Upledger Institute Case Study
CranioSacral Therapy – Pain/Numbness/Limited Mobility

By Amy Sanders, O.T.R., LMT, CST-T

The purpose of this case report is to describe treatment for a client with cervical nerve compression with resulting distal numbness, tingling, pain, and limited mobility of arm and neck
These symptoms are common place with cervical herniation and impingement and traditional approaches include surgical intervention which is expensive, invasive and sometimes ineffective.

CC -L Upper Extremity pain, numbness and tingling.

This 53 year old female (CC) came to therapy for L UE constant numbness and tingling and pain with most daily activities. Client is R hand dominant. Symptoms began May 2017. The Client is married with 3 children who are in there teen years. Her employment is an accountant assistant with data entering/computer work 40-50 hours/wk. , Seated at a desk. She is currently seeking desk and computer modifications, has an ear headset for phone consultations. PMH includes car accident 2009 and 2010 with whiplash. Client reports MRI 10 years ago with protruding disks in cervical spine. Had steroid injections which helped with recovery and pain. Gall bladder removal surgery 1999, R shoulder surgery 2001 reported tendon shaving, 2002 CTS surgery R hand.
2009 ruptured appendix surgery.

Current medications include Ibuprofen spironolactone for female pattern baldness, vyranse for ADD, and wellbutrin for mild depression.

Client reports her pain in L UE is throughout including all 5 fingers. Pain is described at level 7 with constant numbness and tingling. Daily activities limited by this are:
Driving, moving the arm into various positions, cooking, grocery shopping, walking, holding the telephone.
Sleeping is described as difficult with waking up to four times per night. At its worst, a maximum of four hours of total sleeping per night total. Bedtime occurs around 11 pm with pain and numbness 3 hours later. Client is not able to tolerate lying supine, and can only tolerate sidelying R with a pillow supporting the arm in slight abduction.
Client reports that she feels like there is a rock in the L anterior portion of her neck.

Objective findings:
Cervical ROM
Flexion 30
Extension 45 (c/o anterior tightness)
Sidebend R 35
Sidebend L 28
Rotation R 62
Rotation L 50
UE AROM
Abduction 98 (tingling)
Flexion (118)
IR WFL
ER WFL
H Adduction 30
H Abduction WFL (pectoral pain)

CranioSacral therapy indication is to provide space for nerve anywhere along its origin or distribution to be free from fascial, dural or inflammatory restrictions.

10/31/17
Treatment session 60 mins
Therapist approached from left side with thoracic inlet opening posterior hand on T3 segments slightly lateral to spinous process. Waited for signs of tissue release. Release L Sternocleidomastoid and hyoid fascial release. OCB release with noted compression initially L greater than R. Temporal balancing noted R temporals in posterior position with inferior pull of occipitals on R. At the end of treatment, no numbness or tingling L UE. Issued a still point inducer and instructed on ear pull technique.

11/7/17
Client tolerating 3 hours of sleep with waking and noticing a severe ache with numbness and tingling. Gets out of bed and encourages movement then symptoms decrease sometimes. Tingling is constant with elbow flexion into all digits. With supination symptoms decrease slightly using elbow flexion. Wrist circumduction creates a fire jolt to thumb tip. Describes L anterior neck as a rock of tightness that inhibits movement.

Treatment 60 mins.
Noted diminished SQAR throughout thoracic intlet and cranium.

Thoracic inlet release with L side approach, mid scapular release L side level T6 approximately.
Anterior throat releases, with focused attention on releasing on L.
Sustained sub sternocleidomastoid releases with holding and releasing layered restrictions.
OCB release with sustained hold then dural tube traction. Client noted initially a "hardness in her neck then reported that her neck was floating after treatment. Reported no pain or tingling in L UE after treatment. Therapist recommended assessing medication side effects as a full body tightness/inflammatory process seems present.

11/14/17

Returned from travels difficulty with rolling luggage in the airport using L UE, sleeping in hotels with different pillows. Currently noting L neck and shoulder stiffness and tingling with any movement. Only way to sleep was upright. Noted the edge was off after last treatment before the trip.

60 mins treatment
Noted taught brachial plexus area and thoracic inlet.
Released R SCM then moved superior to release, the anterior cervical attachments under the SCM.
Client reported her arm tingling had stopped. Sustained OCB release with client gentle unwinding.
She reported noticing the buildup of tension during tax season and putting off paying attention to herself and just putting her head down to get things done. Then finally her body hit a wall and she was forced to pay attention.

After treatment she reported the edge was gone and the tingling was less.

11/22/17

60 min. treatment

Pt noting that when L arm is held in elbow flexion she is now not experiencing the numb sensation.
When waking she still has the numbness, and will turn into pain if the numbness continues. Client reports that the left side of her neck is "bigger and tighter" in the front. She is not using a pillow at night anymore, as it seems to create arm symptoms. Sleep continues interrupted. She made an appt with a PM& R doctor as therapist requested.
Desk and computer modifications in work environment are underway.

Thoracic inlet release with connection mid scapular area and cervical spine. Released each cervical segment, with specific arm radiating symptoms from C4-C7. Sustained OCB release with gentle dural traction at the end. Encouraged verbalized pattern of "overdoing" to ask for help when needed from family members.

Speheno-basilar decompression and balancing with improved SQAR. Client verbalized no arm numbness after treatment.

11/28/17
60 min treatment

Client reports improved symptoms this past week. Less numbness and tingling in her L arm which demonstrates decreased overall pain.
She said for the past week she only woke up one night over the past seven days.
She has decided to stop taking spironlactone (hair growth) to see if it helps with her body pain symptoms.
Arced to L cervical spine.
Thoracic inlet release with focus on restriction in her R pectoralis muscle. Noted tension posteriorly in mid scapular region with open hand diaphragm technique.
Bilateral sternocleidomastoid releases with gentle technique to reach anterior cervical musculature specifically L side.
Hyoid release and balancing with symptoms of tightness reported by client into OCB.
Therapist dialoged around tight OCB symptoms during a sustained release with reported distal release and improved symptoms in her arm with less numbness and tingling.

Final Assessment

Client calls to report that she visited a PM&R physician who offered and suggested trigger point injections.
Client reports decreased pain with this and improved functionality overall with CST sessions.
Due to work obligations and overall relief, she has decided to come to therapy once her schedule allows.
She expresses emotional and physical relief from CST sessions and gratitude for the work.