Barral Institute Case Study

Neural Manipulation – Neck and arm pain

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Case Study 7

Abstract: Patient is a 45 y.o. female with neck and arm pain that resolved with treatment including neural manipulation.

Key Words: Pain and neural manipulation

Date: 08/07/17

Diagnosis: Pain in neck, jaw and UE’s

History: Patient has a history that started in January of 2017 as she had to move carts around and type on carts doing her job. She began to have increased neck and thoracic spine pain as well as pain into UE’s and some numbness into distal hands Rt>Lt. Past medical history includes Tourette’s syndrome with a constant tick. Aggravating factors are lifting, twisting and pushing/pulling with arms. Pain is up to an 8/10 at times and is 3 currently and 1/10 at best. Pain can be in face, muscles of mastication as well as into the neck and bilateral arms Rt>Lt. Pain has been exacerbated with use of arms and patient feels she is getting weaker. Sleep is also disturbed. Diagnostics include x rays revealing spinal stenosis in C spine. Patient has a history of Hashimoto’s. Surgical history includes an intervention on Lt. arm after a dog bite.

Objective Assessment:

Posture: Patient stands with a forward head/rounded shoulder posture with arms held in internal rotation and with scapulae elevated and abducted. 1st rib is elevated and patient breathes with use of accessory muscles. Clavicle is elevated on Lt.

Cervical ROM: Forward bending is 30 degrees short of neutral and BB is ½ range

Rotation Rt. is to 60 degrees and Lt. is to 60 degrees Side bend Rt. is 1 degrees and Lt. is 20 degrees.

Subcranial nod is 0 degrees and all movement of head on neck produce symptoms into UE’s

Active shoulder flexion is to 160 degrees bilat.

Strength: weakness in deep neck flexors at 3+/5 and in lower and mid traps which stabilize posterior depression of scapulae. Patient is fearful of pain and

numbness production into UE’s with manual muscle test on initial evaluation and so it is deferred.

Neuro:

DTR’s: Biceps and brachioradialis 1+/5 bilat

Neural tension in occipital, Trigeminal and Facial nerves.

Upper limb tension test is positive bilat for Median, Radial and ulnar nerves.

Treatment:

Prior to each treatment, general listening was done followed by a listening at the vertex and RCPM to direct treatment. Reassessment was done at Vertex after each treatment to determine efficacy and direct next treatment location.

Patient received treatment of Falx Cerebri and Tentorium Cerebelli as well as neural manipulation of occipital nerves, Vagus and Phrenic, Facial and Trigeminal branches. Cervical and brachial plexus were also treated to distal hand bilat. with neural manipulation techniques. Patient received eleven 60 minute treatment sessions after a 60 minute evaluation on 05/14/2013. Patient also received a HEP including diaphragmatic breathing, scapular retraction ex and nerve glides for all 3 nerves noted. Postural re-training was done with mirror for feedback.

Reassessment : Patient was reassessed on 08/17/13.

Cervical mobility improved in FB by 10 degrees and side bend Rt. and Lt. were equal at 20 degrees. Patient has 10 degrees of subcranial nod.

Strength: UE strength was 5/5 grossly except scapular stabilizers were still weak and 2/4 on resisted elbow flexion test.

Pain was no intermittent and was 3/10 at worst and 0/10 at best.

Upper limb Tension tests were negative bilat for radial, median and ulnar nerves.

Conclusion: Neural tension in UE’s and pain with use of UE’s can be managed well with neural manipulation.

Treating Therapist: Linda Keahey- Oberdorfer, PT

References:

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