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# PT & OT

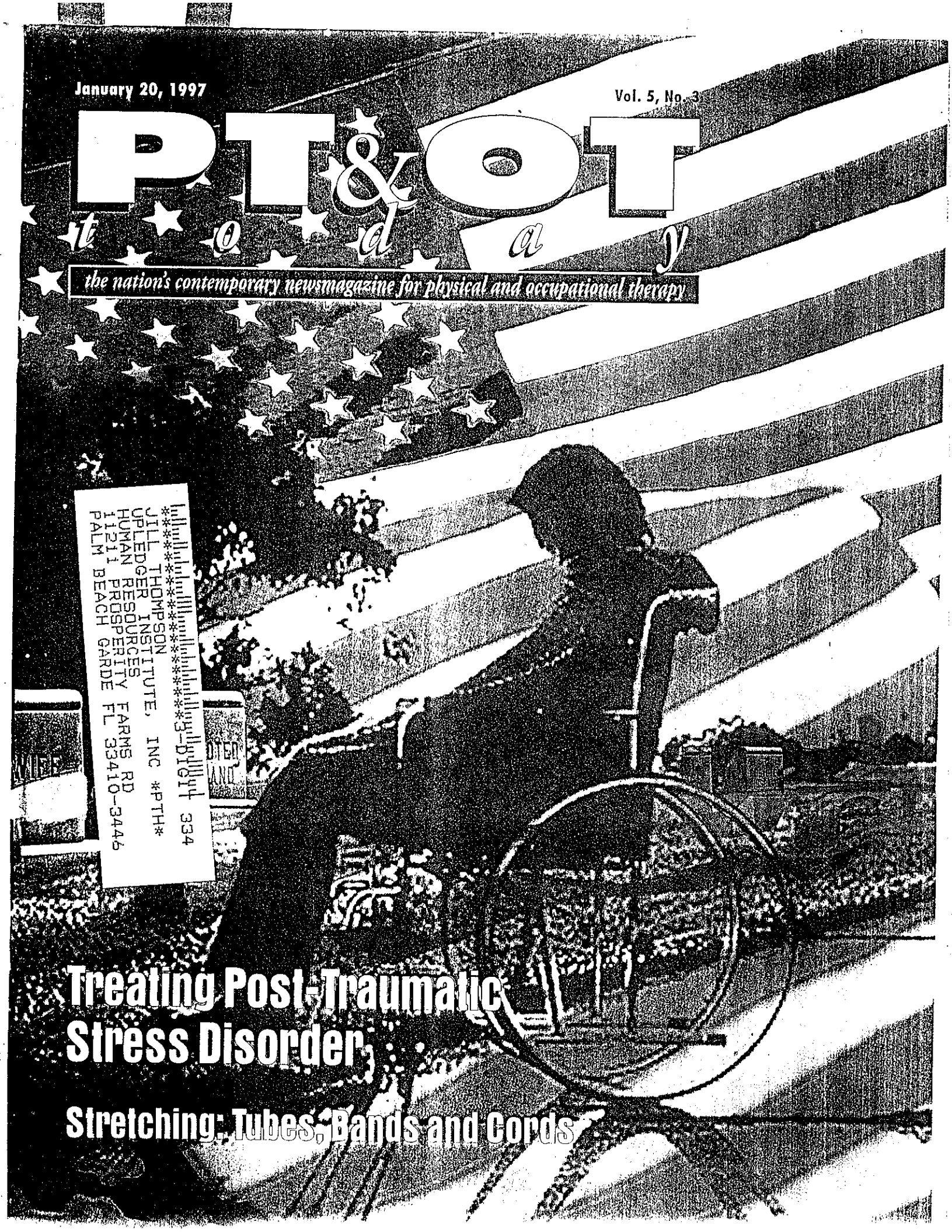
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## Treating Post-Traumatic Stress Disorder

## Stretching: Tubes, Bands and Cords



# Post-Traumatic Stress Disorder

Veterans and Other

Patients Find

Hope Through

Body-Mind

Therapies

By Alice Quid, PT

For Vietnam veterans and others who suffer from Post-Traumatic Stress Disorder, a body-mind approach often is the key to restoring function and a sense of well-being.

