

# APPLICATIONS AND CONTRAINDICATIONS OF NEURAL MANIPULATION

🕒 August 27, 2013 👤 Jean-Pierre Barral, D.O., M.R.O.(F), R.P.T. (<https://www.massagemag.com/author/jpbarral/>)

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To complement the MASSAGE Magazine article, "Neural Manipulation: A Precise Manual Therapy," by Jean-Pierre Barral, D.O., M.R.O.(F), R.P.T., in the September 2013 issue ([/store/index.php?route=product/category&path=17\\_40](https://www.massagemag.com/store/index.php?route=product/category&path=17_40)). Article summary: Neural manipulation is a precise manual therapy that facilitates free movement of the nerves in their surroundings; that is, in relation to adjacent muscles, fascia, narrow passages in the aponeurosis, organs and bones.



Micro-injuries of muscles or tendons involve peripheral nerves, either directly or indirectly, through the nearby connective tissue. With such an injury, a client can develop symptoms during the course of treatment. In this case, it is essential to look more globally for a lesion line.

For example, with an ankle sprain, it is clear the ankle is not the only part affected and other body areas must be explored. In addition to the crucial ligament, the small sensory nerve plexuses may be ruptured or overstretched. They play a key role within proprioception. Treatment of peripheral leg nerves can, therefore, promote the healing process of the ankle and rapidly improve proprioception.

In some cases of clients with carpal tunnel syndrome, I have achieved outstanding results and a surgical procedure has been avoided. Carpal tunnel syndrome does not typically come out of nowhere. There are various factors that promote its development, including hormonal disorder, problems in the cervical area such as bone spurs or an uncathrosis, and long-term use of medication. I attribute my success to the treatment of the brachial plexus and its branches. In addition, microfasciae such as the mesoneurium and the intraneural connective tissues recover their smoothness, and fibrosis dissolves with neural manipulation.

The diameter of arteries and veins is controlled by the nerves; therefore, the vasomotor effect of our treatment is accomplished either by the surrounding nerve vessels or the sympathetic nervous system. For this reason, the relationship of blood pressure differences between the arms is informative. It correlates with the different systolic blood pressure values. Aside from rare heart or vessel diseases, the pressure difference can be explained by the different vasoconstrictions in the brachial and radial arteries. Their vasoconstriction is controlled by the nerves of the arm plexus, as well as the visceral nerves.

Immediately after manual treatment of the brachial plexus, the effect on its terminal and collateral branches can be read on the sphygmomanometer. The arterial blood pressure also reacts to emotional influences, but always in both arms equally. Neural manipulation helps stabilize the blood pressure on both sides.

Clients seek neural manipulation for a variety of disorders affecting different systems of the body, such as nervous system issues, including neuralgia, neuritis, paralysis and mechanically caused neuropathy, tunnel or bottleneck syndrome, Morton's syndrome, post-zoster pain, for conditions of the central and sensory nervous system, dura mater tension, sutural and diploic fixations, otitis, facial paralysis and hemiplegia. Additional indications might include those of the osteoarticular system, such as limited mobility, inflammation of capsules, tendinitis, rheumatic pain, sprains and traumatic lesions, joint facets, muscle shortening, whiplash injury, migraines, vertigo, sinusitis, birth injuries, dental prostheses and orthodontics, and following trauma or surgery.

The major contraindications for neural manipulation are intracranial hypertension, severe arterial hypertension, the aftereffects of intracranial hemorrhage, severe diabetes and intracranial aneurysm.

Whenever nerves are unduly compressed, pain immediately results. This shows how swiftly and effectively nerves are able to react. The treatment of nerves must, therefore, be precise and efficient. The applied pressure should be just enough to stimulate without producing pain. The first two or three sessions are the most effective. If the manual therapy treatment takes too long, an overstrain occurs. This overstimulation hinders the nerves and, worst of all, it induces the nociceptors to react.

Neural manipulation is extremely precise and gentle, and unlike many massage techniques, uses no lubrication and does not involve gliding on the skin. Treatment to nerves is through precisely applied pressure and tension on the perineurium and other neural connective tissues. This tension is transmitted down to the root sheaths, so the distal contact has a central effect, in both a mechanic and reflexogenic manner.

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