

Upledger Institute Case Study
CranioSacral Therapy – Migraine
By: Jennifer S. de Jong

Last date of treatment: May 19, 2021

Name: Mateo

Age: 14

Sex: Male

Symptoms:

- Headaches and Migraines
- Right neck pain
- Right frontal pain
- Vision disturbances with migraine
- Numbness and tingling bilateral UE
- Anxiety

Medical History:

- Fluid bilateral ears as an infant
- Ear tubes and adenoid removal - 3y/o
- Seasonal allergies - diagnosed 2017
- Chronic cough and sinusitis
- Fall from top of slide on school playground; taken to ER - 2018
- Medications prescribed for migraines (topiramate, sumatriptan) - 2019

Evaluation:

Full body assessment noted tissue tension pattern in pelvic diaphragm, compressed sacrum, left ASIS sitting superior, left malleolus high, creating asymmetry in pelvic girdle. At respiratory diaphragm, rib cage shifted right and noted T10-11 dural tube twist/rotation. Fascial tension pattern torsion counterclockwise direction. Thoracic inlet moderate tension/tightness. Cranial base compression; occipital rotation right. Right sphenoid torsion, frontal and parietal compression.

Findings:

- Fascial tension in pelvic diaphragm pulling left pelvic girdle superior
- Leg length discrepancy secondary to fascial pulls
- Twist in dural tube at T10-11 level, creating curvature of spine/rib cage shift right with client in supine
- Cranial base compression and occipital rotation right
- Right sphenoid torsion
- Right parietal compression

Treatment:

Pelvic diaphragm release with DOE, regional tissue release left SI and sacral decompression. Respiratory diaphragm release, DOE T10-11. Thoracic inlet release, Cranial base release, DOE to occiput. Sphenoid release, parietal lift. OM suture release, bilateral ear pull, utilizing DOE. Dural tube rock and glide, bilateral anterior thigh stillpoint induction, re-assessment.

Objective Results:

Within 3 CST treatments noted pelvic girdle balance (bilateral ASIS level) and no evidence of spinal curvature in supine. Additionally, leg length level and strong fascial pull from pelvic diaphragm into respiratory diaphragm released. Right occipital rotation greatly improved. Some cranial base compression remains (right side tighter than left). Good response of sphenoid to treatment into decompression. Client spontaneously began moving his legs into knee flexion and hip external rotation with sphenoid and parietal decompression. This assisted release of CSS in both horizontal and vertical axis. Client relaxed and comfortable after treatment; his mother noted that his voice sounded relaxed. Good CSR amplitude throughout on re-assessment.

Subjective Results:

Client and his mother report he has had minimal headaches since first CST appointment. He has not needed migraine medication and has used tylenol 2-3 times for a mild headache (rated 2/10). Client reports he felt a "pull" at right parietal with release of pelvic diaphragm. He reported no sense of pull or tension in right parietal once he returned to standing position at the end

of CST session. Mateo reports he has been able to participate in school and sports without interruption by migraine.

Discussion:

Mateo had been to the ER 3-4 times in the past year secondary to migraine headaches. The most recent visit to the ER was 2 weeks before his first CST session. Mateo is under the care of a physician and has been referred to a neurologist who specializes in pediatric migraines. Mateo and his mother report the incidence and severity of the migraines increased when he transferred to a different school last year. At Christmas break he asked his parents if he could return to his old school for the spring semester. Since his return to his old school there has been an improvement in incidence of migraines, however, the most recent visit to the ER he noted was the worst migraine rated 10/10. With CST client has not had a migraine, has not needed migraine meds and has reported only using tylenol 2-3 times for a mild headache. His mother reported they even went on a day long field trip which involved a 3 hour drive on a school bus and hot, outdoor activities, getting home late at night. She said she fully expected Mateo to get a headache, but he did not. They are both relieved that the pain has greatly diminished. Additionally, Mateo is learning to listen to his body, and has discovered the importance of body awareness in managing balance in his system.

Length of sessions: 1 Hour

Number of sessions: 6