Barral Institute Case Study
Visceral Manipulation - Car Accident;
Neck, Low Back, and Rib Pain
Sarah Labrecque PT

Patient Age / Gender
54 yr old male

Patient Symptoms
HISTORY 54yr old male T boned by car into driver's side door 1 week ago. Pt had X-rays NBI, L ribs severely bruised and still sore can't take deep breath or cough without pain. Some neck pain and low back pain also, but ribs are most severe. Painful area above L iliac crest where door collapsed and hit pt's side. Very hard to perform all transitional movts esp sitting to supine and rolling and getting from lying to sitting. PMH asthma but not on any meds for this currently. Lisinipril for BP and skelaxin and oxycodone post-accident. O/E L/sp Flex fingers to toes, Ext 5 deg pain in ribs. C/sp Ext 50deg stiff, Flex 3 finger breadths to sternum, L rot 60deg R rot 65 deg. L shoulder flex and abd full range but very sore in ribs. Moderate decrease in L lower lobe lung expansion. Rib pain 8/10 on movt and coughing.

Evaluation / Treatment
Treatment 1, Showed assisted coughing with towel support around chest wall //able to cough stronger and with less pain. GL to L lateral axillary line. LL 6th rib area laterally. Also listening to L Sterno clavicular area. VM to ant neck including B coracoclavicular ligaments, coracoacromial ligaments, coracohumeral ligaments, subclavius muscles B did in supine with support under shoulder girdle to bring anterior to access subclavius muscles. Pec releases B then MCF release. SC jt release B. finished with diaphragm releases and some MFR through L rib area where sore. Encouraged full intake of breath esp into L lower lobe with manual proprioceptive cueing. Treatment 2 states ribs much better coughing with towel very helpful. GL left anterior clavicular area. LL to sternum and ribs some L pleural listening also. Tx VM to, costotransverse ligaments, and costovertebral ligaments, levators costoram brevis and longus, then transversus thoracic muscle released, pleural release from mediastinum, then did diaphragmatic recess of pleura release B in supine. Opened anterior neck again and MCF. finished diaphragm releases. Treatment 3 rib pain about resolved now able to palpate area with no discomfort. Some neck and low back pain. GL L gastroesophageal area. LL gastroesophageal junction some listening to Left triangular ligament of Lv. Tx sitting L triangular lig release, and L lobe of Lv, then created stretch at esophageal/gastric junction, then balance tension in diaphragm and cardiac sphincter. Worked ribs again as per last session, R triangular ligament release, released oesophagus pt supine as per VM 4. Motility of Lv and stomach and balancing the 2 together. Treatment 4symptoms settling able to move much better no trouble getting up and down. GL L lung, LL L anterolateral mid rib area. TX VM to L oblique fissue of lung also did R lobes of lung, L and R bronchus and pleural releases, ligament of lung L and R. Checked anterior neck, did vertebral artery release B, pleural dome and stellate ganglion. Worked on all plexi cardiac, celiac and phrenic nerve, balance plexi to each other. Lung motility checked and balanced.

Outcome

Treatment 5 and 6 pt doing much better finished last 2 sessions with Lv lift, dural tube releases, further freeing up ribs, balancing pelvis and sacrum, CST, rechecking things that had been previously treated to make sure had correct mobility and motility. Taught core stabs and postural re ed. Pt responded well to treatment and regained full C/sp ROML/sp ROM WNL's and pain free no rib pain and no lung expansion restrictions pt returned to prior functional level.