

Vision, Hearing, Orthodontics Is Your Child Ready for a First Check-up?*

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Editor's Note: This article is the second in a series that includes interviews with experts in a particular field or specialty about appropriate ages for children to begin lessons, classes or treatments. This month, we've asked various health care professionals around the city to advise parents on evaluating whether children have reached the 'ready stage', and why it's important to wait.

Is my baby healthy? It's a parent's first question and remains a primary concern for a lifetime. From the moment of birth, a child's well being is assessed by doctors and parents alike. Fortunately, health and hygiene advances have given us new tools to identify and treat problems. Early detection can lead to the prevention and cure of long-term conditions, so getting your child on the right timetable for medical screening and intervention is essential. Health experts conclude that there are various schedules for various procedures. Some require a level of physical maturity and an ability to follow simple directions, while others can be performed on sleeping newborns.

It's important to know when your child is ready for treatment. Is a child ever too young? Here are some recommendations from the experts:

CHILD THERAPY

"Child therapy can start quite young. Infants and toddlers can be involved in various forms of therapy," says Dr. Cynthia Pfeffer, professor of psychiatry and director of the Childhood Bereavement Program at Weill Medical College of Cornell University. "Anything that may impair the functioning of the child would be an indication that they might benefit from intervention. Treatment should be focused on their developmental ability and needs."

Parents should familiarize themselves with chronological milestones — when a child should begin walking or talking, for instance. If there appears to be a significant developmental lag, parents should discuss their concerns with their pediatrician. Some children are simply late bloomers, while others may benefit from early intervention that may include child therapy. "There are a wide variety of treatment options," Dr. Pfeffer says. "Proper diagnosis is key. Child therapy should be viewed in terms of a comprehensive diagnostic and treatment plan." This can include behavioral techniques, as well as medication.

"With younger children, we often work with a parent and child together," says Marian Davidson-Amodeo, C.S.W., director of the Child Development Center at the Jewish Board of Family and Children's Services. "A parent's unresolved issues may affect the child, or the parent can act as a facilitator to improve undesirable behaviors."

Personal traumas in a child's life, like divorce or loss of a loved one, may trigger a need for early therapy. If a child exhibits uncontrollable behavior or is overly withdrawn, he might also benefit from intervention. "The family journey contains many milestones — bumps in the road often occur that can affect everyone in the family," says Phoebe Speck, Ph.D, a Manhattan psychotherapist. "Therapy can be short-term and targeted to a particular issue; or longer, depending on the presenting problem."

For young, pre-school aged children, play therapy is often employed. This therapy can be non-verbal. The child plays out the conflict and the therapist can help the child find better ways to deal with their problems. "Most problems, unless manifested as development delays, may be difficult to detect in young children," Dr. Speck says. In some cases, therapy may not begin until language becomes a viable tool for communicating concerns.

In traumatic situations, Davidson-Amodeo recommends close monitoring to see how well the child is functioning and behaving. Is there a place the child has an opportunity to talk, be heard and be comforted? An objective listener can often help. "Psychotherapy will help a child learn coping skills," Dr. Pfeffer says.

Experts stress the importance of family involvement in therapy. Although the parents may not necessarily be present during all sessions, they should maintain regular contact with the therapist to keep abreast of the progress of the treatment. Occasionally, joint family sessions will be required. "A therapist should focus on the positive and emphasize what the child and family can do to improve things, to help them better understand how to work and communicate together," Davidson-Amadeo says.

HEARING

"One of the most exciting innovations on the medical front is the otoacoustic emission test (OAE), a hearing screening test for newborns," says Rigmor Spang, M.D., chief of inpatient pediatrics at Lenox Hill Hospital. Since New York State adopted a policy of universal newborn hearing screening in 2000, all of our youngest children have the benefit of early testing and treatment. The OAE is a quick non-invasive test that consists of a small rubber probe inserted into the baby's ear. A soft clicking sound is emitted. In a normal ear the sound will echo; the test detects this echo. In rare cases, foreign substances lodged in the ear at birth may influence the test.

If a baby fails the OAE, a Physiological Auditory Brainstem Response (ABR) evaluation will be recommended. This test, which is similar to an EKG, is performed on a sleeping baby and gives an indication of the degree of hearing loss. "The earlier we can identify a hearing problem, the better the potential outcome for speech and language development," says Deborah Lee, M.S., coordinator of The Cochlear Implants Center at Manhattan Eye, Ear and Throat Hospital. "Today, newborns can be fitted for hearing aids shortly after birth, and cochlear implants can be performed on deaf infants as young as 12 months old to restore hearing."

