Upledger Institute Case Study
CranioSacral Therapy – Arthritis/Reflux/PTSD
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Personal Information:

Karen is a 58-year-old woman. She is a pediatrician, the owner, manager, and lead physician for a local pediatric practice.

History:

Karen has a diagnosis of arthritis in her left hip and knee. She had a 2015 surgery for a left meniscus tear. She is currently treated for reflux and has a diagnosis of PTSD. She reported that she dislikes close physical contact, yelling or any abrasive sounds, and is aware of being "out of body" at times. She has been seen by the same psychotherapist for several years. Karen described leaving home at an early age to escape an abusive and mentally ill mother, and a sexual abuse history, but did not offer specific details. She married, had two daughters, divorced, then completed medical school. She has supported herself since first leaving home. This is her first attempt to address her concerns with other than a traditional medical approach or psychotherapy. She sought out this therapist because of a mutually successful professional collaboration concerning a pediatric patient's care.

Symptoms:

Presenting symptoms included left hip pain, left knee pain at a 7/8 of 10 during walking or stepping. She was observed to limp, favoring her left leg. She reported that she is unable to lead with the left leg going up stairs due to pain and weakness. She noted a recently occurring pain in her right heel following a broken little toe on her right foot. She is concerned about decreasing mobility at work and during home/garden activities due to pain and weakness in her left leg.

Evaluation:

Whole Body Evaluation with arcing, SER Dialogue, 10-Step protocol (parts).

Findings:

Arcing revealed an Energy Cyst in the area of left Gluteus Maximus, with involvement of Piriformis, Psoas, L5/S1 and the left SI joint. SQAR was significant for limited amplitude, and a quality of rigidity for the CSR for her lower left extremity and hip. Right hip and leg with better amplitude, steady quality.

Tools you used: Therapist chose to begin with basic 10-Step protocol using diaphragm releases with a focus on helping Karen become comfortable with intentioned touch as she expressed anxiety about the process. We found that as long as the therapist provided a running description for findings, Karen could engage her cognitive ability for intellectual curiosity to tolerate each diaphragm release. Therapist was aware of Karen's urgent need for nurturing and neutral language and presence to help her tolerate close physical contact. Therapist chose to indirectly address the Energy Cyst in her left hip initially with a Regional Tissue Release of left lower legs focused on the ankle/foot relationship to knee, following with fascial glide of lateral/medial muscles to hip. Gluteus Maximus and Medius, and Piriformis were in significant spasm. CSR in the area was restricted in amplitude and rate, with quality of rigidity. With her hips and muscles broadly supported anterior/posteriorly by therapist hands, Gloria experienced a spontaneous SER of her younger self's feeling of lack of support, especially from her mother. She went into whole body shaking and tears. Gloria, who clearly was used to being in control of her emotions, did not want to spend much time in this feeling state, and therapist asked if taking a few breaths into her chest with awareness might help calm and soothe her system. She was able to do so, but then wanted to sit, then stand.

Objective results: Following spontaneous SER, anterior/posterior tissues, including hip muscles softened and widening in the hip area. A greater degree of external rotation was available for her hip. The CSR for her left hip also had greater excursion into external rotation, and a quality of ease. Standing was less painful for her left leg, an improvement from 7/8 of 10 to 5/10.

Subjective results: Gloria expressed that she had never experienced anything like the session, but indicated that being in touch with her emotions and expressing them was something that she and her therapist had been working on. She was very encouraged because her leg felt better. She scheduled for regular sessions for every other week.

Session 2: Session 2 was delayed for six weeks because 10 days post her first session, I received a message that Gloria had a sudden onset of bacterial meningitis, which has a risk of death, or brain damage, hearing loss, and learning disabilities, following recovery. When we spoke by phone once she was out of the hospital, she said with onset of the disease she experienced severe headaches, nausea, and vomiting, along with neck stiffness. She was concerned to see if the therapist had had any symptoms. None of her patients or staff had contracted the disease.

When Gloria came in for her second session she had recently returned to work on a reduced schedule and was having daily headaches with a severity of 6-8/10, along with a stiff neck, that had improved but was still a problem. Therapist began with a focus on

evaluating Range of motion for excursion of the dural tube into flexion and extension. A Vault hold with arcing indicated multiple restrictions in the brain stem, and the venous drainage system, especially the Straight Sinus, Falx Cerebri, and the Tentorium Cerebelli. Minimal excursion was found for flexion and extension, or rock and glide of the Dural Tube. Quality was bound. Treatment began with Still Points from feet and Occiput, L5S1 Release decompression with Dural tube traction, Cranial pump, and Dural tube Rock/Glide. There was a slow response from the lower end of her Dural Tube for rocking with minimum releases in transverse rings and minimum response at the Occiput. Occipital Cranial Base techniques for partial platform had to be modified due to extreme sensitivity of neck muscles. With a broad flat hold for the area, therapist worked with Direction of Energy at Foramen Magnum attachments for Dural Tube. The area began to release with a softening and widening for a transverse spread, followed by a minimal Gapping of occiput/atlas. DOE techniques, Glial Positional Hold for Structure and Physiological Process used to address Energy Cyst in tissues of the brain stem. As brain stem Energy Cyst released, the area spread and additional Gapping of occiput and atlas was available.

Gloria noted that her headache had decreased in intensity to a low of 3/10, and that she had better range of motion for turning her neck side to side and looking up and down. She made a series of appointments.

Session 3 - 6: For each of these sessions, a similar treatment to the above was followed, adding decompression for Frontal Bone, Parietal Lift, Sphenoid and Temporal techniques to address Falx and Tentorium restrictions and improve drainage of Cranial Venous System. Repeated Rock and Glide of Dural Tube and Dural Tube Traction helped with improved range and quality of ease for the dural tube for both flexion and extension. Sphenoid was found to have right lateral shear, which resolved and appeared to help decrease her left leg pain, which was still a problem. With each successive treatment session her headaches decreased in intensity and duration until she had no headaches and was able to resume a normal schedule of activity that she had experienced prior to the onset of Meningitis.

Gloria wants to continue to work on improving her mobility for her left leg and is open to working with the SER Dialogue process to improve her overall sense of wellbeing and address PTSD symptoms in conjunction with ongoing psychotherapy.

Average length of sessions. Session were 75 minutes at a cost of $135.