

## **Case Number: 5**

Therapist: Elia Hutchins, MA, CMT, CST-D, CVMT

Patient (Age and Gender): Age 53, Female

Last date of treatment: October 20, 2020 (3-treatments spaced two weeks apart)

### **Presenting Symptoms:**

The patient has been under a lot of stress and went for a walk. She was distracted and accidentally fell hard forward and to the right landing on her right knee and then onto her right hip. She has not been able to walk with ease and there is pain to her right heel. She also complained that her right low back was bothering her. She went to her Doctor but he just told her to take Advil for pain and to 'stretch 15 to 30-minutes a day/ 4-times a day' but she told me she did not have time to do such a regime. She has 4-children all living at home (ages 9-17), no c-sections. She is about 50-lbs 'overweight and going through menopause'. She left the Doctor feeling frustrated with his advise.

### **Evaluation at each session (GL (VM & NM), LL (VM), Vertex Listening (NM), chosen neural structures (NM), mobility test of nerve (NM):**

GL – anterior/right quadrant by ribs 10/11, LL/VM – liver, Vertex listening NM – sagittal suture (membranes)

### **Treatment (Findings during evaluation, treatment techniques and procedures used, number of treatments applied):**

Treatment one was to release the sagittal suture with expansion phase and then elongate the dura from the cranium to the sacrum and T8/T9. Per the GL, the diaphragm and ligaments associated with the liver were also mobilized. There was a listening to the right kidney, but because the motility was not in balance, both the right and left kidney were mobilized. Then, the right and left lumbar plexus was released (with more tension noted to the right side). The effect of elongating the lumbar plexus allowed the posterior mid section to feel significantly softer to the touch. After this treatment, she stated that her back felt looser and did not hurt as much. She added that turning on her right side was much easier too.

Treatment two 'GL' took me to the posterior right hip. Posterior LL took me to the sciatic nerve and Vertex listening took me to the coronal suture. The right sciatic nerve felt hard and was restricted laterally; with induction, I distally mobilized it to the posterior right knee (the mobility of the nerve improved after the treatment). At the intersection where the tibial and fibular nerve splits, there was a nerve bud, which was released. Then I mobilized the tibial nerve coming (off the sciatic nerve) down to the sural nerve, and then to the lateral calcaneal branches of the sural nerve (which was one of her presenting complaints of pain in the heel).

Then working with the Vertex listening, the right coronal suture was stuck so I worked with the left side (direction of ease) to release the suture. I also released the right medial and lateral branch of the supraorbital nerve. She later told me that she had two layers of stiches on the right side of her forehead from an old frontal trauma to her head. The scar was beautiful and I had to look hard to see it, it was about a one-inch scar. After this treatment, she stated that her right leg felt longer and that the pain in the hip had decreased quite a bit. She also stated that her head felt lighter.

Treatment three: (GL – right/anterior side below the ribs LL – small intestine, Vertex Listening – right tentorium/curvy listening to the right tent) Addressing the general listening first brought me to the mesenteric root which was mobilized. I further released restrictions found on the lower right section of her small intestine towards the right hip. I also mobilized the uterus and released the right utero-sacral ligament. The right lateral femoral cutaneous nerve medial to the ASIS was mobilized as well. For the Vertex listening, the right and left pons/cord was released using each leg as a lever. There was a listening below the inguinal ligament to the femoral nerve. The right femoral nerve was released and then the anastomosis to the saphenous nerve was distally stretched to the medial right knee. At Hunter's canal, I also mobilized the obturator nerve.

Having the client walk and then do another general listening was at the posterior right buttock. To address this, sacro-spinous and sacro-tuberous ligament was mobilized and then the right superior and inferior gluteal nerves were mobilized to release the tension and pain she was still experiencing in the buttock region. I had the client walk in order to bring the awareness from the treatment into her brain and integrate the proprioception. She was pleased with the results and progress. One week later the client later called me and reported that she was feeling much better, walking and riding her bike again. She said that she still felt some pain in the heel but not as often. I reminded her that the body needs time to integrate and that the treatment will continue for days and weeks to come

### **Objective Findings/recommended):**

According to the body, she carries old restrictions in her gut probably from having had 4-children, hence having to release the small intestine, mesenteric root and uterus. The fall more than likely caused the diaphragmatic restrictions. Her weight might have been a contributing fact to the pain in her right leg but the trauma set the pain pattern into motion.

### **Outcome/Results:**

She had been compensating for the fall by walking forward and limping on the right leg for about two weeks prior to seeing me. She said the exercises were helping some but that she did not have time to exercise so much with the demands of being a mother. After the second treatment, the client was able to walk easier and with less pain and was surprised that her gait was so much better. She was very happy with the results of her treatments and traveled 3-hours to see me on each visit.

### **Discussion:**

Neural work is amazing and the results can be achieved quickly.