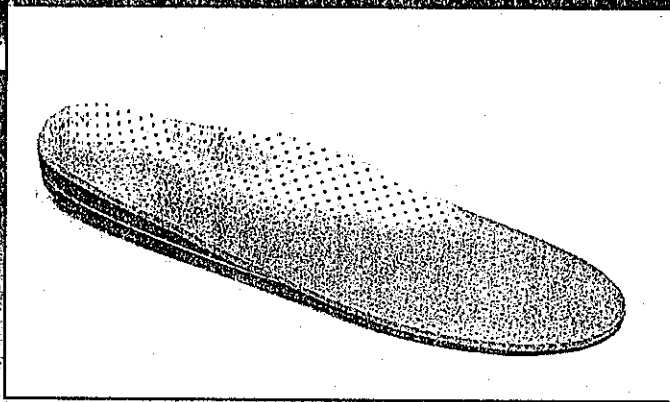
Post-Traumatic Stress Disorder, or PTSD, can be experienced by anyone who has faced a life-threatening situation — war, rape, accident, natural disaster or childhood sexual abuse. A 1995 national survey asserted that nearly one in 12 adults in the United States has suffered from PTSD at some time in his or her life.

Classic symptoms of PTSD include flashbacks, nightmares, intrusive thoughts, emotional detachment, avoidance of situations that recall the trauma, extreme suspicion of others, and heightened physiological responses to novel or trauma-related situations. In addition, patients also complain of a number of structural complaints, such as back, neck or shoulder pain.

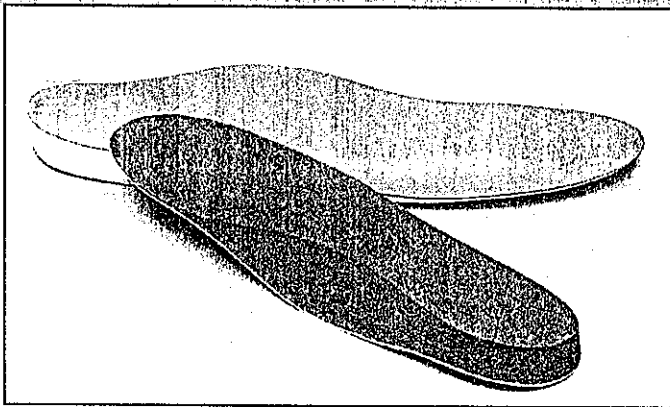
PTSD patients have shown improvement through CranioSacral Therapy (CST) and its therapeutic offshoots developed by osteopathic physician John E. Upledger, DO, OMM. While these methods have been employed by therapists in their private practices for more than 10 years, a pilot PTSD program was held in 1993 to observe the application and outcome for six Vietnam veterans. Sponsored by The Upledger Foundation, the program was conducted over two weeks at The Upledger Institute, Inc. HealthPlex Clinical Services in Palm Beach Gardens, FL.

The patient population consisted of one female and five male Vietnam veterans. The men all had been to Veterans' Administration treatment programs as well as other programs for up to 10 years. The results of the previous programs were disappointing from the patients'

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viewpoint. The female patient did not present herself for formal treatment prior to this program because she was employed by the VA and feared job loss.

#### **NIGHT TERRORS**

In terms of symptoms, the patients all experienced night terrors at least three to four times a week for several years. This syndrome includes tachycardia, cardiac arrhythmia, shortness of breath, flashbacks resulting in partial or total temporary loss of reality and night sweats. They displayed increased tone in the sympathetic nervous system and complained of various aches and pains. Drug dependency, divorce, attempted suicide and inability to maintain employment were other issues for our patients.

"People with PTSD often demonstrate both physical and emotional pain," explains Susan Steiner, OTR/L, one of the

program therapists from Providence, RI. "As these interplay and stay in the fore-

**"By correcting physical restrictions in the craniosacral system, pain decreases and mobility improves."**

**— Susan Steiner, OTR/L**

front of their lives, difficulties with functional life skills and relationships emerge, thus creating havoc with their lives."

