Pervasive Developmental Delay and CranioSacral Therapy

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Medical History: Brian is a 6 year old male who was diagnosed with pervasive developmental delay at approximately 2-2 ½ years of age. He has delays in fine and gross motor skills and speech and language. He was born by Cesarean section with possible vacuum extraction. Brian is currently receiving Behavioral Therapy, Occupational Therapy, Speech Therapy, Myofascial Release and CranioSacral Therapy. Developmentally, Brian is at approximately age 4 1/2.

Current Level of Function: Brian needs some assistance with most activities of daily living, however, he has been showing great progress over the years and is beginning Kindergarten this year with a full time shadow to assist in his progress.

Patient/Family Goals: Brian's family stated that he has made great progress over the last few years and would like to see him progress even further so he can reach his maximum potential and be the happiest and healthiest he can be.

Clinical Observations/Assessment CranioSacral Rhythm

Initial: Symmetry: symmetrical decreased range of motion in flexion; Quality: thick, dry, labored, sluggish; Amplitude: low in flexion and extension; Rate: 4 cycles per minute Post: Symmetry: increased range of motion in flexion and extension; Quality: increased fluidity throughout; Amplitude: stronger with increased vitality; Rate: 7 cycles per minute

Transverse Diaphragms

Initial: Pelvic: mild restriction; Respiratory: mild restriction; Thoracic: moderate restriction;

Hyoid: moderate-severe restriction; OCB: severe restriction

Post: Pelvic: - Respiratory: - Thoracic: mild restriction; Hyoid: moderate; OCB: mild

restriction

Dural Tube

Initial: Restrictions: C1, C2, C3, T6, L1; Facilitated Segments: C1

Post: Restrictions: C3, L1; Facilitated Segments: -

Intracranial Membrane System

Initial: severe restrictions with moderate compression of tentoriurn, posterior pulls into falx

cerebelli

Post: mild-moderate to restriction tentorium

Cranial Vault

Initial: Frontal: posterior compression; Left Parietal: mild compression; Right Parietal: mild compression; Sphenoid: severe left lateral strain; Left Temporal: severe compression; Right Temporal: moderate compression; Occiput: severe restriction

Post: Frontal: mild restriction right side; Left Parietal: - Right Parietal: -Sphenoid: mild left

lateral strain; Left Temporal: moderate restriction; Right Temporal: mild restriction;

Occiput: mild-moderate restriction

Facial Bones/Hard Palate/Teeth

Initial: Left Zygoma: moderate posterior compression; Right Zygoma: mild restriction; Left Maxilla: moderate compression; Right Maxilla: moderate compression; Vomer: moderate extension lesion; Left Palatine: moderately superior; Right Palatine: - Left Nasal: mild

compression; Right Nasal: mild compression; Mandible: - TMJ: mild superior compression; Teeth

Post: Left Zygoma: - Right Zygoma: - Left Maxilla: mild compression; Right Maxilla: mild compression; Vomer: mild extension lesion; Left Palatine: - Right Palatine: - Left Nasal:- Right Nasal:- Mandible: - TMJ: - Teeth: -

Sacrum

Initial: left shear Post: no restriction

Energy Cyst(s)

Initial: upper thoracic, cranium

Post:-

Fascial Glide Restrictions

Initial: mild restriction throughout upper torso

Post: -

Treatment

Services provided included: CranioSacral Therapy, Neuromuscular Re-education, Myofascial Release, SomatoEmotional Release, Visceral Manipulation, Kinetic Activities, Osteopathic intervention, Acupuncture, Vibrational therapy, Lymphatic Drainage, Patient/Family Education, Autogenic training, visualization, progressive relaxation

Summary

Brian responded very well to treatment. There is increased motion throughout his craniosacral system. His mother reports there is an increase in emotional, language and cognitive thinking skills. He is initiating conversation and expressing himself better. As Brian integrates the work he has done, further progress should be seen in his fine and gross motor skills along with speech and language.

Recommendations:

To continue with your CST therapist at home It is suggested that in 4-6 weeks that your OT, PT or Speech Therapist re-evaluate your current program. Return to the IP as needed