

Upledger Institute Case Study
CranioSacral Therapy – Developmental Delay

By: By: Carol J. Reshan, OTR, CST-T

Client: Melinda

Age: 11 months

Sex: Female

Date of Initial Tx: 01/05/2015

History

Symptoms: Poor weight gain

Delayed developmental milestones – had just learned to sit independently, not efficient at crawling, no standing, etc.

Feeding/GI issues – alternating diarrhea and constipation, only baby food taken

Poor sleep patterns

Medical history:

Unremarkable pregnancy – first pregnancy

DX of FTT and Developmental Delay

How long treated by others; frequency and type:

Had been seen by local chiropractor – but discontinued by mother after 2-3 visits as no improvements noted.

Referral by naturopath seen at least x2 =taken off of all processed foods, sugar, gluten and dairy. Further recommended was the addition of supplements including magnesium.

Evaluation: Denver Developmental Screening = functioning between 6-8 months of age in all areas. Overall she seemed resistive to handling, quick to cry, difficult to console. ROM is WNL. Whole body evaluation and arcing revealed restrictions at all diaphragms and energy cysts at OA and Sacrum. Suck, swallow breath synchrony was poor with liquid loss while bottle drinking (had not yet transferred to cup) and did not assist to hold own bottle. CST evaluation revealed a rapid, shallow CSR with minimal excursion. Skull assessment indicated no overrides but a very tight membrane system (Horizontal>Vertical). Pelvic and respiratory diaphragms were guarded with much disorganization of movement. The SQAR (symmetry, quality, amplitude and rate) of the CSR seemed suppressed throughout, the diaphragms as well as the spinal region from occiput to sacrum. Energy cysts were also noted at OA as well as L5/S1. Oral motor evaluation indicated lack of efficient Volmer movement and poor tongue motility as well as decreased lip seal.

Findings: Small child
Low muscle tone
Poor proximal stability
Decreased endurance for play in prone or quadruped
Minimal hands to midline or to mouth
Resistive to handling by anyone other than her mother, including father
Quick to cry and difficult to console.
Primitive reflexes i.e., Moro-startle.

Treatment: Treatment was on a combination of handling/positioning from a pediatric NDT framework, sensory exploration as well as normalizing hyper-arousal responses to novelty. Focus of therapy was upon normal next developmental motor challenges with CST enhancement of CSR within these developmental and play postures. Much time was spent in parent education, helping Mom to know what would be the next suggested movement pattern to encourage and how to do so... Parent (who had prior experience with CST) was encouraged to help and support during releases. Often I had Mom's hand sandwiched between Melinda's OA and my hands so she could feel the changes in the tissue as well as release of heat with direction of energy used to address EC. With pelvic, respiratory, thoracic inlet, hyoid, OA diaphragm releases came crying, often concurring with improved breath pattern. Oral mouth work focused upon promotion of normalized volmer motion with suckle.

Tools: Developmental Occupational Therapy/ NDT/ Sensory Integration

- Arcing
- CST – 10 step and beyond
- Direction of energy
- Avenue of expression/mouth work
- Parent education

Objective Results: Releasing diaphragms especially respiratory, thoracic inlet, hyoid and OA supported improved rib mobility and enhanced respiratory function (deeper breathing) which in turn enhanced suck swallow and breathe synchrony. With the addition of mouth work – volmer motion was enhanced and more efficient suck was observed. At the follow-up appointment Mother reported less liquid loss and beginning to assist holding the bottle. Last weight demonstrated a significant weight gain. Pelvic diaphragm release resulted in bowel emptying. Although apprehensive, Melinda seemed less resistive to handling with greater ability to tolerate prone and be moved into quadruped. Less crying was noted; she was more easily distracted and consoled. Mother reported she was no longer demonstrating gastric distress. She demonstrated a neat pinch on the edge of the blanket, bringing hands to midline and beginning interest in cause/effect toys. Doctor had given approval to try table foods with continued supplements and avoiding dairy and gluten

Subjective Results:

Mother reports continued sleep issues but that Dad and other relatives can now hold Melinda without the mother needing to be in sight. The mother perceived this change as a great improvement and that it was also making Dad much happier and willing to help with Melinda's care. Parent was very excited about weight increase and expansion of diet.

Length of sessions: 60 minutes

Number of sessions: 10

Cost of therapy prior to CST use - unknown

Cost of CST Therapy - \$780