

Cervical Pain and CranioSacral Therapy

By: David Halfon, LMT

Medical History

Ned is a 38 year old male who presents with the following medical history: He runs and instructs at a martial arts school. In June 2002, he woke up with cervical pain and numbness radiating down his right arm. He takes Neurontin for pain as needed. He was in a motor vehicle accident when younger and had some minor injuries throughout the 20 years of martial arts. Ned's left big toe has been fused due to gout and a vasectomy. He began CranioSacral Therapy (CST) treatments three times per week last September 2002 and is now receiving it two times per week.

Current Level of Function

Ned takes care of all activities of daily living and is still working as a martial arts instructor; he has restricted his activity level.

Patient/Family Goals

Ned's goals are to gain relief from the pain in his neck, shoulder and down his right arm. He wants to heal this up and deal with some of the underlying causes and go back to full activity of doing what he loves to do.

Summary

"CranioSacral Therapy is a gentle, hands-on method of enhancing the flow of cerebrospinal fluid, blood and lymph. Thus, it facilitates the body's natural healing. Its positive effects are most apparent in the brain and spinal cord, the immune and hormonal systems and in the alleviation of chronic dysfunction and pain." John E. Upledger, D.O., O.M.M. Reductions in structural restrictions and imbalance contribute greatly to enhanced function.

Ned has made progress in the reduction of adverse adaptive strain patterns of the craniosacral, musculoskeletal and lymphatic systems during the Intensive Program. There have been improvements in the following areas as well: Ned has made excellent improvement in the reduction of pain in his neck, back and shoulders. His right arm feels good and his tension level is lower. There is moderate improvement in his pelvis. Ned reports it is still sore, but it feels much looser. Ned also expressed that emotionally he is feeling much better.

The enhanced motion and balance of the craniosacral rhythm contributes to improved structural, functional and integrative performance of bodily systems. It aids the creation of positive change by facilitating the mobilization of adverse patterns and by encouraging new levels of motion and balance to occur. The craniosacral rhythm is the key element used during treatment. It's motion and the body's response to the fluctuating pressure changes within the craniosacral system are used both by the therapist to help you facilitate change and by your body to continue creating levels of improvement. CranioSacral Rhythm has excellently improved.

Transverse fascial diaphragms are areas of the body that have a higher percentage of fascia that is transversely oriented than other regions. The fascial network of the body is an integrated full body connective tissue system that is found head to toe and superficial to deep. It covers all body structures from the large to the minute. It is designed to provide separation, support and ease of motion among structures. Compromise of motion caused by fascial restrictions may lead to diminished structural and functional levels due to the strain placed upon local structures. The effect of this strain may remain local and/or place strain upon distant regions of the body. Increased fascial mobility leads to heightened levels of structural integrity thereby enhancing function. Transverse fascial diaphragms have excellently improved.

There are five primary components which comprise the central nervous system: the osseous structures (cranium and spinal column), the meningeal system (cranial and dural components), the cerebrospinal fluid and related production and drainage structures, the vascular system (arterial and venous) and neural tissue (cranial and spinal). A restriction of mobility of any of these elements can easily translate force upon any or all of the related elements. This may produce a wide range of negative effects upon the central nervous system, the autonomic nervous system, endocrine, musculoskeletal, vascular, lymphatic and respiratory systems. The cranium's integrity, freedom and balanced motion are necessary to allow optimal function among particular as well as interrelated systems. The cranial osseous structural interrelationship and mobility have excellently improved.

The intracranial membrane system is the cranial component of the meningeal system. It forms the direct environment of the brain. Adverse strain within it may place harmful force upon neural tissue causing far-reaching dysfunction. This may have wide ranging negative effects throughout the entire body. It may also restrict the free mobility of the cranial bones as well as the dural and spinal components thus leading to dysfunction. The unencumbered motion of the - intracranial membrane system greatly aids the structure and function of the components comprising the central nervous and related systems thereby positively influencing all body systems. The Intracranial membrane system mobility has moderately improved.

The dural tube is the spinal component of the meningeal system. It forms the direct environment of the spinal nerve tissue. Strain upon this component may place dysfunctional force upon nerve tissue. Expression of this strain may be in many forms such as referred pain patterns, spinal stenosis and facilitated spinal segments leading to end organ dysfunction. This force may also translate to the cranium, spinal segments, the sacrum or other parts of the body causing distortion and dysfunction. The Dural Tube mobility has moderately improved.

The facial bones, hard palate and teeth may place strain upon the craniosacral system thereby causing adverse tension and dysfunction within that system and/or others, i.e. restriction of the maxilla may cause scoliosis. Restriction in free mobility and balanced motion patterns may also lead to local dysfunction. The mobility of the facial bones, hard palate and teeth has moderately improved.

Cranio = cranium, Sacral = sacrum; the two ends of the CranioSacral system. The free mobility of the sacrum is critical to the optimal function of the system as a whole as well as its central role as keystone of the pelvic girdle. Sacral adverse adaptive strain patterns may negatively affect osseous and soft tissue structures as well as the craniosacral system and other fluid systems. The sacrum has moderately improved.

