

Upledger Institute Case Study
CranioSacral Therapy – Cervical Dystonia
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Client: Ellen

Age: 89

Sex: Female

History

Symptoms: Pulling of neck towards shoulder on left side
Uncontrollable tremors
Difficulties swallowing
Pain and tension in the whole neck area

Pertinent Medical and Treatment History:

Client has diagnosis of cervical dystonia, also called spasmodic torticollis. She had been suffering from this condition for more than twenty years. Onset was correlated with incidents of domestic violence and an unhappy marriage that resulted in high levels of stress over many years. Client presents with uncontrollable tremors in the neck and has difficulties stabilizing her neck during everyday activities. Client feels a pull in the muscles from the neck towards her left shoulder. Client is in care of neurologist and receives Botox injections into the neck area every four months. The injections help ease the tremor and pull but create problems in other areas of the body. Client has difficulties swallowing and feels furry sensation on her palate. Client is afraid of the injections and is looking for an alternative way to treat her condition.

Evaluation:

Whole body evaluation, arcing, listening stations at feet, thighs, hips, ribs, shoulders, and cranium. SQAR examination revealed: quality of CSR labored, low amplitude of both flexion and extension below shoulders, no expression of CSR above shoulders.

Very tight muscle tone in neck area with the head pulling to the left side. Head is tremoring continuously.

Findings:

- Restricted amplitude of CSR above shoulders
- Muscle tightness in neck area
- Fascial restrictions in the entire area between OCB, shoulders, sternum, reaching into abdominal cavity
- EC in stomach, C1/C2, as well as left trapezius
- Suspected facilitated segment in area of C7/T1

Treatment:

Main treatment focus on overall opening of the fascial envelope to release the facial restrictions associated with the pulling muscles. Full 10-Step Protocol. Modified OCB release due to concern of osteoporosis. DOE to help release EC in C1/C2.

Client is hesitant at first, but soon relaxes into the treatment. Through the work on her OCB and cranium the tremor subsides and the client calms down. There is an obvious connection between the client's anxiety levels and the intensity of the tremors.

Treatment of facilitated segment reveals connection to stomach and subsequently to an overactive Vagus Nerve.

Techniques/Tools used:

Listening stations, whole body evaluation, arcing

10 Step Protocol

Still point Induction

Cranial Nerve Work

DOE for EC Release

Facilitated Segment Technique

Objective results:

Relaxation of client supported relaxation of both muscles and tremor and pulling of the muscle groups in the left neck area subsided. SQUAR improved in body areas/listening

stations above the shoulders and at the end of the session, more strength and vitality in the client's craniosacral system was observed. There was an overall opening of the fascial envelope that created more space and eased the overall contraction in the client's muscles.

Subjective results:

A few weeks after the client's first CST session, she was scheduled to receive her next Botox shot. However, when she arrived at the doctor's office, the doctor told her that based on her test results, she was not ready to receive the next shot and should wait two months. Client continued seeing me weekly for sessions and her condition improved in such a way that she never had to receive another Botox shot into her neck. The CST work with added SER to explore the underlying root causes for her condition supported her body in starting her own healing process and helped her understand the connection between her emotional trauma and the related physical expression.

Length of session: 60 minutes

Number of sessions: 24, over a three-year period

Cost of therapy prior to CST use: none/unknown

Cost of CST Therapy: USD 2,400