

Story Proposal for *Healthier Sleep*

Title: *Beyond the Pill: Exploring Manual Therapies for Pediatric Sleep Disturbances*

Submitted by: Adam Mulford

Country: Canada

Contact Info: adam@osteopathicconditioning.ca.

Word Count Estimate: 800 words

Target Section: Feature Article

Beyond the Pill: *Beyond the Pill: Exploring Manual Therapies for Pediatric Sleep Disturbances*

A growing number of families are exploring drug-free, evidence-based therapies like Manual Osteopathic Therapy to manage sleep problems in children with ADHD and anxiety.

By: Adam Mulford

Every night, Maya dreads bedtime. Her 10-year-old son, Liam, diagnosed with ADHD and anxiety, struggles to fall asleep. Despite a calm routine and screen-free wind-down, it can take over an hour before he settles—and that’s often followed by restless sleep and early waking. Like many families, Maya is torn; while medications help Liam concentrate during the day, they seem to make sleep even harder.

In British Columbia alone, nearly 5% of children, about 41,250 aged 5 to 19, are currently diagnosed with ADHD. Around 70% of these children also experience chronic sleep disturbances such as insomnia, frequent waking, and excessive daytime sleepiness^[3,5,7].

Stimulant medications like Ritalin, commonly prescribed to manage ADHD symptoms, can unintentionally make sleep worse by increasing sleep latency (the time it takes to fall asleep), decreasing sleep efficiency (how well a person sleeps), and reducing total duration^[8,9]. The result? A frustrating cycle of daytime focus and nighttime struggle, which often worsens behavior and attention the next day.

Parents are increasingly looking for gentler, more holistic strategies to support their children's sleep, and one option gaining attention is Manual Osteopathic Therapy (MOT).

Manual Osteopathic Therapy is a hands-on, drug-free therapy that focuses on aligning the body's structure: bones, muscles, fascia, and joints, to support overall health. Using subtle movements and gentle pressure, practitioners aim to reduce physical tension, improve circulation, and calm the nervous system. By improving circulation, relieving tissue tension, and enhancing nervous system regulation, MOT may improve sleep and overall well-being^[4,11].

The goal is to help the body self-regulate, something especially important for children whose nervous systems are already under stress.

MOT is provided by trained Manual Osteopathic Therapists, often in private clinics. Practitioners assess each child's posture, range of motion, and tissue tension to identify somatic dysfunctions which can lead to restrictions or imbalances that may interfere with healthy function. Treatment is individualized, typically gentle, and well-tolerated by children. Parents are encouraged to ask about the therapist's experience with pediatric patients.

Sleep is more than rest, it supports learning, memory, mood, hormone development, and physical growth^[13]. For neurodivergent children, especially those with ADHD or anxiety, poor sleep

makes everything harder and this inability to initiate or maintain sleep leads to increased irritability, decreased focus, and impaired daytime functioning^[1]. Yet many treatment plans focus only on medication or behavior therapy, leaving little room for complementary approaches^[4,13,19].

Research shows that MOT can improve sleep by reducing sleep latency, increasing total sleep duration, and minimizing night wakings^[6]. These changes are linked to better regulation of the parasympathetic nervous system—also known as the “rest and digest” system—which helps the body relax^[2,3]. Parents of children who’ve tried MOT often report more consistent sleep patterns, better moods, and even improved attention during the day^[5,6].

While the evidence is encouraging, MOT isn’t a cure-all and some parents may feel hesitant to try manual therapy, especially if it’s unfamiliar. It’s important to note that MOT is very different from chiropractic adjustments or deep-tissue massage. The techniques are subtle, safe, and specifically designed to support the developing bodies of children. Side effects are rare, and children often find the sessions calming and enjoyable^[6].

To explore MOT, parents can start by asking their family doctor for a referral or searching for qualified Manual Osteopathic Therapists in their region. Many provinces maintain directories or professional associations where pediatric experience is clearly listed. A typical session lasts 30 to 60 minutes and may be integrated with other treatments or therapies.

Despite growing evidence, manual therapy is not yet included in most public health or school-based ADHD programs in Canada. In British Columbia, for example, there are no formal MOT services offered through pediatric mental health or sleep care clinics^[4,10].

