

Automobile Accident and CranioSacral Therapy

By: Donald Gerken, DC, DACCP, CST

Abstract

Objective: To describe the CranioSacral Therapy of a patient following an automobile collision with symptoms that were very slow to respond to conservative chiropractic care.

Clinical Features: A thirty-nine year old woman was undergoing chiropractic care following an automobile accident. She was slowly making progress, and started CranioSacral Therapy to enhance her progress. Her chief symptoms were neck pain, right shoulder pain and low back pain. The active diagnosis was cervical, thoracic and lumbar subluxations along with cervical and lumbar strain/sprain. During the first session of CranioSacral Therapy a myofascial rewinding occurred, which helped to eliminate ninety percent of her clinical symptoms.

Intervention and Outcome: The patient was treated with spinal manipulative therapy to the regions of the cervical, upper thoracic and lumbar spine. CranioSacral Therapy was used to relax the dura and soft tissue structures surrounding the occiput and lumbar spine. The patient's response to care was positive and after three treatments her symptoms abated completely.

Conclusion: There are indications that individuals who have strain with spinal subluxations due to an automobile collision may benefit from CranioSacral Therapy in addition to spinal manipulative therapy.

Introduction

A thirty-nine year old woman was undergoing chiropractic care following an automobile collision. Her symptoms had improved after starting chiropractic care however the chiropractor felt that her care could be further enhanced with CranioSacral Therapy. She was still reporting low back pain, mid back pain and neck pain. Her cervical and lumbar range of motion was decreased and painful. She reported difficulty sleeping and driving. She also reported that taking care of her two year old daughter was also difficult and she was unable to lift her out of the car when her daughter fell asleep. She had been evaluated and treated with conservative chiropractic care for one and a half weeks totaling 5 office visits. Chiropractic corrective adjustments were delivered to the cervical, thoracic and lumbar spine. She felt that she was making progress and doing much better. She was agreeable to try CranioSacral Therapy on the recommendation of her chiropractor.

Examination

She was still reporting low back pain (7-8/10), mid back pain (6/10), and neck pain (4-5/10). Her cervical range of motion was decreased 50% and her lumbar range of motion decreased 20%. Deep tendon reflexes were normal. Muscle strength was within normal limits, however her muscles fatigued easily. Lumbar orthopedic tests were negative. Positive max cervical compression test produced radiating pain into the superior portion of the shoulders. All other cervical tests were negative. Craniosacral assessment revealed abnormal symmetry and quality of movement in the abdominal region and restriction of the pelvic floor muscles. General tightness and restriction was felt over the respiratory diaphragm and the thoracic inlet. Symmetry and quality of movement were out of balance throughout the entire body. Her craniosacral rhythm was erratic and rate varied by her body's position.

Management plan

The therapy session started with release of the pelvic diaphragm and shifted muscle tightness from right to left PSIS, then the strain pattern moved down to the right leg and foot. Tightening followed in the lumbar and mid thoracic paraspinal muscles. Pain would suddenly come on and increase in the area and the patient was asked to breathe deeply into it and try to relax, noting that if the pain ever got too strong that treatment could stop immediately. The knee pain began around the superior aspect of the kneecap then moved to the upper left thigh and to the right ASIS. Support was provided to the lateral aspect of the right knee then moved to just above the kneecap. Each time the pain came on she reported that it lasted about 20-30 seconds. The pain would start very severe then proceed to fade into non existence. The pelvic muscles began releasing heat and shifting in a lateral rhythm, with a strong therapeutic pulse under her sacrum. Releasing the sacrum and coccyx increased the pain over the L4-5 region to a 8-9/10. This pain faded following a complete release of the sacrum and a decompression of the L5 sacral joint.

By following the fascial strain pattern across the anterior abdomen and left hip to her torso began to shifting and change. This balanced out the pelvic floor muscles, the lower lumbar stabilizers, QL and paraspinal muscles. The strain pattern moved to the respiratory diaphragm, and contact was changed to support the release of the respiratory diaphragm. After about one minute the patient reported that the pain in the mid back started to increase, her muscles tightened up and the fascial connection to the neck and through the chest could be felt. She was instructed to continue to breathe through the pain, and again the pain subsided. Then she began to feel an elongation of her spinal muscles and a sensation that she described as a tingling from her neck to her lower back.

The strain pattern proceeded to move directly to both forearms and then shortly after into the arms bilaterally. She described the pain as a dull ache, like sore muscles, in the biceps region of her arms which continued over the tops of the shoulders. This pain was mild and decreased gradually as therapy continued.

The therapist hand position moved to the wrist and the thoracic inlet to make sure that the lung meridians were clear in both arms. During the process the discomfort she felt in her chest subsided. Support was provided to the lower neck muscles bilaterally, which allowed the muscles to relax and soften. Lastly attention was focused on the release of Occ and the Occ-C1 region and the balancing of the cranial bones. The cervical area relaxed and softened then released completely. The Occiput decompressed and separated from C1, which relaxed the facial muscles as well. Decompression of the sphenoid occurred then patient reported a release of energy through and around her eyes. Following the therapy her cervical range of motion was 80% of normal and completely pain free. Her lumbar range of motion was 95% of normal and the pain had been greatly reduced.

Discussion

This process was in my opinion, a complete rewinding of the physical experiences she experienced with the head-on auto collision. Starting with immediate realization of the on-coming collision, then the tightening of the upper neck and shoulder muscles once she realized that she was going to be hit. This was followed by contraction of her hands, extension of the forearms and tightening of the triceps and biceps, to support herself against the steering wheel, and to brace for impact. Next she experienced an adrenal dumping of the epinephrine followed by a tightening of the paraspinal muscles and contracting diaphragm to withhold breath. Followed by tightening of the lumbar and pelvic stabilizers, contraction of the right quadriceps muscle and flexion of the foot to press the break pedal as much as possible. During the accident she reported that she felt extreme fear that she was going to die and questioned who would take care of her daughter. This entire process was experienced in reverse during the CranioSacral Therapy session.

The Role of CranioSacral Therapy

CranioSacral Therapy in this case provided the necessary movement to the specific areas restricted in the pelvis, abdomen, chest, neck, arms and legs. The session lasted 90 minutes. The patient reported subjective and objective benefits following the treatment session. The patient was very pleased with CranioSacral Therapy, and stated that it was very effective, but emotionally draining. She said that at times during the therapy she felt as if she was reliving the accident. She enjoyed the warm sensation during the treatment that followed the sudden increase of pain, which she reported was very scary. The cost of therapy prior to CST was about \$500. She was pleased with the chiropractic care that she was getting, but felt that the CranioSacral Therapy increased her progress considerably. Cost of the CST session was \$300. Results were seen following the first treatment. She continued with both chiropractic care and CranioSacral Therapy for personal and emotional reasons.

Conclusion

Successful case management of a thirty-nine year female with symptoms of neck pain, right shoulder pain and low back pain reported ninety percent resolution of all symptoms after one ninety-minute CranioSacral Therapy treatment. CranioSacral care was provided based on the restrictions in the diaphragms and the fascia¹ strain patterns within the body. Prospective research into the efficacy of this approach to health care is encouraged. The possible role of craniosacral evaluation and treatment of an individual following an automobile collision with symptoms that were very slow to respond to conservative chiropractic care should to be explored.