

Barral Institute Case Study
Visceral Manipulation – Helicopylori Bacterium
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Patient: 55-year-old male in private equity

Reason for coming: His doctor had sent him for pain in his left arm, pain in his left cervical spine, pain in his left epigastrium, retrosternal pain and hiatus hernia. He also reported to have low back pain since the age of 30 years and discomfort in his right knee. The patient had been diagnosed with helicopylori bactri and was on high doses of PPI, and on meds for hypertension.

He had been in a MVA in his 20's

Evaluation:

General listening: attracted forward, right side bending left rotation

Local listening: mechanical liver, palm crosses the midline as well as gastroesophageal junction. Cardiac spincter frozen. Tenderness over 6th and 7th chondrocostal cartilages. Stomach mobility was restricted in the lateral and inferior direction

The abdominal area distended and had rebound tenderness

Thoracic restriction T7 and T8 along with rib head restriction at same level on the left

Treatment

Liver lift was performed and the emphasis was on the left triangular ligament. There was then an attraction towards the gastrophrenic ligament which was released with long lever techniques and induction. The gastro esophageal junction direct techniques were performed along with induction of the cardia. The stomach mobility medial lateral glide was then performed first starting with indirect and then moving to direct technique. The patient was then treated in supine with the combined techniques with an emphasis on the lesser curvature and then in side lying treating the gastro pancreatic fold. Finally treating the Cardiac sphincter initially with recoil followed by induction technique.

Motility of the stomach along with the liver was vastly improved after these techniques.

Tenderness at the CC cartilages disappeared as well as the bloatedness

Results and Follow-up

On the follow-up the patient reported to no longer have the symptoms in his left arm. The symptoms in his cervical spine and retrosternal pain were no longer there. However, he now complained of left scapula pain. General listening showed attraction into hepatic flexure. Local listening confirmed hepatic flexure, once released attraction to greater curvature, and then to right medial pterigoid muscle and sphenoid. At the third treatment the patient was pain free. He was given advice on managing his hiatal hernia and recommended to attend a core Pilates program.