

Repetitive Stress Syndrome and CranioSacral Therapy

By: Christopher Slate

Personal Information: Forty-one year old male.

Symptoms: Chronic: Neck, shoulder and right arm pain, with numbness and tingling.
Acute: These symptoms were exacerbated by a snowboarding accident involving - a fall on the right lower ribs. Acute pain R side, difficulty breathing, difficulty moving arms and torso. Neck pain.

Pertinent medical history: Client has been relatively healthy with no other symptoms. Maintained a regular yoga practice for self-care. However, works with computer, and must manage repetitive stress syndrome, thoracic inlet, nerve compression issues etc. He had not received any previous treatment for his chronic condition or for his acute condition after the accident.

Evaluation: Client presented with contusion to R lateral ribs, R-4R-8. Intercostals Ribs 4 and 5 were contracted at apparent site of impact, pulling ribs together. Receding inflammation of internal structures, ribs and intercostals -minimal swelling. Recent compressive, energetic forces present, layered over chronic patterns. Multiple energy cysts: liver, lung and stomach. Multiple pleural restrictions. Facilitated segments T-5/T-8 Lymphatic congestion R side, up into axilla and clavicle. Myofascial armoring around area of injury. Compression at Occipital Cranial Base (OCB), with compression at SBJ and TMJ.

Tools used: CV-4. Thoracic inlet release. Positional release of neck fascia, to encourage venous and lymphatic circulation. RTR both arms, emphasis on R, to soften tissues in axilla and shoulder. DOE through both axilla, emphasis to R, to facilitate energetic and lymphatic circulation.

DOE from areas peripheral, to site of rib trauma to reduce inflammation. DOE to release energy cysts in visceral structures and facilitate lymphatic circulation. Respiratory diaphragm release to balance tensions in lower thorax. DOE and dural tube mobilization to address facilitated segments T-5/T-8. DOE through ribs 4 and 5 and intercostals to relax tissues and allow ribs to reposition with more space between them.

Clearing of Kidney, Liver, Gall Bladder and Spleen meridians. Motility balancing of Kidneys, GB, Liver and Spleen NMT to anterior neck musculature. RTR and DOE to release tissues relating to brachial plexus. OCB Release. Spheno-Basilar Joint (SBJ) and TMJ decompression. Balancing of Intra-cranial membrane system. CV-4

Objective Results: Release of energy cysts in visceral structures cleared resulting entropic effect on neighboring structures. Also improvement in energy circulation and restoration of balanced energy flow through torso, pelvis and legs. Elimination of inflammation and lymphatic congestion in and around injury site, and in R arm and axilla. Restoration of visceral mobility, particularly as related to lungs, pleura and respiratory function. Elimination of compensatory holding patterns (contributing to facilitated segments) in thoracic spine.

Reduced tensions in anterior neck, thoracic inlet and brachial plexus, leading into R arm. Reduced compression of OCB and related nerve structures effecting shoulders and R arm. Improved neural and vascular function through head, neck, shoulders and arms.

Subjective Results: Client reported significant reduction of pain following initial session. Soreness increased slightly due to client feeling better and being quite active in days following. With successive treatments, client reported gradual elimination of pain and

soreness in rib area, and gradual return to normal respiratory function (breathing without restriction or discomfort). He felt himself getting "back to normal". Client reported reduction of chronic pain symptoms in R arm. Elimination of numbness and tingling, improved ROM of shoulder and arm. Some nagging discomfort with long hours spent on computer. But overall condition of arm and shoulder much improved.

Average length of sessions: 60 min. - 75 min.

Number of sessions: 6