This lack of access leaves families like Maya's searching for alternatives. Manual therapies not only support sleep, they also provide a chance to involve the whole family in a calming, body-centered approach that reduces stress and increases connection. Research also shows that supportive family dynamics are key to managing ADHD symptoms and promoting positive outcomes^[4,12].

Pediatric sleep disturbances are not just an inconvenience; they affect everything from academic performance to emotional resilience. As research grows, so too should our awareness of complementary therapies like MOT.

Parents deserve access to a full spectrum of options. While medication can be part of the solution, it doesn't have to be the only one. Manual Osteopathic Therapy offers a gentle, evidence-informed path to better sleep, one that starts not in the pharmacy, but in the hands of a trained therapist.

For families like Maya's, empowering through a broader range of choices can reduce reliance on medications and provide holistic care that supports both body and brain. This is more than just sleep, it's a way to restore balance, confidence, and calm to both children and parents alike.

References

1. Pincherle, M. (2014). Effect of osteopathic manipulative therapy in the attentive performance of children with attention-deficit/hyperactivity disorder. *Journal of Osteopathic Medicine*, 114(5), 374-381
2. CMHA British Columbia. (2023, August 16). *Attention-deficit/hyperactivity disorder in children and Youth*. <https://bc.cmha.ca/documents/attention-deficithyperactivity-disorder-in-children-and-youth/>
3. Claussen AH, Holbrook JR, Hutchins HJ, Robinson LR, Bloomfield J, Meng L, Bitsko RH, O'Masta B, Cerles A, Maher B, Rush M, Kaminski JW. All in the Family? A Systematic Review and Meta-analysis of Parenting and Family Environment as Risk Factors for Attention-Deficit/Hyperactivity Disorder (ADHD) in Children. *Prev Sci*. 2022 Apr 19:1–23. doi: 10.1007/s11121-022-01358-4. Epub ahead of print. PMID: 35438451; PMCID: PMC9017071.
4. Craig, S. G., Weiss, M. D., Hudec, K. L., & Gibbins, C. (2020). The Functional Impact of Sleep Disorders in Children With ADHD. *Journal of Attention Disorders*, 24(4), 499-508. <https://doi.org/10.1177/1087054716685840>
5. France, K. G., McLay, L. K., Hunter, J. E., & France, M. L. (2018). Empirical research evaluating the effects of non-traditional approaches to enhancing sleep in typical and clinical children and young people. *Sleep medicine reviews*, 39, 69-81
6. Konofal E., Lecendreux M., Cortese S. (2010). Sleep and ADHD. *Sleep Medicine*, 11(7), 652–658. <https://doi.org/10.1016/j.sleep.2010.02.012>
7. *Mental illnesses in children and Youth*. CMHA British Columbia. (2023, August 16). <https://bc.cmha.ca/documents/mental-illnesses-in-children-and-youth-2/>

8. Parnell Prevost, C., Gleberzon, B., Carleo, B., Anderson, K., Cark, M., & Pohlman, K. A. (2019). Manual therapy for the pediatric population: a systematic review. *BMC complementary and alternative medicine*, 19, 1-38.
9. Petersen, J. (2023). A meta-analytic review of the effects of intergenerational programs for youth and older adults. *Educational Gerontology*, 49(3), 175-189. <https://doi.org/10.1080/03601277.2022.2102340>Links to an external site.
10. Rolling J, Rabot J, Schroder CM. Melatonin Treatment for Pediatric Patients with Insomnia: Is There a Place for It? *Nat Sci Sleep*. 2022 Oct 27;14:1927-1944. doi: 10.2147/NSS.S340944. PMID: 36325278; PMCID: PMC9621019.
11. Sung V, Hiscock H, Sciberras E, Efron D. Sleep Problems in Children With Attention-Deficit/Hyperactivity Disorder: Prevalence and the Effect on the Child and Family. *Arch Pediatric Adolescence Med*. 2008;162(4):336–342. doi:10.1001/archpedi.162.4.336
12. Van der Heijden, K.B., Stoffelsen, R.J., Popma, A. *et al*. Sleep, chronotype, and sleep hygiene in children with attention-deficit/hyperactivity disorder, autism spectrum disorder, and controls. *Eur Child Adolescence Psychiatry* **27**, 99–111 (2018). <https://doi.org/10.1007/s00787-017-1025-8>
13. Vancouver Coastal Health. (2024). *ADHD resources for children, Youth and families*. <https://www.vch.ca/en/adhd-resources-children-youth-and-families>