Barral Institute Case Study
Visceral/Neural Manipulation - DeQuervain's Tendonitis.
1st Dorsal Compartment Tendonitis
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Patient Age / Gender
Patti B., age 49, last date of treatment 6-24-09

Patient Symptoms
Diagnosis: Left DeQuervain's Tendonitis, 1st Dorsal Compartment Tendonitis diagnosed by orthopedic physician who referred patient to PT. Symptoms: Financial sales executive for IBM who works from home primarily on the computer. Left radial wrist pain onset Dec.08/Jan09 of gradual onset but became acute resulting in inability to use her left hand at all "even tp pick up a piece of paper". Pain is worst when first awakening in AM despite sleeping with wrist immobilizer splint. Acute pain in radial aspect of thumb with increase pain with any movement of thumb, constant throbbing and aching in left thumb. Unable to work at computer, unable to kayak.

Evaluation / Treatment
PMHx: Significant for Guillian Barre Syndrome are 28, chronic Right neck and shoulder pain, ACL reconstruction 2003. No relief of wrist pain with meds, partial relief following cortisone injection into Left radial wrist. Evaluation findings: Postural asymmetry insignificant Neck AROM: Rotation Left 46', R rot 52 with c/o Right interscapular pain, SB R to 1/3 normal and flexion to 3/4 normal both with c/o increased right neck and interscapular pain. Extension WNL - no pain. Shoulder PROM: WNL with no pain Wrist PROM: Ulnar deviation most painful - 10'. If thumb grasped in palm, ulnar deviation= 0'. secondary to radial wrist pain. Radial deviation, flexion 68', no pain and extension 72' ROM with increased pain slightly radial dorsal wrist. Supination increases pain at end ROM. Forearm pronation is WNL and without pain. Joint mobility: Normal throughout wrist, hand. C-spine restrictions noted at O/A, A/A, C2/3 through C4/5 Right greater than Left. Significant cranial base restrictions were related to spinal dura and cranio-facial sutural membrane, significant restrictions in deep anterior cervical fascia/ VSON. Palpation: Neural restrictions brachial plexus, median nerve, spinal dura as mentioned above especially at cranial base. Visceral fascial restriction Right pleural/pericardial relationship, retrosternal fascia related to cranial base Liver in relation to Gallbladder G. Listening 1st treatment: Infraclavicular Brachial plexus Treatment: 9 visits initiated 3-2-09 with last visit 6-24-09. Treatment included neuro-meningeal manipulation of Brachial plexus bilaterally, axillary, median and radial nerve on Left, manipulation of dura of cranial base via spinal dural manipulation and craniofacial sutural membrane manipulation, intracranial membrane manipulation most importantly falx cerebelli, tentorium. Postural education for proper ergonomics at computer, visceral fascia release to retrosternal fascia, pleural/pericardial relationships R to Cranial base.

Outcome

Gain in neck AROM to 60' bilateral with no neck pain or interscapular pain which had been chronic for years. Total relief of constant throbbing and aching with gain of passive and active ulnar deviation to 35' with left thumb grasped into closed palm, 43' w/o grasped thumb. Able to return to computer work fairly quickly after initiating PT, able to resume kayaking before D/C PT w/o aggravation on symptoms. Symptoms remaining when she returned to orthopedic physician in August were occasional sharp pain in Left radial wrist precipitated with quick movements into with supination combined with radial deviation. Ortho MD repeated cortisone injection and patient felt no need to return to PT.