Eighteen therapists from a range of disciplines, including osteopathic physicians, chiropractic physicians, physical therapists, occupational therapists, psychiatrists, somato-psychotherapists and licensed massage therapists comprised the clinical staff. At the start of the program, 12 therapists were paired based on complementary therapeutic skills and personalities to work with each patient on a rotating basis. The remaining therapists, who had particular expertise in acupressure and psychotherapy were available to circulate or join in sessions as needed.

The therapeutic methods employed were primarily Upledger CranioSacral Therapy™ and SomatoEmotional Release™ (SER). CranioSacral Therapy is a gentle, hands-on method of evaluating and enhancing the function of the craniosacral system. This physiological system consists of membranes/fascia, bones and cerebrospinal fluid that surround and protect

the brain and spinal cord. The therapist evaluates the mobility of these membranes and fascia by mobilizing the cranial bones. This manual therapy has been shown effective for a wide range of medical problems associated with pain and dysfunction.

SomatoEmotional Release can occur when the craniocervical system is accessed, in depth, by the therapist. The therapist finds a restriction in the membranes/fascia and follows the pattern of restriction. Sometimes, the patient's body begins to assume unpredictable, but significant, positions. If this body position is supported and held, the patient may then re-experience past events that carry a powerful emotional charge and often have been effectively suppressed. This is due to neuropeptides that trigger emotions, which once were thought to reside only in the brain. Research now shows that these neuropeptides are found throughout the body, implying that emotions are stored everywhere. When restrictions in the tissues are released, these emotions also may be released. During this process it is common for the patient to perceive internal visualizations, which are interpreted by the patient through conversational dialogue with the therapist. As this process unfolds, the therapist can feel changes in the fascia.

"As occupational therapists, our focus is treating the whole person, with the goal of helping him or her return to a functioning life," Steiner says. "With CranioSacral Therapy and SomatoEmotional Release, I am able to do just that, addressing several concerns in the same session.

"By correcting physical restrictions in the craniocervical system, pain decreases and mobility improves. As the craniocervical system releases, so can the emotional history of the patient. Using the therapeutic visualization and dialogue techniques of SER, the veterans were able to release the emotional charge of the memory and come to an understanding, acceptance, and resolution of the experience, whether the memory was a fire fight or a childhood situation."

#### DAILY REGIMEN

The program day began at 10 a.m. with group discussion. Each patient was

assigned to one of the therapist teams for hands-on therapy until about 6 p.m. The intensity and quantity of the therapy was determined daily by the therapy team in consultation with the patient. During the two-week program, the patients and eight of the therapists were housed at a small motel nearby. The patients were free each evening and over the weekend to pursue

**"I find this [CST and SER] the most effective and efficient treatment form I know for patients with PTSD, whether they are veterans, sexual or physical abuse survivors, or have confronted some other life-threatening trauma.**

— Susan Steiner, OTR/L

their own interests. Discussions were held late into the night and body work was provided on the patient's request over the weekend. The patients and therapists who lodged together formed strong friendships and trust, which contributed significantly to the patients' acceptance of the difficult work taking place. The bonds that formed also helped the patients re-establish trust with health-care workers in general, which had eroded through myriad unsuccessful treatment programs they had experienced.

Our evaluations revealed a classic compression triad in one of the patients. This triad involves a compression restriction of the sphenobasilar joint, of the occipital cranial base than includes both atlanto-occipital joints as well as the membranes that attach to the occiput and, thirdly, the lumbosacral complex including both the dural membrane relationships and the ligamentous and myofascial tissues. This compression pattern frequently seems to be related to a condition of endogenous depression. When a significant release of the components of this triad was achieved the patient experienced an ease of respiratory effort, increased relaxation, reduced autonomic activity and a cessation of his dependency upon psychoactive medications.

In addition to other symptoms, another patient had range of motion problems in his arms that had not responded to physical therapy. After an SER session, the patient was amazed to find that he could easily raise his arms over his head. As he examined his emotions, releasing neuropeptides, his fascial restrictions eased and freed his movement at the same time.

Videotape interviews conducted at the beginning and end of the program illustrate the changes made by the patients. Their comments, without exception, discussed emotional and physical improvements as well as a renewed sense of hope for continued gains in the future.

The Foundation continues to follow the progress of these patients. One of the men was killed in a traffic accident within a year of the program. The other five patients continue to do well and to build upon the gains that they made during the intensive program.

