

# Barral Institute Case Study

## Visceral Manipulation – Hip pain/Ankle weakness

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Therapist: Joanne Enslin de Wet, BSc Physiotherapy (Wits), BSc (Med) (Hons) Sport Science UCT, MSc Exercise Physiology Boston University USA

Patient: Female, 36 years old in public relations

Reason for coming: Referred by Pilates instructor. She has a right hip that has a strange click and her left ankle is weak and extremely painful when running.

Evaluation: The patient reports she has to go for frequent treatment as she gets out of alignment. She has had previous horse riding and motor vehicle accidents and had an appendectomy when she was 20 years old.

General Listening: The patient had an emotional listening.

Manual Thermal Evaluation: Cecum over the medial area and right ovary. The heat projection was emotional.

Local listening: Cecum appendix scar, into medial parieto cecal ligaments and posterior restriction.

Treatment:

Mobility testing of the cecum showed a restriction in the lateral movement. Treatment in left side lying allowed better access to the medial restriction and posterior restriction of the Cecum on Fasia of Treitz. The listening took me to medial gutter above the ileocecal valve. I then did an induction in side lying with the uterus and cecum. This reduced the tension on the right ovary. I balanced the motility of the cecum with the uterus and the motility of the ovaries. There was still a reduction in the motility.

I then discharged the cecum with the right fronto parietal region. With the emotional listening the chronological age went to present. With permission of the patient I suggested that there was a present emotional situation. The patient shared that her father was in hospital following a heart attack in Zimbabwe. She was very concerned about him as well as the medical facilities in Zimbabwe. With emit and receive on the emotional listening, the motility of the cecum improved, along with the associated structures.

Results and Follow-up

On the follow up appointment the patient was feeling less anxious and the weakness had reduced in her left foot. She had much less discomfort and clicking in the hip. The General listening was no longer emotional, and her father was on his way to recovery and no longer in the hospital. I continued to see the patient for 3 more sessions for structural visceral and manual articular treatment.