibromat
Early Pelvic enga
Aberrant foetal p
Oligohydramnios
Multiple gestatio

Birthing injuries

Forceps + perin pressure

Mild injuries

Moderate injurie

Cheatography

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Birthing injuries (cont)

Severe injuries	Extra/sub-dural haemorrhages into joint capsules, torn ligaments, dura
	Haemorrhages of vertebral arteries

Types of birth interventions + Risks

Vaginal Birth	Clavicular f#
Forceps	Skull f#
	CN palsy
	Brachial plexus injuries
	Facial nerve palsy
	Torticollis
Ventouse	Cephalohaematoma
	Cranial f#
Risks	Male (larger)
	First born
	Assisted delivery

Ventouse: Cup like suction device, attaches to the baby's head

Non-pharma pain management

Environment	Feeding methods	Other
Skin to Skin contact	Non-Nutritive sucking (NNS)	Acupuncture
Swaddling(?)	Breast Feeding	Sucrose
Tucking		
Touch, massage		
Music		

Non-Nutritive sucking:
Sucking not for the purpose of feeding
Benefits:
Improved digestion
Behavioral organization (able to settle down after crying)
Pain management
Prevention of aspiration
Decreased risk of SIDs

NNS if baby resists

Consider:	Becau
Shortened breastfeeding duration?	Nipple
Otitis media	Denta
Suffocation	Allerg
Poisoning	Infect

Recommended:
Minimise pacifier use
Delay introduction up to 1 month of age
Limit use for soothing
Wean from pacifier from 2-6 months of age

NP & NC pain

Type of pain	Origin	Localisation	Characte
NC – superficial somatic	Skin, mucosa	Well localised	Sharp May be b pricking
NC – deep somatic	Bone, joints, muscles, CT	Well localised, tenderness to palpation	Dull Aching Throbbin
NC – visceral	Internal organs	Poorly localised, Palpation may create pain	Vague du cramping deep pre spasms,
NP	Various sites, not always stimulus dependent	Poorly localised, diffuse + Sensory dysfunction	Difficult t Burning, needle li Sharp, sh

Neuropathic (NP)
Nociceptive (NC)