Seizure Disorder and CranioSacral Therapy

By: Fred Stahlman

A. PERSONAL
Patient # 4 is a four year old Caucasian female.

B. HISTORY
1. Symptoms: Developmental delay, low postural and muscle tone and seizure disorder.
2. Pertinent Medical History: This young client presents with a congenital birth defect of an unknown ideology. She has had extensive physical therapy and occupational therapy over the past four years and has made some very nice progress in her functional capabilities, muscle strength and ability to communicate. Presently, she communicates only through visual cueing, using her eyelids to signal yes and no. She appears very intelligent and quite aware of her environment including the conversation about her. At this point she is non-verbal. She is not able to sit, she has very poor head control and seems to complain a lot of head and facial pain. She was first introduced to CST as a demonstration baby in the CST I1 class in New Jersey that I taught several years ago.

C. EVALUATION:
1. Findings: Initially this patient presented with very low muscle tone and postural control. She was not able to hold her head erect but she was able to roll from supine to prone and scoot on her back. Overall strength to the upper and lower extremities appears to be in the fair to fair minus range with head control especially the extensors being fair minus. Palpatory findings indicated adverse mechanical tension in the pelvic and respiratory diaphragm as well as the thoracic inlet area. The occipital cranial base was very compressed (2/5 with 5=normal .The CranioSacral rhythm demonstrates symmetry but a markedly reduced amplitude. If ten is value assigned to the normal amplitude of what would be expected for a normal four year old, this patient's amplitude is approximately two. The quality is very soft with very little vitality to it and the rate is rather sluggish and is around 3-4 cycles per minute. Plus, in the cranial vault the horizontal and vertical membranes are extremely tight and this especially shows in the sphenobasilar joint which is very compressed (2/5) and in the temporal bones which are bilaterally compressed.
2. Tools Used: The primary focus was CST utilizing all of the tools and protocols within the ten-step protocol and beyond. Certainly, direction of energy, regional tissue release, vertical and horizontal three dimensional release and non-verbal somato-emotional release.
3. Objective Results: With the onset of regular CST sessions, this child showed dramatic improvement in her overall functional capabilities and progressed nicely along the developmental sequence. Much of this information was forwarded to me by the therapist that worked with her on a regular basis, - once or twice a week in New Jersey. From my perspective this patient demonstrated a 70% opening of the occipital cranial base, 70% improvement in the sphenobasilar articulation and a 50-60% improvement in the mobility of the horizontal and vertical membranes. This all created a positive change in the rhythm pattern such that the symmetry continued to be present but was much more enhanced, the vitality or quality was much stronger and bolder, there was now a sense of someone really being at home. The amplitude improved to approximately 70% of the expected range and the rate improved to 5-6 times a minute.
4. Subjective Results: From my observation there were marked changes in this patient's appearance, attitude and physical capabilities. Her facial and cranial structure softened and rounded. There was also an enhanced softness and mobility of the rib cage and a rounding especially of the occiput which had become flat from her tendency to be in a .pr one supine position most of the time. The patient's mother reported improved social abilities, less pain

response and improved vision. She also began to phonate after the first two sessions of CranioSacral therapy in our office. I also observed that she had much better body and head tone and control and was now able to sit unsupported by the end of our sessions.