

## Cerebral Palsy and CranioSacral Therapy

**By: Maggie Gliksten**

**PERSONAL:** 3yo, Male

**HISTORY:** This boy was diagnosed with Cerebral Palsy and Motor Delay. Right hemi.

**Length of treatment by others:** This child was seen in our clinic at about 18 months. He was seen by one of our physiotherapist, and myself. We both started working with this child roughly at the same time ie: at 18 months. He has continued to be treated by physio and CST since.

**Frequency:** Physio once a month.

**Evaluation:** Evolving C.P. Hemiplegia, right side. Will walk with aid.

**Findings:** This client had a marked plageocephaly, which consisted of a right side parietal which appeared "blown"; A flattened occipital protuberance; Left side parietal was jammed inward. This child could not hold up his head, because of its one sidedness. This boy when he first presented was very unsettled. He was very angry, could not communicate. He bit, spat, kicked, hit and could not focus on anything. He showed no affection and had no relationship with his family. He was deeply unhappy and his behavior was extremely difficult and uncontrolled. It was suggested that he might be autistic as well as C.P. This clients CR was difficult to pick up and when I did manage to feel it, it felt very erratic and rapid, with a poor symmetry. The quality was however quite robust. My sense was that he was operating out of a extreme hyperactive RAS. Primitive brain. This boy could crawl, stand and cruise, but not walking. This boy's intercranial membrane system was stretched to the extreme right of his head. Both Falx and Tentorium were very tight. Temporallparietal sutures were jammed and on the left side the Temporal bone was internally rotated. The pupils of this child's eyes were the size of a pin head, and he appeared to be slightly sensitive. He could not concentrate. This child's cranium was ridged to the touch.

**Tools Used:** To start with the 10 step protocol was attempted. This was very difficult as he was not able to stay on the bed. We however manage to get through the diaphragms and move onto the cranium.

I started the cranial work with just holding my hands away from his head initially as this child was so super sensitive that he could not tolerate his head being touched. Gradually over the weeks I was able to touch his head and I started to gently pump his cranium using occiput and frontal bones. I was then allowed to cradle his head in my hands and to start work on the CB, which I did by just using my index fingers on each hand to soften the tissue at the base of the skull. The next area to be addressed was the parietal bones and again the child would sit still while I worked on balancing his parietal area. Temporal bones were next in line and again I had to proceed with great caution in order to get permission. Bones were mobilized and synchronized. Dural tube techniques were used intermittently throughout sessions as a calming technique as well as to affect change in the system.

**Objective results:** At the start of the treatments it was difficult to assess if anything was happening, but after a few sessions, 4-5, a change was discernable. Firstly the boy would look at me and it was reported that he was more interested in his family as well. Prior to treatment this child would only hit out at his siblings and parents. He could now hold up his head for some period of time without help.

The next discernable change was that he would sit and allow me to touch his head. He became quieter and appeared to be happier in himself. He became more able to concentrate and play with toys rather than throwing them. His pupils became more dilated and he was more tolerant of light. His right hand was not so fisted. After 10 treatments he started to try and communicate and show affection. He no longer screamed when brought into my room, in fact he would run into the room, climb on the bed and lie down. Round this time his right arm and hand were relaxing more as well. At approximately 2 years he started toe walking with assistance. This child is no longer unhappy; he can relate to everyone around him, his head while still a bit out of shape has improved dramatically. The right hemiplegia has disappeared altogether; this child is talking in sentences, although simple. He plays with others, he is bright, and his eyes focus normally. This child is due to be discharged from our services in June, with a clean bill of health.

**Subjective results:** This child in my opinion would not have progressed as far as he has without CST. While physiotherapy would have gone some way to address his motor difficulties, his general well being would not have been addressed. The fact that he no longer has a hemiplegia is due to the CST in my opinion. The overall situation of this child and family has been so positively affected because; he was able to be given CST. The family has been very aware as to how much their child has gained because of CST and continue to tell others.

**Average length of session:** One hour.

**Number of sessions:** 20 hours per year.