Vectors form the major energetic structure of the body (akin to an energetic stick figure). Distortions in the form such as acute angles, twists and breaks may have severe negative impact in the area of the distortion, distant from it or on the body as a whole. Increased vector integrity will energize and integrate deficient and dysfunctional regions of the body as well as the body as an interrelated whole. The vector system has moderately improved. Energy cysts are areas of the body that are using vital energy to encapsulate energy that the body has deemed as harmful and/or chaotic. It is the body's attempt to isolate disruptive energy so that it does not have a full body negative affect. This may be due to many causes such as physical trauma, emotional trauma, bacterial or viral infection - even some medications have been found to create energy cysts. The release of energy cysts allows the body to use the energy it has been consuming in maintaining the energy cyst for other positive purposes. It also allows the strain the energy cyst has been placing upon adjacent and/or distant structures to abate. The energy cysts have decreased moderately. There exist in the body a higher percentage of fascial fibers possessing a longitudinal orientation (in relationship to the transverse fascia mentioned above). This is part of the same network as the transverse fascia and carries with it the capacity to compromise structure and function. The longitudinal fascial mobility has excellently improved.

CranioSacral Therapy views the body as a tremendously intelligent, conscious and interrelated whole possessing an enormous capacity to change and to heal. The avenues of change are known within the body/mind/spirit of each of us as individuals. The changes that you have created while in the Intensive program will continue to produce higher levels of change leading to increased function and an enhanced natural ability to heal and adapt.

Treatment Services provided included: CranioSacral Therapy, Neuromuscular Re-education, Myofascial Release, SomatoEmotional Release, Visceral Manipulation, Kinetic Activities, Osteopathic intervention, Acupuncture, Lymphatic Drainage, Patient/Family Education, Autogenic training, visualization, progressive relaxation

Recommendations:

To continue with your CST therapist at home It is suggested that in 4-6 weeks that your OT, PT or Speech Therapist re-evaluate your current program Return to the IP as needed

Clinical Observations/Assessment

CranioSacral Rhythm

Initial: Symmetry: mild asymmetry on right side in flexion; Quality: mildly sluggish in flexion; Amplitude: moderately low; Rate: 6 cycles per minute

Post: Symmetry: symmetrical; Quality: smooth with increased vitality; Amplitude: stronger in flexion and extension; Rate: 9 cycles per minute

Transverse Diaphragms

Initial: Pelvic: moderate compression posterior; Respiratory: moderate right torsion; Thoracic: moderate posterior compression; Hyoid: moderate left torsion; OCB: moderate superior compression

Post: Pelvic: no compression with a mild left torsion; Respiratory: no restriction noted; Thoracic: mild posterior compression; Hyoid: no restriction noted; OCB: no compression with mild right torsion

Dural Tube

Initial: Restrictions: moderate compression T5-T8, moderate-severe left lateral strain C2-C3, moderate posterior compression C5-C6; Facilitated Segments: T2

Post: Restrictions: mild restriction C2-C3; Facilitated Segments: none noted

Intracranial Membrane System Initial: mild left torsion of tentorium cerebelli, mild posterior strain of anterior falx

Post: mild left torsion of tentorium cerebelli, no falx restriction noted

Cranial Vault

Initial: Frontal: moderate left torsion; Left Parietal: moderate inferior compression; Right Parietal: mild medial compression; Sphenoid: moderate inferior vertical strain; Left Temporal: moderate decrease in circumferential motion; Right Temporal: moderate decrease in circumferential motion; Occiput: moderate compression of right occipito-mastoid suture

Post: Frontal: mild left torsion; Left Parietal: no restriction noted; Right Parietal: no restriction noted; Sphenoid: mild inferior vertical strain; Left Temporal: mild decrease in circumferential motion; Right Temporal: no restriction noted; Occiput: no restriction noted

Facial Bones/Hard Palate/Teeth

Initial: Left Zygoma: moderate right torsion; Right Zygoma: moderate left torsion; Left Maxilla: moderate extension lesion; Right Maxilla: moderate extension lesion; Vomer: moderate extension lesion; Left Palatine: no restriction noted; Right Palatine: mild superior

compression; Left Nasal: moderate medial strain; Right Nasal: moderate medial strain, Mandible: moderate superior strain; TMJ: moderate compression right side;
Post: Left Zygoma: mild right torsion; Right Zygoma: no restriction noted; Left Maxilla: mild extension lesion; Right Maxilla: mild extension lesion; Vomer: mild extension lesion; Left Palatine: mild extension lesion; Right Palatine: no restriction noted; Left Nasal: no restriction noted; Right Nasal: no restriction noted; Mandible: mild superior strain; TMJ: no restriction noted

Sacrum

Initial: moderate L5-S1 compression with right torsion

Post: mild compression

Energy Cyst(s)

Initial: thoracic inlet, cervical

Post: thoracic inlet

Fascial Glide Restrictions

Initial: neck, shoulder, torso, pelvis, moderate decrease in glide and fluidity

Post: increased motion throughout with some mild restriction in pelvis