

## Head & Jaw Pain and CranioSacral Therapy

**By: Fred Stahlman**

### **A. PERSONAL**

Patient #5 is a twenty-nine year old Indian female.

### **B. HISTORY**

**1. Symptoms:** This patient initially presented with acute/chronic pain of the head, neck and jaw as well as the mid-thoracic spine. The intensity of the pain was 5-6/10 and was aggravated by prolonged sitting, eating and talking.

**2. Pertinent Medical History:** This patient initially was injured on 6/21/96 which was approximately a year and a half before our treatment sessions were initiated. She had received chiropractic treatments as well as dental and orthodontic treatments with little or no success in eliminating her pain patterns.

### **C. EVALUATION**

**1. Findings:** The initial findings revealed a mild pelvic asymmetry which presents with a left ileum and anterior rotation, a left lower extremity that is longer than the right and a sacrum and compensatory left on left torsion. Due to the trauma, her mandible had shifted from an overbite position to a tooth to tooth occlusion with contact on the left when chewing. Active range of motion of the cervical spine was within normal limits without significant pain but some mild in range tightness. Passive range of motion and joint mobilization was within normal limits. Mandibular opening was 0-33 millimeters with a symmetrical opening pattern. General strength of all muscle groups in the cervical spine and upper extremities was within normal and functional limits. Neurological scan revealed no neurological deficit. Palpatory findings: Marked adverse mechanical tension in the muscle and fascia of the pelvic diaphragm, respiratory diaphragm, thoracic inlet and hyoid areas. Sacrum was compressed on the left and the occipital cranial base was markedly compressed. (1/5) with C1 in a right rotation. The cranial vault was very tight especially the horizontal membrane; sphenobasilar joint was in right torsion, left side bend and left lateral strain. The left temporal bone was in a flexion/external rotation pattern with limited amplitude and mobility. The maxilla and vomer both demonstrated tendencies for compression and left shear. The overall CranioSacral assessment demonstrated a rhythm pattern that was asymmetrical especially in the cranial vault and reduce throughout the body; the amplitude was approximately 60% of the expected range; the quality and vitality was strong and vibrant and the rate was approximately 6 times a minute.

**2. Tools Used:** The primary treatment approach was CranioSacral therapy as well as manual techniques to mobilize the upper cervical spine, and the mandible. Creative visualization, imagery and dialogue were also used to assist the release process.

**3. Objective Results:** During the course of our CranioSacral therapy sessions, Patient #5 demonstrated significant improvement in all parameters. Her pain level was reduced to 0; her cervical spine active range of motion was within normal limits and without tissue tension and end range discomfort; her mandibular opening was 0-39 millimeters without pain, the CranioSacral system demonstrated an enhanced amplitude to approximately 90% of the expected range with good symmetry and quality throughout. There was a reduction in adverse mechanical tension with good mobility of the sacrum and the dural tube. Structural balancing of the sphenobasilar joint, the occipital cranial base, C1 in relationship to the occiput and C2 as well as the maxillary-vomer complex also took place.

**4. Subjective Results:** The patient reported significant improvement in overall functional activity levels, endurance and a reduction in fatigue. She was able to essentially talk and eat as well as perform all normal activities of daily living and work-related activities without the stress or limitation.

**5. Average Length of Treatment Sessions:** This patient received eight CranioSacral therapy sessions of one hour duration each.