As children mature, parents should continually monitor them for any indication of hearing problems, suggests Dr. Spang. Is your baby chattering or cooing? If you speak in a low voice, does he respond? Lee recommends consulting the developmental hearing guidelines published by the American Speech-Language-Hearing Association (ASHA). "An infant should startle to a loud noise, and turn to a sound," she says. "Trust your instinct as a parent. If you suspect your child has a hearing problem, see a specialist as soon as possible."

Formal hearing screenings, consisting of a tone test, start at age 3, during annual pediatric visits. Even at this age, not all children have the concentration level to sit through the test and identify the sounds. Parents may be asked to subjectively evaluate their child. Any perceived speech delay or articulation problem should be professionally diagnosed.

Manhattan Eye, Ear and Throat Hospital employs Conditioned Play Audiometry — hearing tests designed for young children that are play oriented and easy to administer to a fussy toddler. When a child hears a tone, they must put a block or toy in a box. "These tests are engaging and fun," says Lee. "They make a child comfortable. We can get critical information and assess problems without the child even realizing he is undergoing a medical evaluation." If test results reveal any degree of hearing loss, the child will undergo further examinations to determine its cause and establish a suitable course of treatment.

VISION

Newborns undergo a simple vision-screening test to determine whether the baby can fixate on an object and to rule out any congenital abnormalities like cataracts or cross-eyes. Low birth weight, premature babies who have been exposed to oxygen are more prone to serious retinal disease and should be seen by an ophthalmologist immediately.

"The ideal time for a child to see a pediatric eye specialist is age 1 to 1-and-a-half," says Dr. Joseph Bistricher, an optometrist at Sterling Vision. "Many optic muscles become fortified before age 2. If we detect subtle problems at this time, we will have better results with early treatments."

It is particularly important to ascertain whether both eyes are working together. If vision is not maximized in both eyes before the age of 6 or 7, a permanent condition called amblyopia, known as lazy eye, can result. This condition is preventable with early treatment, which may require a patch or vision training.

It is difficult to ascertain whether a very young child has 20/20 vision (his sight is normal for him). Near- or far-sightedness does not generally manifest itself until ages 2-and-a-half to 3. Up until that age, doctors and parents should subjectively assess the child's vision based on behavior. Symptoms of problems may include headaches, rubbing eyes frequently or teary, watery eyes. At age 3, eye exams are included in annual pediatric check-ups. A child is generally mature enough, at this age, to either identify pictures or point to letters in different directions.

Vision problems in children may often require corrective eyeglasses. Special durable materials are available, designed to withstand a kid's typical wear and tear. Children ages 6-10 sometimes require reading prescriptions because the focusing system of the eye is not fully developed. In some cases, this condition will improve as the child gets older.

"Mature children can begin to use contact lenses if they are comfortable inserting them and will follow the strict cleansing guidelines necessary for maintenance," says Dr. Bistricher. Corrective laser surgery is not appropriate for children because the eyesight must be stable for several years before undergoing such surgery. You can help take care of your child's vision by making sure they have a bright reading light and do not hold reading materials too closely. While reading or using the computer, it is important to give eyes a periodic break, approximately every 15 minutes.

"Problems with visualization skills may be the underlying cause of learning disabilities — from ADD to dyslexia," says Dr. Henry Ettinger, optometrist and director of the New York's Vision Improvement Program (VIP). VIP is a 10-week intensive course that aims to enhance a child's ability to absorb and process visual information. The program is geared for children ages 5 and up. "We teach skills to improve a child's learning ability. At that age, they are ready to participate in the goal-oriented activities the program embodies," says Dr. Ettinger. "It's like riding a bike: Once the skills are embedded, they will be present for life."

DENTAL / ORTHODONTIA

An important pre-requisite to a dental visit is teeth! The American Pediatric Dentistry Association recommends your child's first visit to the dentist should coincide with the appearance of his first tooth or no later than his first birthday. The check-up will determine whether the shape of the tooth is normal and if there is good mineralization. Oral tissue, gums, lips and throat will also be examined.

"Pediatric dentistry focuses on education and prevention, not drilling and filling," says Dr. Ann Lambert, a pediatric dentist at Park Avenue Pediatric Dentistry. "Parents learn techniques to establish good dental habits that will travel with the child through life. We teach proper dental hygiene — the importance of brushing new baby teeth regularly, and give parents nutritional guidelines." Certain behaviors, like thumb sucking or the use of pacifiers, can have a negative effect on growing teeth. Dentists also warn not to allow an infant to sleep with a bottle. Even nursing at night can create bacterial formation on teeth, which can result in a greater risk for cavities.

