

## ADD Child and CranioSacral Therapy

**By: Candice Strack**

**Personal Information:** R.Z.; age 3 1/2 years; sex: female

**History:** This patient was a young Chinese girl who had been adopted by American parents. She had been with a Chinese foster family for 13 months therefore she had had the experience of a loving family taking care of her prior to her adoption. The adoptive parents were concerned about her physical development because there were certain developmental milestones that she had not surpassed i.e., crawling, bridging, hopping, etc. Although the patient was an active 3 1/2 year old, she was unable to attend to age appropriate tasks through completion and had a limited frustration tolerance; she was described as being 'very active'. She experienced sleep disturbances and would not allow consistent, close, physical, family contact. She had received traditional physical and occupational therapy in a prekindergarten program, and private polates therapy sessions for a short period of time. The polates therapist recommended CST. The parents also reported that R.Z. also experienced some stomach problems related to digestion and elimination.

**Evaluation:** R.Z. had dural tube restrictions at T 11 - L 5; amplitude of her craniosacral rhythm was diminished and shallow. Her occipital cranial base was compressed as was her frontal bone; right temporal bone was restricted. Sacral restriction noted in flexion with fascia1 shear through both lower extremities, left greater than right, into the pelvic floor. Respiratory diaphragm was restricted with viscerofascial restrictions, stomach and intestinal area exhibited decreased mobility. There were trust issues as well as an intolerance to being touched especially at the occipital cranial base.

**Treatment:** R.Z. was provided with CST, MFR, visceral manipulation, and SER work. During that time, she acclimated to the hands on work and tolerated most modalities. The cranial work went quickly following the initial, more difficult releases. The occipital cranial base was released as was the frontal bone. Right temporal bone responded well to treatment. The sacrum restriction was cleared as was the dural tube. The respiratory diaphragm and intestinal areas were mobilized with success.

**Objective results:** R.Z.'s sleep pattern improved dramatically (much to her parents' delight). She had more tolerance to situations that had previously frustrated her and could attend to age related tasks through completion on a more regular basis. Bowel elimination was more regular. Her stomach problems disappeared. Completing developmental milestones was no longer an issue.

**Subjective results:** The patient's parents stated that she allowed closer, more affectionate, prolonged physical contact with family members; that she was more 'present' when with them.