

Upledger Institute Case Study

CranioSacral Therapy - Auto Accident Neck Lower Back Pain

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Therapy: Craniosacral Therapy

Date: 8/31/2019

Patient: Female

Age: 59

History Symptoms

- Neck pain following MVA on 3/16/2019.
- Pain radiating from C4 through to the right bicep muscle.
- Pain radiating across the right gluteus maximus muscle.
- Painful when moving from the sitting position to standing position.
- Random cramping across the right quadriceps.

Diagnosis

The x-Ray results states that It is medically probable that the disc herniations are related to the MVA

- C3-4 Bulging Disk
- C4-7 Posterior Disk Herniation
- C5-6 Bulging Disk
- C7-T1 Bulging Disk

Evaluation – Session 1 (60 mins) 7/6/19

Whole body evaluation revealed decreased lateral ROM of the neck turning to the right and radiating pain at a scale of 7/10. The patient visually displayed difficulty moving from a sitting to standing position with a pain scale of 4/10. Arcing revealed numerous restrictions/energy cysts (ECs). Primary ECs in the Thoracic Inlet and Respiratory diaphragms.

Findings

- Decreased ROM of neck muscles
- Right T12 Rib contained Primary EC
- Restriction in the Respiratory and Thoracic Inlet diaphragms.

Treatment

Direction of energy/v-spread was utilized to release the EC on the Thoracic Inlet. Shortly after, there was some unwinding at the patient's right pectoralis minor. While evaluating the sphenobasilar dysfunctions, a right lateral strain was revealed and treated.

Tools Used

Arcing

- 10-Step Protocol
- Sphenobasilar Treatment
- Unwinding

Objective Results

Releasing the Thoracic Inlet and the Respiratory diaphragm helped release the Primary EC on the right T12 rib. This resulted in decreased pain of the right bicep and increased ROM of the neck.

Subjective Results

The patient stated that the radiating pain she felt from C4 to the right bicep had been relieved completely.

Follow Up Appointment - Session 2 (60 mins) 8/31/19

The patient stated, "It's no longer painful moving from a sitting to standing position and my leg rarely cramps". The patient also stated that she had recently experienced migraines and is due to have a temporary crown placed the following week.

Evaluation

During the whole-body evaluation, the therapist observed that the client had a recurring cough. Arcing revealed numerous restrictions and the Primary EC was in the right knee.

Findings

- Primary EC found in the right knee
- Restrictions in the Respiratory and Thoracic Inlet Diaphragm
- Referred pain on the right knee whilst working on the Sphenoid
- Left torsion lesion of the Spheno-occipital Complex

Treatment

During the evaluation for torsion of the Spheno-occipital Complex, I found a left torsion lesion. While correcting, the patient stated that she experienced sensations of pain over the right knee moving in a superior – inferior direction. During the Parietal Lift, the patient stated that the knee pain returned this time moving in a lateral-inferior direction. Avenue of Expression Protocol was performed. The patient shared feelings of helplessness when the driver crashed into her car. The patient stated that all she could do was brace herself, pushing hard on the brakes with her right foot.

Tools Used

- Arcing
- 10-Step Protocol
- CST/SER
- Avenue of Expression

Objective Results

Correcting the left torsion of the Spheno-occipital Complex and releasing the Parietals resulted in releasing the Primary EC in the right knee.

Subjective Results

The patient stated that she felt less tension around the Thoracic Inlet area.

Follow Up appointment, the patient stated that she no longer experienced migraines or leg cramps in the right leg.

Length of sessions - 1-1 ½ hours

Number of sessions – 2

Cost of therapy prior to CST use – unknown

Cost of CST therapy - \$260.00

Discussion

It is not uncommon to experience neck injury in a car accident and patients are not traditionally treated with Craniosacral Therapy. Often, damage is caused to tendons, muscles, ligaments and throughout the spine. Recommended intervention for neck pain is usually Chiropractic care, Physical Therapy, cold and/or heat along with pain management. Where full recovery is not readily attained, Chronic pain problems seem to respond well to a combination of Craniosacral/and related techniques. This case report reflects the benefit from Craniosacral Therapy for relief of neck and lower back pain from an auto accident. Also, this report is not intended to reflect benefits to all individuals with neck and lower back pain but to recommend further case studies, documentation and research into the benefits of Craniosacral Therapy for neck and lower back pain.

References

Upledger, John E., D.O., O.M.M. (1997). *Your Inner Physician and You*. Berkeley, CA: North Atlantic Books

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