

Upledger Institute Case Study

CranioSacral Therapy – Mild Cerebral Palsy

By: Kerstin S. Tracy

Personal

Age: 3

Sex: Female

History

Symptoms: Client was diagnosed with mild Cerebral Palsy at 17 months. She shows hypertonicity in the limbs and torso; she does not like her head to be touched; she does not have fine motor skills, and appears absent in her awareness. She is very sweet and smiles a lot; she loves to play and to react to others playing with toys in front of her.

Pertinent Medical History: Client was born at 32.5 weeks at 2 lbs 1oz. She stayed in the NICU for 6 weeks, and received oxygen for 2 hours after birth. The client didn't hit standard growth markers in utero. She decelerated and was born via C-section. Her mother has two blood disorders – Factor V Liden and Prothrombin Clotting Issues. The client receives speech therapy and physical therapy once each week.

Evaluation

The client presents with restricted R dural tube, R ischium sheared anteriorly; she is not able to sit on her own. The client also does not like to lie down. Her ribs medially compressed – especially on the R. She has limited range of motion in the occipital/atlas articulation, very tight anterior fascial line from the pubic bone to the temporal bones, with rigid sternocleidomastoid muscles and scalenes. All cranial sutures were compressed, especially around the R coronal suture. There is no palpable movement in the cranial bones; parietal bones feel compressed inferiorly, temporal bones compressed medially; facial muscles and fascia feel very tight; tongue movement anteriorly does not occur. She has a restricted mandible that keeps her from opening her mouth very wide. The client is non verbal.

Tools you used:

CranioSacral techniques including: Pelvic Diaphragm Release, Respiratory Diaphragm Release, Thoracic Inlet diaphragm release, Hyoid release, Occipital Hold (Part I of OCBR), Temporal Bone Hold/Decompression, Nasal Bone Release, Mandible Decompression, Frontal Bone Lift.

Objective results: Craniosacral rhythm is now palpable; hyoid and palate are still restricted, but much improved, and client is making more and more sounds. The client's head shape has changed from flat Vertex to appropriate shape and size. She is able to sit on her own now, and allows longer holds and more releases of tension in regional tissues and entire dural tube.

Cranial sutures do not feel as compressed. Client is walking with support of braces; the client is much more aware of her environment and very curious about everything. Her grip in both hands has improved and so have her fine motor skills. Her facial muscles are more relaxed and so is her tongue and hyoid; her speech continues to improve.

Subjective results: Client can sit on her own, is becoming more independent, and is very alert and aware. She is now walking with assistance, and she is sleeping in her own bed more often.

Average length of sessions: 60 minutes

Number of sessions: 29

Cost of therapy prior to CST use: \$5000

Cost of CST: \$ 3480