

Upledger Institute Case Study

CranioSacral Therapy - SACRAL CONCUSSION

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PATIENT- Joanne, female age 52

HISTORY

- fell off of a stool onto tile floor and landed on left side of sacrum 8 weeks prior to initial visit
- had two chiropractic adjustments- first one helped decrease symptoms but second one increased them

SYMPTOMS

- pain at sacrum, worse with sitting and supine positions
- electric shock-like impulses entire perineal area
- inability to relax
- inability to fully perform her job as a yoga instructor due to perceived weakness and pain with holding poses
- intolerance of sexual intercourse due to pain and heat around perineum referred to by patient as a “ring of fire”

EVALUATION- INITIAL VISIT

- **STANDING POSTURE:** left scapula depressed one inch, left PSIS lower than right, sacrum rotated to right
- **ACTIVE ROM:** extremities within normal limits, trunk full but with complaint of end-range pain in all directions
- **STRENGTH:** left hip flexion, abduction, adduction and extension 3+/5 vs. right 4/5, unable to test trunk due to pain
- **SUPINE ALIGNMENT:** posterior rotation of left ilium
- **WHOLE BODY CST EVALUATION:**
 - restrictions at pelvic and respiratory diaphragms, occipital cranial base and L5-S1
 - facilitated segment at T11-12
 - sphenoid right lateral strain and right torsion

- temporals out of sync
- large energy cyst at sacrum
- report of increased pain with dural tube rock and glide

TREATMENT- INITIAL VISIT

- pelvic, occipital cranial base and respiratory diaphragm releases
- release of at least one energy cyst at sacrum
- (partial) release of facilitated segment T11-12
- sphenoid dysfunctions corrected
- temporals put back into sync followed by ear pull

OUTCOME- INITIAL VISIT

- Patient reported significant releasing sensation in ilia immediately after sphenoid and temporal treatments.
- Therapist palpated releases in all other areas treated.
- Pelvic landmarks were level in supine and standing.
- Dural tube rock and glide no longer resulted in report of pain.

FURTHER EVALUATIONS AND TREATMENTS

- At start of second visit patient stated that she was able to rest for the first time in 8 weeks. T11-12 facilitated segment persisted and sacral area was too tender to touch. Release of occipital cranial base, horizontal membrane release via ear pull and then complete release of facilitated segment resulted in patient's report of relaxation of tenderness in sacrum and pelvic floor as well as a decrease in intensity of pain in the "ring of fire." She was able to tolerate touch at the sacrum and dural tube traction from there.
- During third visit T11-12 remained released. Most work was done at the head, as an inferior vertical strain of sphenoid was found and temporals were again out of sync. An SER occurred but when asked, her inner physician did not want to dialogue.
- During subsequent visits Joanne was able to tolerate further work at the pelvis and sacrum, including release of energy cysts on both sides of the sacrum, L5-S1 release, pelvic diaphragm release and dural tube rock and glide.

- An additional facilitated segment was found and released at C5-6 when she began to complain of pins and needles numbness from her right ischial tuberosity up to and down her right arm. The result was a report of absence of this numbness.
- Additional work was done on her hyoid to release tightness on the left on one of her later visits. This led to SER about taking care of and being kind to herself.
- As patient's symptoms decreased she gradually was able to assume and hold the yoga poses she had been unable to do. She was able to tolerate sitting on a plane for a 3 hour flight and teach an aerobics class. Trunk active ROM was pain-free in all directions. Left scapula was level with right in standing. Strength in both hips and trunk was 5/5 in all directions without complaint of pain.
- Patient returned for a follow-up 2 months after reporting that she was able to resume all of her activities without pain. She had just received a massage which was quite heavy and set off her "ring of fire" to 25% of the level it had been at its worst. A small energy cyst was released at the left side of her pelvis. Patient left stating that the pain was gone.
- Per a follow-up via phone 3 months after above visit patient remained pain free and able to do all of her activities.

OUTCOME

- **Subjective:**
 - Pain was alleviated.
 - She was able to resume her previous activity level, although she continued to use care to avoid "overdoing it".
- **Objective:** Posture was symmetrical at pelvis and scapulae
 - Trunk AROM was full and pain free in all directions.
 - Trunk and lower extremity strength increased to 5/5.

TOOLS USED

- Arcing
- SER with and without dialogue
- Energy cyst release
- Various components of 10-step protocol
- Sphenoid releases

- Facilitated segment release

LENGTH OF SESSIONS- 60-70 minutes

NUMBER OF SESSIONS- 9

COST OF THERAPY PRIOR TO CST USE- not known

COST OF CST THERAPY- \$675.00

DISCUSSION

This case history illustrates the connection, via the dural tube, between the pelvis and the cranium. When the patient could not tolerate touch to the pelvis, treatment at her occiput, sphenoid and temporals helped alleviate her pain. This in turn allowed further manual treatment at the pelvis.