

Low Back Pain and CranioSacral Therapy

By: Lisa Desrochers

Patient history: April is a 39 year-old female self-referred to physical therapy with a long history of intermittent left low back and buttock pain.

Social History: She is employed as a physical therapist. She has six and nine year old daughters. She lives with her family in a two story home.

Past Medical History: She reported a longstanding heart arrhythmia.

Subjective Symptoms: At the time of evaluation she was pain-free. The pain was more prevalent in the morning if she stood in one position for greater than 15 minutes. (ie shower or washing dishes) She reported the onset of her pain nine years prior while pregnant. She had self treated for years and had been able to control her pain as it occurred with self administered muscle energy technique. She sought CST looking for more long lasting relief of her pain.

Relevant Initial evaluation findings:

Observation: Upon evaluation, boney alignment, postural alignment and ROM were noted to be WNL.

CranioSacral: Large energy cysts were noted in the throat and the heart. Cranial mobility was good overall but the CSR at the sphenoid demonstrated greater ease into extension and had a sluggish quality into flexion. The CSR was also sluggish with decreased amplitude in the left upper leg and pelvis. Fascia1 restriction was noted in this area with fascial glide.

Palpation: Increased soft tissue density was noted in the left glutens medius, piriformis, obturator internus and ITB.

Sacroiliac: Left SI provocation testing reproduced left buttock pain.

Neurological Findings: Myotomes, dermatomes and DTR's were intact and symmetrical

Assessment: April presented with chronic left SI dysfunction and pain. Though most of her structural dysfunction was found to be in this area, the primary energetic disturbances were found in the throat and heart.

Course of treatment: Initially, April was seen for an hour once a week. We started on the energy cyst within the heart as this seemed significant. As this work progressed, over the course of the second session it became clear that there was an emotional component to the left buttock pain which felt connected to the heart in some manner. We began SER sessions twice a week. Over the course of the next six sessions as she progressed through the process utilizing primarily guided imagery, she revealed that, as a six-year-old child, her sister had nearly drown her, and in the process had pulled her by the left leg into the deep end of the swimming pool. As her body relived this experience on the table her leg could be felt to lengthen and then an audible pop in the left SI was heard and felt. At that moment, as the physical restriction released, the emotional release peaked and she expressed terror and disbelief as to what was happening to her. She relived the drowning experience as a six year old. She described the experience of her spirit leaving her body and watching the revival efforts from above in a very calm manner. At the moment her spirit made the decision that it was not done on earth she was revived and began to cough up copious

amounts of sputum. As this happened I was able to assist her to expel the energy cyst in her throat through her mouth.

April was seen for two much less eventful sessions following this SER session in which she worked to release the energy cyst in her heart. She expressed that her heart felt closed off from the world and that she never learned how to love. She felt that as a result of her sister's betrayal she had closed down her heart at six years old and began to distrust even those close to her. Through some visualization and guided imagery we were able to negotiate a "safe" way for her heart to open and yet still feel protected. April was seen for ten total sessions and was discharged. At that time she reported that she had had no left buttock pain since the SER session in which she relived the drowning. I received an email from April three weeks later in which she said she had just realized her heart arrhythmia was gone. She had not experienced any "fluttering" in her chest since being discharged. The left buttock pain had not returned. She also stated that she felt like her heart was more open than it had ever been.