One of the patients, Jim Shanahan of Connecticut, says that he is still unwinding, peeling away the layers of trauma using CranioSacral Therapy complemented with psychotherapy.

"I had excruciating hip pain related to traumatic events. A neurosurgeon said that it was an undetected fracture that had healed incorrectly. It's taken about a year of CST and myofascial release to alleviate the pain because of working through the layers of old injuries," Shanahan says.

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# Stress Disorder

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He credits CranioSacral Therapy with relieving head and neck pain that had previously been treated with muscle relaxants. The combination of pain and medication caused anxiety attacks and other physical problems. Shanahan also believes CST stabilized his high blood pressure and high cholesterol. Once the pain and tension were gone, these returned to normal, he says.

Many of the PTSD symptoms, such as heightened physiological responses, are caused by the increase in sympathetic tone. CranioSacral Therapy can decrease tone, relieving night sweats, hyperventilating and panic attacks.

"I find this [CST and SER] the most effective and efficient treatment form I know for patients with PTSD, whether they are veterans, sexual or physical abuse survivors, or have confronted some other life-threatening trauma. It is empowering for the clients to face their own demons, realize that they just mastered the situation that was ruling them, and have a plan of how to take this into their lives," Steiner says.

\*References are available from Valley Forge Press upon request.

— Alice Quaid, PT, is a clinician at The Upledger Institute, Inc. HealthPlex Clinical Services in Palm Beach Gardens, FL. She was a therapist in The Upledger Vietnam veterans pilot PTSD program and has done volunteer work with homeless veterans. She holds a bachelor of science degree in physical therapy from the Louisiana State University Medical Center and a bachelor of arts degree in psychology from the Southeastern Louisiana University.

# CALENDAR OF Events

Continued from page 4

Academy of Lymphatic Studies at (800) 232-5542, fax (954) 845-9207 for more information.

## Shoulder and Elbow Symposium

April 5-6, 1997

The Gundersen Lutheran Medical Center and the University of Wisconsin at La Crosse present "1997 Wisconsin Shoulder and Elbow Symposium and Workshops" from April 5 to 6. Primary instructors include George Davies, MED, PT, ATC; Richard Romeyn, MD; Debra Zillmer, MD, PT, and nine other presenters. For more information, contact University of Wisconsin at La Crosse at (608) 785-6500 or fax (608) 785-6547.

## Charlotte, NC

### Spring Meeting

April 14-18, 1997

The North Carolina chapter of the American Physical Therapy Association will hold its spring meeting at the Hilton at University Place in Charlotte from April 14 to 18, 1997. For more information, contact Kelly Yelvington at (919) 772-6850.

## Orlando, FL

### AMTA Education Meeting

May 9-11, 1997

The American Massage Therapy Association will hold its annual education meeting at the Renaissance Orlando Resort from May 9 to 11. Bruno Chikly, MD, developer of Lymph Drainage Therapy, <sup>SM</sup> will present an outline of the history, physiology and indications for LDT, as well as the major points to observe for maximum results.

## San Francisco, CA Representatives Meeting May 15-17, 1997

The Assembly of Representatives Meeting of the California chapter of the American Physical Therapy Association will be held from May 15 to 17, 1997, in San Francisco. Contact Felicia Price at (916) 446-0069 for more information.

# Calendar

## Orlando, FL

### AOTA Annual Conference and Exposition

April 11-15, 1997

The American Occupational Therapy Association will hold its annual conference in Orlando from April 11 to 15, 1997. For more information, contact the AOTA at (800) SAY-AOTA.

## Madison, WI

### WOTA Annual Conference

October 2-4, 1997

The Wisconsin Occupational Therapy Association will hold its annual conference in Madison from Oct. 2 to 4, 1997. Contact the WOTA at (414) 962-9655 for more information.

## Milwaukee, WI

### WOTA Annual Conference

October 1-3, 1998

The Wisconsin Occupational Therapy Association will hold its annual conference in Milwaukee from Oct. 1 to 3, 1998. For more information, contact the WOTA at (414) 962-9655. ▼

As many as 50 million Americans age 6 and older have high blood pressure.

— American Heart Association