



... the child that you've always dreamed of?

Of course not.

But your child could be hurting. Use this checklist to assess your child's neurological balance.

**OKLAHAVEN** children's **Chiropractic** center

4500 N. Meridian | Oklahoma City, OK 73112  
www.chiropractic4kids.com

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Since 1962, the Center has been providing chiropractic care to severely sick and disabled children, specializing in treating those whom traditional medicine has been unable to help.

The Center was founded as a private, nonprofit 501(c)(3) organization by a group of volunteers, led by six doctors of chiropractic.

Over the years, thousands of children have achieved health from a variety of conditions such as cerebral palsy, asthma, genetic disorders, and learning disabilities ranging from mild sensory dysfunction to autism; all have shown an improved quality of life after treatment at the Center.

Successes with children have been shared nationally and internationally.

### How does YOUR SPINE'S HEALTH determine the health of your entire body?

A healthy body cannot exist without a healthy spine. Your spinal column houses and protects your central nervous system, from your skull all the way down to your tailbone. Your spine is made of 24 little bones called vertebrae. Running through the center of each vertebra is your spinal cord.

This central nervous system, which includes your brain and spinal cord, coordinates the functions of every muscle, gland, organ, and cell in your body. For your life force within you to flow freely, your spine must be in good alignment, flexible, and balanced. If your spine becomes stressed, stiff, or kinked, it will irritate and interfere with the function of the nerves it's meant to protect, causing a subluxation.

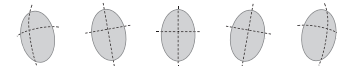
Stress, trauma, or toxins to the body cause subluxation. Not enough loving attention, poor sleep, and lack of rest are stresses. Invasive birth, car accidents, falls, and jolts are traumas. Bad food and pollution are toxins. These cause dis-ease within the body.

Chiropractic care treats subluxations to strengthen and align your spine for optimal health.

### BODY BALANCE

**Breathing:** Is your child ...  
Visibly inhaling?  YES  NO  
Visibly exhaling?  YES  NO

**Head Angle:** \_\_\_\_\_ % (if known)



**Mouth:**

- Expressive
- Tight
- Hanging Open

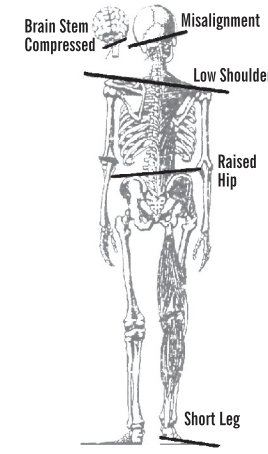
**Tongue Movement:**

- Tip up in relaxed position
- Sides moving naturally
- Swallows easily
- Flat and flacid
- Has problems with food texture

**Observe** your child's body alignment. Mark tight muscles.

**Leg Length:** (L) \_\_\_\_\_ (R) \_\_\_\_\_ inches

**Feet Angle:**



### BEHAVIOR

**Organized or Resolved?**

Is your child ...	(USUALLY)	(SOMETIMES)	(RARELY)
Affectionate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COLUMN SUBTOTALS:</b>			

**Disorganized or Unresolved?**

Is your child ...	(RARELY)	(SOMETIMES)	(USUALLY)
Frustrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whiny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defiant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COLUMN SUBTOTALS:</b>			
<b>(ADD TOP &amp; BOTTOM) BEHAVIOR TOTALS:</b>			

### HOW LONG will it take for my child TO BECOME HEALTHY?

That depends on several factors ...

Child's Age: \_\_\_\_\_

Is your child now on a fresh whole food diet?  YES  NO

Is your child now on medication?  YES  NO

How much time can you devote for your child's weekly chiropractic treatment? \_\_\_\_\_

How much time can you spend at home working on your child's program? \_\_\_\_\_

Parent's Goal: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### VISION

**2.5 mos.** Cover one eye on child. Shine a light across the open eye. (Repeat for the other eye). Does pupil respond to light?

