Barral Institute Case Study

Neural Manipulation – Penile pain

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Case Study 6

Abstract: A case study of a 65 y.o. male suffering from penile pain that resolved using treatment with neural manipulation.

Key Words: Pain and neural manipulation

Date: 10/17/17

Diagnosis: Pain in perineum and penis

History: Patient reports that he was doing some heavy lifting moving furniture and strained his pelvic region in August of 2017. He was later working in the yard and bending and lifting when he developed sharp pain into the groin and penis.

He had been treated about 10 years ago with severe pain in the groin/penis after prolonged biking. Having had a good result with previous treatment to the area for a similar pain, he sought treatment using the neural manipulation techniques for Pudendal neuralgia. His current pain is debilitating at a 7/10 and he has had to resort to meds for pain control. Sleep is disturbed and patient is unable to exercise, sit for more than 10 minutes, or stand for more than 10 minutes.

Past medical history includes heart attack for which he is still on blood thinners, high blood pressure controlled with meds. Patient has some dysfunction in liver and kidneys. Patient would like to be off medication for pain to reduce the load on his liver. Patient is in the habit of daily exercise for 1-2 hours in the gym and has been unable to exercise due to pain.

Objective Assessment: Patient stands with asymmetry at pelvis . Patient has asymmetry at pubic symphysis, sacral torsion Rt. on RT, and coccyx malposition with hyperflexion and intersegmental dysfunction. Hypomobility is present in lumbar spine generally. Hip mobility is good except for Lt. IR which is limited at 10 degrees compared to 30 on Rt. Hip extension is limited at 0 degrees on Lt. and 3 degrees extension on Rt.

Strength: Core testing for lumbar protective mechanism is 0/5 with no automatic activation of core present. Rt. flexor diagonal is 1-/5 and Lt. is 2/5 with automatic activation in the diagonal of core muscles. There is weakness of deep hip rotators at 3+/5 on Rt. and 4-/5 on Lt. Gluteus Medius weakness is 4/5 bilat and Glut max is 4+/5 bilat.

Neuro:

Sensation: Patient c/o a sharp pain into the penis which is constantly present and debilitating at a 7/10.

DTR: Knee Jerk (L4) 2+ bilat.

Seated Slump test is Positive bilat. And SLR test is to 40 degrees bilat. One leg stance: Fair for only 5 seconds bilat.

Palpation: Tender in ligaments of SI/coccyx including sacrospinous and sacrotuberous with neural tension in Sciatic and Pudendal nerves.

Treatment: Patient was seen for initial evaluation for 60 minutes on 09/13/17 and 5 follow up visits of 60 minutes each with the last apt. on 10/17/17. On each session, he was assessed first with a General Listening to determine target tissues followed by listening at the vertex and/or RCPM and sacral/LE listening. He was treated with manual techniques to equalize pelvis/sacrum and coccyx with emphasis on neural manipulation of lumbar and sacral/coccygeal plexuses. Sciatic and Pudendal nerves were treated with neural manipulation as well as release of sacrospinous and sacrotuberous ligaments. Patient also received a HEP of mobility ex for hip extension and IR and a strengthening program to address weaknesses noted.

Reassessment: Patient returned to PT on 10/17/17 with no pain complaint and he had been off his pain meds completely. General and local listening was done followed by sacral listening. He was able to return to full workouts at the gym and was able to sit and stand as long without limit. Pelvis was symmetrical and patient was able to activate core and pelvic stabilizers in a one leg stance test for over 10 seconds. Pain was 0/10. Patient cancelled his re-evaluation appt as he felt he did not need additional PT and so strength and ROM re assessment was not done.

Conclusion: Treatment to the pelvis and associated structures and neural tissues was guided by general and local listening as well as listening at sacrum.

Relationship between these tissues and the neural manipulation techniques to release them allowed a good outcome from PT intervention.

Treating Therapist: Linda Keahey-Oberdorfer, PT

References:

1. Barral Institute Neural Manipulation Course Workbooks from NM1-4, 2006-2016
2. Barral & Croibier. Manual therapy for Cranial Nerves. Palm Beach Gardens Fl: Barral Productions; 2013
3. Barral & Croibier. Manual Therapy for the Peripheral Nerves. Palm Beach Gardens Fl: Barral productions: 2013
4. Barral & Croibier. Trauma an Osteopathic Approach. Seattle Wa: Eastland Press Inc. 1999