Barral Institute Case Study

Neural Manipulation – Neck pain and headaches

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# Case Study 8

Abstract: A case study of a 62 y.o. female suffering from neck and headache pain which was greatly reduced with techniques of neural manipulation.

Key Words: Neck and headache pain and neural manipulation.

Date: 04/27/17

Diagnosis: Neck pain

History: Patient has a 30+ year history of chronic neck and headache pain which was exacerbated by a fall in March before the patient was seen for initial eval on 01/11/17. Patient’s pain limits her ability to sleep, and to drive as she has trouble checking traffic. Pain levels increase to 8/10 and currently are 4/10 for neck and headache. Patient had numbness and tingling into bilateral hands which is worse at night. Patient is taking meds for pain and sleep (Sumatriptan, Flexeril, Naproxen and Sudafed.) Her goal is to have less pain and decrease meds.

Functional outcome measure: Custom Care Connection for Cx/T is 62%.

# OBJECTIVE ASSESSMENT:

Active cervical ROM:

Forward bending: 20 degrees from chest Backward bending: 2/3 range

0 degrees sub cranial nod

Right rotation is 35 degrees and Lt. is 40 degrees Side bending Rt. is 20 degrees and Lt. is 5 degrees

Strength: Weakness in deep neck flexors art 3+/5 extensors 4/5 Scapular weakness with resisted elbow flexion test: 2/5.

Neuro:

DTR’s 1+ at biceps and brachioradialis bilat. Adson-Wright (+) Rt.

Upper limb tension test is (+) for median, radial and ulnar nerves bilat

Treatment:

Prior to each treatment, the patient was assessed with a General Listening technique followed by listening at the vertex and RCPM to determine treatment target tissue. Patient was treated with neural manipulation of sub occipital nerves, cervical and brachial plexuses as well as into nerves of distal hands bilat. Tentorium cerebelli and Falx Cerebri were also treated and released with Listening at vertex and /or RCPM directing treatment sequencing. Trigeminal, Facial and Vagus cranial nerves branches were also manipulated with neural manipulation techniques as indicated by listening. Patient was seen for a 60 minute evaluation and ten 60 minute follow up treatments utilizing neural manipulation, postural correction and a HEP including Rocabado 6X6.

Reassessment: Patient is able to drive with more ease, rest better and take less pain and sleep medication. Her functional outcome score was 92% on 04/27/17. Pain was a 4/10 at worst and 0/10 at time of discharge.

A cervical ROM

Sub cranial nod 5 degrees

FB: 10 degrees from chin to chest. BB: WFL

Rot. Rt. 65 degrees; Lt. 60 degrees Side bend Rt. and Lt. were 30 degrees Adson Wright (-)

Upper limb tension tests were (-)

Conclusion: Head and neck pain as well as pain and numbness tingling into UE’s can be treated successfully with neural manipulation techniques with treatment guided by listening at Vertex or RCPM.

Treating Therapist: Linda Keahey-Oberdorfer, PT

References:

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