"There are three factors that lead to cavities," says Dr. Rhonda Cavee, a pediatric dentist in Manhattan. "You need a tooth, bacteria and a food source. If prone to sweets or if a child has a higher bacterial level in their mouths, it might increase their tendency to have cavities," Dr. Cavee says. Dentists recommend regular bi-annual dental check-ups to screen for cavities and to clean teeth to prevent future problems. By age 2, fluoride treatments can be introduced. Today's fluorides come in a wide variety of kid-pleasing flavors — from marshmallow to cherry cheesecake. "It's better than Baskin Robbins!" says Dr. Lambert. If cavities are detected, treatment is scheduled. In extreme cases, very young children may require general anesthesia during this procedure. When the child is old enough to follow directions, usually by age 3, instruction in oral hygiene is introduced.

Pediatric dentists undergo several years of special training to master techniques aimed at desensitizing a child's fear and making them more comfortable. "I call my visits play dates with the dentist," says Dr. Lambert. "I use the Tell-Show-Do method: I tell a child exactly what's going to happen. I show him my instruments. Then, I can do my examination. When I familiarize the child with the procedure that will occur, I cut down on the fear of the unknown." Parents should take care not to transfer their own fears to their child, advises Dr. Cavee.

When permanent molars come in, around ages 6-7, tooth sealant can be applied to prevent cavities. A panoramic growth and development X-ray is performed at age 7, when the first permanent molars and incisors appear, to determine whether there may be a need for orthodontic treatment in the future. Orthodontists correct malocclusions — conditions that occur when teeth are not lined up properly.

"Early intervention can identify and correct a small problem before it becomes a big problem," says Dr. Sinh T. Ta, an orthodontist in Manhattan. She recommends a child see an orthodontist by age 7. Some common malocclusions, such as crowding or bite abnormalities, are easier to correct when a child is younger. Removable appliances like retainers can be employed to correct the problem as soon as possible. Retainers can also be used to put an end to adverse oral habits like thumb sucking or tongue thrusting. "Some of these habits may even have a negative effect on speech," Dr. Lambert says.

"Conventional fixed braces are most commonly applied when permanent teeth predominate," says Clarence E. Shelton, D.D.S., an orthodontist in Manhattan. "This usually occurs between the ages of 9 and 11." Because braces straighten teeth gradually, treatment usually lasts one-and-a-half to two years, with visits scheduled every four to eight weeks for adjustments. A new generation of braces offers many options including colored braces, clear braces and Invisalign, a cutting edge product consisting of removable aligners that are virtually invisible. "Most children look forward to their visit to the orthodontist because they get to choose from a wide variety of colors," Dr. Ta says.

Once children have braces, it is important to discuss proper care and maintenance. Kids need to brush more vigorously, avoid gum and candy, and cut food into smaller pieces. "Orthodontic treatment improves self-confidence and self image," says Dr. Shelton. It gives kids something to smile about!

CHIROPRACTIC

It's back to basics — with chiropractic care beginning shortly after birth. "With my newborn patients, the focus is on prevention," says Dr. Eugenie Tartell, a chiropractor at Upper West Chiropractic. Difficult births can cause misalignments in the neck area or spinal subluxations, a condition where the spine is not in correct balance. "Early treatment will reduce the irritation to the nervous system as the child grows," says Dr. Tartell. She recommends regular visits with a chiropractor as the child matures to assess a wide range of physical, orthopedic and neurological functions, including motion in the body, leg length and reflexes.

Chiropractic care can also boost the immune system. It offers a holistic alternative to infant health concerns, from colic to constipation. "These conditions arise from irritability to the nervous system. Using touch and rebalancing techniques a chiropractor can reduce this irritability," Dr. Tartell says.

In addition to traditional chiropractic adjustments, Dr. Deborah Cutler, a Manhattan chiropractor, uses BioSET treatments to combat a variety of childhood ailments, including food allergies and asthma. BioSET is a non-invasive, bio-energetic treatment that combines physical therapy with natural food supplements. "The treatment can start with newborns," Dr. Cutler says. "We find that many of the typical children's problems like colic or digestive difficulties can be caused by food allergies. BioSET works to eliminate those allergies."

