

Barral Institute Case Study

Visceral Manipulation – Headaches

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Symptoms/Impairments:

JB is a 41 y/o F who notes she has been having headaches intermittently over the past 20 years. She states she saw some consistency with flairs during her period and that it has been progressively worsening over the past few years. In the past few weeks, she notes she has had 3-4 headaches a week now and it does not seem to be tied to any specific reason now. She states she is taking medication when she has a flair which is helping. She typically has pain in her forehead sometimes radiating to her temples or cheeks. She also notes intermittent neck and lower back pain. She notes that she had 2 cesareans, an appendectomy, and constipation.

Evaluation and Treatment:

10/23/23: Reduced cervical extension, compression through occipital triangle reproduces symptoms, increased tone through R abdomen and thorax. GL to R Lower Quarter. LL at R lower quarter to cecum. Extend listening at the cecum inferior medial. Induction of the cecum. New GL from head to RUQ. LL at RUG to liver. Extended listening into the liver into the lateral lobe. Liver lift induction global followed by specific to R portion. Treatment to R Triangular ligament and anterior coronary ligament.

10/30/2023: Pt reports decreased incidence and frequency of headaches over the past week but with a flair this morning.

GL to the central lower abdomen. LL at the public bone to pubovesicular ligament, induction x3 to pubovesicular ligament, global mobilization of the bladder with repeated induction followed by motility induction to balance bladder.

New GL from head to thoracic inlet, thoracic inlet induction performed.

Following the session pt demonstrated a significant decrease in tissue tension through the lower abdomen and improved lower cervical extension

11/06/23. Pt notes only 1 headache in the past week with minimal intensity.

GL to central cranial anterior sternum. LL at 50% depth. compression for induction 3x through the sternum. New GL slightly lower and more lateral to L. LL to r4-5 costochondral joint. Induction stretch to the joint. New GL posterior to the previous location vertebral costal ligament. Induction to ligaments at r3-5. New GL to --> R thoracic inlet. Inhibition with LL leads to R plural cervical ligaments --> From the R plurocervical ligaments followed by balancing L plurocervical ligaments.

11/22/23: Follow up via email. Pt reports only 1 headache in the past 2 weeks and feeling more focused. Pt discharged themselves from care.

Outcome/Discussion:

Pt demonstrates significant reduction of headaches with most treatment focused distal to her head. Case demonstrates importance of following listening to address complaints.