

**Upledger Institute Case Study**  
**CranioSacral Therapy – A Complicated Surgical Case Responds to CST**  
**By: Janelle Maxwell LMT, CST-T, MMP**

**Date of last treatment:** September 8, 2021

**Patient** was a 9-year-old female

**Symptoms:** Patient presented with pain in the neck, back, and hips 3 years after medulloblastoma removal from the 3<sup>rd</sup> ventricle of the brain. She was being homeschooled at the time due to difficulty in communicating verbally.

**Evaluation:** tension in the tentorium cerebelli, high Reticular Activating System (RAS) with easy activation response, thoracic inlet restrictions, varying lesions in sphenoid and maxilla, energy cysts in hips and throat, varying occipital cranial base (OCB) restrictions.

**Treatment:** Patient was seen 15 times over the course of 1 year. Stillpoint use was consistent in all visits to aid in regulation of the central nervous system. Sacral mobilization allowed for decreased tension in the meninges. In initial visits, patient gave consent to work in surgical scar area via head nod, but RAS activated strongly with neutral touch. We discussed the importance of her being allowed to say “no” in the treatment room. We worked more in the thoracic area to allow for mobilization of the tissues around the scar from the three surgeries within one month to remove the tumor in her 3<sup>rd</sup> ventricle. When sufficient trust had been built up to work directly with the tissue at the surgical incision site, Regional Tissue Release was used along with therapeutic imagery and dialogue to facilitate tissue tension decrease, increase in fluid exchange, whereupon a noted increase in amplitude of the CranioSacral Rhythm was recorded. Moving into interoral work using maxilla and vomer techniques resulted in an increase in her verbalization both during sessions and at home. Sphenoid lesions, maxilla lesions, and OCB restrictions were all addressed and responded well during sessions.

**Outcome:** Patient returned to school part time in the fall of 2021, one year after we started care, with her mother in the room as an aid when she is there. In 2023 patient returned to school full time with mom coming in to the school to help with her more challenging subjects. Patient has maintained her verbalization skills and returned to physical therapy for motor coordination in fall of 2021.

**Length of sessions :** 1 hour

**Number of sessions:** 15

**Cost of therapy prior to CST:** unknown

**Cost of CST therapy:** \$1200