Barral Institute Case Study

Neural Manipulation – Neck Pain

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CASE STUDY 5

Key Words: Neural manipulation, pain

Date: 12/04/17

History: Patient is a 66 y.o. female that works as a volleyball ref with neck and bilateral UE pain which limits her ability to do her job. Her current symptoms began in Feb. of 2017 when she was using her arms to do a lot of sewing with arms held in unsupported positions as she worked. Patient had a fall on her bike onto her Lt. arm on 06/10/17 which exacerbated her symptoms. She presented in PT on 07/03/17 with complaints of neck pain, pain into Rt. arm and pain into left arm down into hand. Pain complaint was 7 at best and 9/10 at worst in the areas noted. She also describes frontal headaches. Her pain limits her ability to work as a volleyball ref. Past medical history in noncontributory except for hypothyroid for which she takes meds.

Objective Assessment:

Posture: Forward head/rounded shoulder posture with Rt. clavicle elevated and scapulae abducted and elevated.

A Cervical ROM:

Forward Bending: Lacks 30 degrees of chin to chest BB: 1/3 range

Rot. Rt.: 45 degrees and Rotation 40 degrees

Right Side bending is to 15 degrees and 20 degrees to Lt.

Seated thoracic rotation with overpressure is to 20 degrees Rt.; 10 deg. Lt.

Active shoulder flexion on Rt. is to 90 degrees and to left is 100 degrees.

Strength: weakness noted in deep neck flexors and scapular stabilizers for scapular depression.

DTR: 2+ at bilat biceps and brachioradialis.

Upper limb tension test: (+) on Rt. for median and ulnar; Lt. is (+) for ulnar and median.

Treatment: Patient had an evaluation for 60 minutes and about 8 visits of 60 minutes to address the neck and arm pain. On each visit, she was first assessed with General Listening to direct treatment followed by Listening at the vertex and listening at RCPM. Listening directed treatment to target tissues for release for neural and tentorial restriction. After treatment, Listening again was done at vertex and /or RCPM to direct next treatment strategy. At the end of her 8 visits, she reported much less Rt. arm pain and less symptoms down Lt. arm at her appt. on 12/04/17. She had been able to return to her job as a volleyball ref and was able to work all day and even several tournament days in a row due to the improvement in her symptoms.

Pain complaint at that time was 3/10 for Lt. arm and neck pain and Rt. arm was 0/10.

Treatment included neural manipulation to cranial nerves and treatment of falx cerebri and Tentorium cerebelli for headache pain as well as neural manipulation treatment into occipital nerves, cervical and brachial plexuses. Treatment was guided by listening at the vertex and RCPM. Patient also received instruction in a HEP for upper quarter mobility and stability.

Reassessment:

Patient was able to return to her job as a volley ball ref which includes holding her arms out at 90 degrees for prolonged periods and head travelling back and forth with ball. Activity at times still causes some symptoms after a long tournament of reffing but overall she is much improved. No complaint of headache after treatment. Patient was very pleased with her progress and will continue with her HEP and neural glide exercises.

Patient is able to lift her arms bilaterally to 170 degrees. Active cervical ROM:

Forward bending: 20 degrees short of chin to chest BB: ½ range

Rotation Rt. and Lt. : 50 degrees

Side bending to 25 degrees Rt. and Lt.

Conclusion: Patient presented with headache, LOM of neck and T spine with production of UE’s symptoms into arms which kept her from her job as a volley

ball ref. Neural manipulation treatment guided by listening techniques allowed significant reduction of symptoms in arms and allowed patient to return to a job she loves. Symptoms were not cleared due to the continual and repetitive challenges of a volleyball ref on the upper quarter.

Treating Therapist: Linda Keahey-Oberdorfer, PT

References:

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