

Barral Institute Case Study

Visceral Manipulation – Medial scapula pain/Unable to write

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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: 57-year-old male referred by integrative medical practitioner works 8 hours a day on his computer

Reason for coming: The patient has severe right medial scapula pain and is unable to write and use his computer because of the severity. He has had other treatment by his local physiotherapist, but continues to have severe pain. He is unable to lift his right arm due to pain.

Evaluation:

His previous medical history includes bilateral frozen shoulders two and a half years ago (3x cortisone injections) , right cubital tunnel syndrome and surgical release Osbornes ligament and he was diagnosed with carpal tunnel syndrome. The patient had muscle atrophy of his right arm and forearm. His right scapula was protracted, and his right elbow was held in flexion. Right shoulder range of motion restricted at the limit of flexion and abduction. Right elbow range of motion limited in full extension. Cervical restriction was at the C4,5 level

General Listening: Right upper quadrant, anterior.

Local Listening: Gall bladder and relationship with Right kidney and hepatic flexure, as well as right acromioclavicular ligaments and sternochondral, costochondral joints 3,4

Treatment:

After completing the treatment to the structures related to the gallbladder, as well as the gallbladder, bile duct and D2. And AC ligaments and SC and CC joints, his shoulder range of motion improved as well as he was able to move out of a kyphosed posture. The listening then took me to release the neural and vascular structures in his quadrangular space auxiliary nerve, posterior circumflex artery and triangular space scapula circumflex artery, release clavipectoral fascia, Bicipital aponeurosis. His brachial pulse showed a marked improvement. The listening

Results and Follow-up

At the follow-up appointment the patient reported to have significant improved range of motion of his right shoulder and his elbow had full extension. He was very surprised by the result and was questioning whether he needed his previous surgery of cubital tunnel release.

His follow-up listening was emotional around the age of 27 years. The follow up treatment included structural work as well as viscerosomatoemotional work. The patient was recommended an exercise program and given further advise on an already good diet and lifestyle.