	LEFT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	RIGHT	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**7 mos.** Move a finger puppet in front of child's face. Which eye(s) track movements:

	LEFT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Horizontal	RIGHT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Vertical	LEFT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	RIGHT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Diagonal	LEFT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	RIGHT	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**12 mos.** Hold a finger puppet 18 inches in front of child's nose. Move puppet to child's nose. Do eyes converge/become crossed?  YES  NO

**Does child...**

**18 mos.** Recognize images?  YES  NO

**6 yrs.** Read at peer level?  YES  NO

**VISION TOTALS:** YES's \_\_\_\_\_ NO's \_\_\_\_\_

Have child look through a tube. Which eye does the child use? **Dominant Eye:**  LEFT  RIGHT

### AUDITORY

**2.5 mos.** How is your child's startle reflex?  
 Immediate  Hyper  Delayed  None

**Does child...**

**7 mos.** Exhibit vital reaction to threatening sounds?  YES  NO

**12 mos.** Identify sources of sounds & voices?  YES  NO

**18 mos.** Filter extraneous sounds to focus on conversation?  YES  NO

**Does child understand...**

**12 mos.** 8-10 words?  YES  NO

**18 mos.** 10-25 words?  YES  NO

**3 yrs.** Simple sentences?  YES  NO

**6 yrs.** Language with peers?  YES  NO

**AUDITORY TOTALS:** YES's \_\_\_\_\_ NO's \_\_\_\_\_

Ask child to put head on the table while you tap on the table from underneath. Which ear does child put on table to listen?

**Dominant Ear:**  LEFT  RIGHT

### TOUCH

**Does child exhibit...**

**Birth.** Toe dig? (Pushes off with big toe when crawling without shoes.)  YES  NO

**2.5 mos.** Pain response? (Is response delayed? \_\_\_\_\_)  YES  NO

**2.5 mos.** Hot/Cold temperature response?  YES  NO

**7 mos.** Light touch response? (Is response delayed? \_\_\_\_\_)  YES  NO

**7 mos.** Is child ticklish? (Is response delayed? \_\_\_\_\_)  YES  NO

**18 mos.** Does child identify objects by name?  YES  NO

**24 mos.** Is child toilet trained?  YES  NO

**36 mos.** Does child identify objects by texture?  YES  NO

**TOUCH TOTALS:** YES's \_\_\_\_\_ NO's \_\_\_\_\_

Have child reach into a bag to grab an unknown object. Which hand does child use?

**Dominant Hand:**  LEFT  RIGHT

### MANUAL

**Does child use...**

**2.5 mos.** Vital release? (Lets go of life-threatening touch.)  YES  NO

**7 mos.** Whole hand to encircle object?  YES  NO

**12 mos.** Index finger-and-thumb pincer grip?  YES  NO

**18 mos.** Bimanual function? (Pulls pants up.)  YES  NO

**24 mos.** Can your child pronate hands? (Turn palms down.)  YES  NO

Can your child supinate hands? (Turn palms up)  YES  NO

**3 yrs.** Emerging dominant hand? (Ex: unscrewing a jar lid requires one hand to support jar while other hand turns lid.)  YES  NO

**MANUAL TOTALS:** YES's \_\_\_\_\_ NO's \_\_\_\_\_

**HAVE CHILD WRITE NAME.**

Which hand does child use to write name?

**Dominant Hand:**  LEFT  RIGHT

### LANGUAGE

**Does child...**

**2.5 mos.** Use a vital cry?  YES  NO

**7 mos.** Make sounds with intention?  YES  NO

**12 mos.** Speak in single words?  YES  NO

**18 mos.** Speak in couplets, phrases?  YES  NO

**36 mos.** Conversation

	Good	Poor	Inconsistent
Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sentence structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6 yrs.** Is child's conversation equal to peers'?  YES  NO

**LANGUAGE TOTALS:** YES's \_\_\_\_\_ NO's \_\_\_\_\_

### MOBILITY

**Does child move...**

**2.5 mos.** Crawl on tummy with opposite arms & legs?  YES  NO

**5 mos.** Sit on floor?  YES  NO

**7 mos.** Creep (on hands and knees) using opposite arms and legs?  YES  NO

**12 mos.** Walk with arms up for balance?  YES  NO

**18 mos.** Walk with cross-pattern of arms and legs?  YES  NO

**36 mos.** Run with cross-pattern of arms and legs?  YES  NO

**MOBILITY TOTALS:** YES's \_\_\_\_\_ NO's \_\_\_\_\_

Have child kick a ball. Which foot does child use?

**Dominant Leg:**  LEFT  RIGHT

Have child hop. Which foot does child hop on?

**Dominant Leg:**  LEFT  RIGHT

**EVALUATING YOUR CHILD'S SCORE:**  
If your child is not performing at age-appropriate levels or has more no's than yes's, contact us to learn more about the chiropractic way back to health.