

Upledger Institute Case Study **CranioSacral Therapy – Back Pain or Heart Attack?**

By: Amy Hanson, LMT, CST-T

A 50-year-old woman sought CranioSacral Therapy on the advice of her acupuncturist in late 2020. She wanted relief of "a knot" of pain up between her shoulder blades (in the T4 area); pain that usually radiated down her left arm but now was radiating down her right arm. She described it as a "deep, achy, burning pain" of 7-8/10 on the pain scale.

There was nothing of note in her craniosacral rhythms. Her right suboccipital muscles were extremely tight, were throbbing, and had trigger points. The skin of her neck felt noticeably cool to the touch. Treatment began with gentle fascial work on this client's right arm, which was found to increase her pain, rather than reduce it. A couple of questions later, it became clear that this client needed a different sort of medical treatment.

Namely, the therapist was concerned that this client was experiencing a heart attack. Classic heart attack warning symptoms include pain or tightness in the chest, or between the shoulder blades, or pain radiating down the left arm, or pain radiating up into the jaw. These symptoms are usually severe in men.

In women, these symptoms are usually more subtle. Instead of intense chest pain, a woman may feel discomfort, a sense of squeezing, or a feeling of weight on her chest. Women more often feel other symptoms at the same time, including discomfort in one or both arms or her shoulders; pain or discomfort in her neck, jaw, or upper part of the stomach; sudden dizziness; shortness of breath; nausea; unusual fatigue; or breaking out in a cold sweat.

What tipped off the therapist that this was possibly a heart problem was asking the client if she had any of the above symptoms. She reported a heavy feeling in her chest. Combined with the other findings (most concerning being that light fascial work made her arm pain worse), it strongly suggested that the client might have been having a heart-related issue.

Although the therapist expressed her concern in the least alarming way possible (using "heart issue" instead of "heart attack", etc.), the client was not interested in calling an advice nurse, saying that she would just be told to go to a local clinic. The client later cancelled a future CST appointment and as of this writing, has not returned. The therapist mentioned her concerns in a note to the referring acupuncturist and stands by her actions. Heart attack symptoms, especially the more subtle symptoms in women, are not to be taken lightly, and are extremely important for bodyworkers to know.