

Barral Institute Case Study
Visceral Manipulation – Numbness in finger tips/Stiffness in cervical spine

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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, 50 year old competitive cyclist

Reason for coming: numbness finger tips I - III distal phalanges (bilaterally) when cycling, chronic stiffness in her right cervical spine and upper trapezius muscles when cycling. The patient had prior neck surgery at the beginning of the year. Disc replacement C6. Her thoracic spine was kyphosed and had restricted extension. The patient had been involved in a MVA at the age of 20.

Evaluation:

General listening right upper right quadrant of abdomen.

Local listening: D1 hepatoduodenal ligament and D2 on the lateral wall at the interface right kidney. Mobility testing of the lumbar spine was restricted T10 – L1

Right hip was limited in internal rotation, cervical range of motion limitation

Treatment: Release D1 hepatoduodenal ligament with induction and long lever. And posterior roll of the liver

The listening took me to the gallbladder, Tr Colon, Duodenum. The next technique included releasing these tensions in the structures around the gall bladder, and then draining the gall bladder and stretching the bile duct. On retesting with local listening the attraction took me to D2 lateral wall. There was a marked reduction of motility of the duodenum in inspir and the right kidney had 2 degree ptosis. The next technique was stretching D2 in side lying and stretching the posterior lateral restrictions.

Finally treating right kidney for ptosis using her right leg as a long lever. And left kidney.

The treatment was completed with synchronizing motility –Liver – gall bladder – bile duct – duodenum –right kidney-left kidney

Cervical Spine range of motion improved significantly after these techniques. And her hip range of motion on the right side returned to normal.

The treatment ended with connecting the physiological center with her D2.

I recommended she didn't train on the day of treatment.

Results and Follow-up

On the follow-up the patient reported to no longer have the symptoms in her hands and her neck issues had resolved when cycling. On general listening there was an emotional component which went back to childhood and was resolved. I recommended the patient return in 3mo for follow-up