Upledger Institute Case Study

CranioSacral Therapy – Traumatic Head Injury/Severe Head Pain

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Personal Information:

The client is a 54-year-old male who experienced a traumatic head injury on 12/7/16. At the time of the injury, he held a position as a school system information technology support person. He was hit on the head (left parietal region) by a stray basketball while passing through his school gymnasium. Insurance provided by Workman's Compensation determined his course of care, until after a settlement was reached with the school system. He was followed by an MD, a local migraine specialist at a nationally recognized headache institute during the Workman's Compensation period. He expressed dissatisfaction and disappointment in his progress during that period.

Prior to the current injury, client was active at work and in his social life with his wife. He is currently unemployed and has done very little outside the home in the fifteen months since his injury according to his wife. He has children and a grandson. Since the injury, daily movement and activities are limited. He does not tolerate sound or lights easily. He previously enjoyed online gaming but cannot tolerate visual stimulation following the accident. Although he has begun driving in limited ways, his wife drove to each session.

Symptoms:

After the accident, the client experienced severe head pain and disorientation. He was diagnosed with a Traumatic Brain Injury and a herniated disc at C-7 with left arm numbness. Patient has had anxiety and severe daily headaches/migraines, ranging from 2-8 of 10 in intensity since the incident, which has disrupted all activities of daily living. Client reported he feels uncomfortable with any physical movement coming from behind him or from bilateral peripheral vision. Physical therapy assessed and treated his neck injury and balance concerns while covered by Workman's Compensation. He currently has difficulty looking up without becoming dizzy. He has significant fatigue during the day, requiring 2 naps of 1-2 hours' length.

Pertinent medical history:

He has a history of high blood pressure, depression and PTSD. He has had 7 disassociated episodes with loss of time and was hospitalized during the first one at age 23. The last episode was 9/29/16. He takes medicine to assist with sleep. Post his settlement with Workman's Compensation, he began treatment with a Neurological Optometrist, who recommended prism glasses. He has been using the glasses for 2 months, but they have not had an impact on the severity/duration of headaches. He tried massage therapy for a few sessions, with short lived relief for headaches. Client has an appointment with a Psychotherapist to begin work on PTSD for significant childhood trauma.

Evaluation:

Findings: Presentation of affect revealed a dull, flat face, with little eye contact and expression. Headache was 8/10 at onset of session. His wife filled out paperwork for him.

Whole Body Evaluation revealed that his CST rhythm had little energy with restricted amplitude for both flexion and extension throughout his body. Arcing revealed an Energy cyst at C/6-7 on the right and at left parietal region. Due to his history with disassociation, initial focus was to engage his awareness of safety with intentioned touch during initial Diaphragm Release evaluation/treatment. He was able to verbally confirm that he felt safe with me and with touch and pressure. I noted that his system was highly sensitive to small increments in touch pressure and that his Reticular Alarm System in the brainstem held energy cysts.

Therapist offered assurances that his current anxiety/depression and history of depression and PTSD were valid experiences of concern for the session and that, when safe to do so, his tissues could express their story. Therapist explained that treatment began with energetic method of Direction of Energy releases for the angle of impact of the basketball into his cranium.

The DOE/trauma release was a shear from right maxilla to left parietal for a distance outside his head beyond arm's length, followed by a thoracic inlet and cranial base releases. Suboccipital muscles were in extreme contracted state, but with gradual pressure and partial platform, they were able to obtain minimum gapping, but little widening or spreading. A cranial vault hold revealed significant compression of frontal/sphenoid. Gradual slow release of frontal bone followed with a significant change in tissues with immediate relief of constant headache, going from 8/10 to 2/10. Sphenoid release significant for flexion lesion, right lateral strain. CSR was improved in both excursion and quality. Client experienced dizziness upon sitting, which stabilized with a few minutes of waiting to stand. His affect changed dramatically and he expressed surprise that his headache was better. He left with a brightened smile and good eye contact. Follow up sessions were booked.

Session 2:

Client reported his relief that headaches had maintained at the lower level of intensity of 2/3 of 10 in the two weeks between sessions, but that he experienced periods of brief dizziness upon lying down or sitting, but not when looking right/left. His wife reported changes in his daily activities. He had begun smiling and watching sports again.

Session began with sacral decompression, following by dural tube traction with slight lengthening available, respiratory diaphragm and thoracic inlet releases were significant for slight widening, but with strong ANS/energy Cyst component noted. (Not addressed in this session). Cranial base release for partial platform, gapping, transverse spread and dural tube more responsive than first session. Slow but steady lengthening noted for dural tube traction with restrictions on right side. Vault hold, then sphenoid release for right Sidebending, left torsion. Focus on glial structural strain and balancing physiological process, with combined position of balanced strain for release of shear from right sphenoid anterior clinoid area to left parietal. Widening of tissues for flexion of frontal bone/sphenoid, followed by CSR rhythm into flexion. Balanced with very gentle bilateral ear pull and monitoring for CSR cycle. SQAR was improved in all ways. Client able to sit/stand with minimal dizziness and his headache was at 1/10 intensity. He seemed delighted, as he had not felt as pain free in the fifteen months since the incident happened.

Session Three:

Client had begun Psychotherapy a few days prior to session. Until then, headaches had been at 2/3 of 10. When he came in, he felt dizzy and pain was at 6/10. Therapist arced to find an Energy Cyst in the area of his right upper jaw. Found a Maxilla/vomer shear to Left, and Palatine on right in superior and midline position. Tissues released the energy cyst, which seemed part of the physical force trajectory of the basketball. The next step was to decompress the Maxilla and balance with mandible. Followed up with Dural Tube traction, rock, and glide. Noted improved ROM from both Occiput/Sacrum. Upon standing client was not dizzy and headache was at 1.5/10.

Session Four:

Client says psychotherapy has begun “getting into stuff’. Reported feeling dizzy with any head tilt. His left forearm felt painful and swollen, with a sensation of pins and needles it moved or he touched it. Once client was able to acknowledge and ask for Inner Wisdom to assist the session, therapist asked if He wanted to work with what his painful arm wanted to say. Significance detector was on so therapist engaged with SER and asked what he experienced in his arm. The SER was around his 5-year-old self. At that age he had been living in foster care and his father had married the “wicked” step mother. He went to live with them hoping for a new mother, but she became the source of complaints to his father over insignificant slights that resulted in client receiving beatings from his father. Then his 12-year-old self said that he had left home for good, when the stepmother told his father he stole money from her. With the 12-year old’s perspective,

the depth and intensity of the SD increased. During the SER dialogue therapist was supporting a regional tissue release of his left forearm, from forearm to axilla and then up into right side of neck C6-7, into jugular foramen widening for greater ease for CNX, CNXI, and CNIX, and Thoracic Inlet. When prompted to check in with his arm, client realized that his left arm and upper body were stuck in holding back his feelings for wanted to hit back at the step mother and the father for the beatings and verbal abuse he experienced. Therapist noted a general calming in his Reticular Alarm system, as the tissues in his brain stem and his Thoracic inlet spread and widened with this realization and expression of feelings. After release of the SER energy cyst, worked on Frontal/Temporal/O/A/Sphenoid release/mobilization and balance. At the end of session, the pain and sensitivity in his arm was gone. He was not dizzy and head pain was at of 2/10.

Plan: Client wants to continue sessions 2-3X month as he works with psychotherapist on trauma issues around his family. Therapist to continue to check for existing and other Energy Cysts with SER components that have not yet been addressed as client's Significant Detector indicates readiness. Sessions were 75 minutes at a cost of $125.00 per session.