As a child becomes involved in sports or dance on a regular basis, often in the toddler years, it is a good idea to see a chiropractor, suggests Dr. Tartell. "When a spine is in alignment, the nervous system operates at its highest level. It will receive information correctly, process it correctly and give it back to the cells correctly. This sparks better overall performance," she says.

"People generally seek chiropractic treatment after an injury occurs or when they're in pain," Dr. Cutler says. "But regular chiropractic care can work to prevent injuries before they occur."

YOGA

Babies are never too young to reap the benefits of yoga, an enriching, organic exploration of the body. "At our studio, we start newborns in classes with their moms," says Jodi Komitor, founder and director of Next Generation Yoga and author of *The Complete Idiot's Guide to Yoga with Kids*. "Infants participate with their mother in hands-on sessions — by the age of 1 or 2, when the imitative stage begins, the children will have a firm foundation for yoga."

"Yoga is much more about connecting with yourself than putting a foot behind your head," says Sarah Schneider, director of children's yoga at Be Yoga. "It fosters a healthy relationship with oneself as well as a glory and respect for the body and all the amazing things it can do. If you internalize this feeling at an early age, it's a wonderful gift." At Be Yoga, Baby and Me classes begin at six months. The classes are geared to foster a general sense of well being in a young child.

Yoga works to condition the body in three major ways: it strengthens the muscles and provides flexibility and balance; its positions aim to reverse the negative effects of gravity and damaging posture. This can greatly enhance a child's dance or sports performance.

"In our kids' classes, we do classic yoga stretches in a playful, fun way. It's very creative and self-expressive," Komitor says. Their 45-minute classes use songs and props to keep children focused. "Yoga can also center the mind," Schneider says. "It's a relaxing discipline that may help children who have problems with focusing." In today's world, when kids are struggling with heavy backpacks and hectic schedules, yoga can offer a moment of pause and peace.

RESOURCES

HEARING AND VISION

Lenox Hill Hospital
15 East 91st Street, (212) 876-6475

The Hospital for Special Surgery
535 East 70th Street, (212) 606-1000

Manhattan Eye, Ear and Throat Hospital
210 East 64th Street, (212) 604-3793

American Speech-Language-Hearing Association
www.asha.org

Vision Improvement Program/Dr. Henry Ettinger
318 West 56th Street, (212) 265-4609

Dr. Joseph Bistricher/ Sterling Vision
794 Lexington Avenue, (212) 755-8927
1125 Lexington Avenue, (212) 628-8886

Dental/Orthodontics
Park Avenue Pediatric Dentistry/Dr. Ann Lambert
870 Park Avenue, (212) 879-6518
www.parkavepd.com

Deborah Pilla, D.D.S. and Ann Lambert, D.D.S.
870 Park Avenue, (212) 879-6518
www.parkaveped.com

Dr. Rhonda Cavee
236 East 36th Street, (212) 679-3030

Dr. Sirh Ta
15 East 91st Street, (212) 876-6475
www.uppereastsidebraces.com

Dr. Clarence E. Shelton
50 West 97th Street, (212) 932-2203
www.acceleratedorthodontic.com

CHILD AND FAMILY THERAPY

Carole Bass

160 East 91st. Street, (212) 348-9366

Michael Collins, NcpsyA

248 E. 73rd Street, (917) 701-3469

Jewish Board of Family and Children's Services

120 West 57th Street, (212) 582-9100

www.jbfcs.org

New York Weill Cornell/

Children's Hospital of New York Presbyterian

525 East 68th Street, (800) 245-5437

Phoebe Speck, Ph.D.

51 East 73rd Street - Suite 5C, (212) 861-0691

drspeek@therapynewyork.com

CHIROPRACTIC

Dr. Deborah Cutler

200 West 20th Street, (212) 741-6285

Upper Westside Chiropractic/Dr. Eugenie Tartell

2121 Broadway at 74th Street, (212) 496-1630

Premier Physical Therapy

238 East 77th Street, (212) 249-5332

YOGA

Karma Kids Yoga

104 West 14th Street, (646) 638-1444

www.karmakidsyoga.com

Next Generation Yoga

200 West 72nd Street, (212) 595-9306

www.nextgenerationyoga.com

Be Yoga

1319 Third Avenue, (212) 650-9642

www.beyoga.com

Universal Force Yoga

7 West 24th Street, (917) 606-1730

* Portions of this article have been rearranged for use on therapynewyork.com.



BigAppleParent



QueensParent



WestchesterParent