

Upledger Institute Case Study
CranioSacral Therapy – Long COVID
By: Jennifer S. de Jong

Last date of treatment: May 10, 2021

Name: Monica

Age: 27

Sex: Female

Symptoms:

- Extreme fatigue
- Respiratory difficulties - tight chest and shallow breathing
- Foggy thinking; difficulty organizing thoughts
- Headaches
- Heart palpitations
- Joint/muscle pain
- Anxiety
- Symptoms worse after increase in physical or mental activities

Medical History:

- Concussion 1999, 2008, 2015
- Seasonal Allergies
- HA/migraines
- Vertigo/dizziness
- Sinusitis
- Jaw pain (TMJ)
- Anxiety
- COVID diagnosis August 2020

Evaluation:

Full body assessment noted increased tissue tension pattern in respiratory diaphragm, extending into rib cage and sternum. Noted increased chest compression and tissue torsion pattern in thoracic inlet with EC. Clavicles pulled superior (left more superior than right) and rounded shoulders. Hyoid held posterior and right shear. Cranial base compression, left sphenoid sidebend, decreased temporal mobility and compressed TMJ. Decreased CSR amplitude in all cranial vault holds.

Findings:

- Compressed rib cage and sternum
- Tension and EC at thoracic inlet
- Difficulty with abdominal breathing
- Numerous restrictions bilateral lungs
- Pounding heart

Treatment:

Respiratory diaphragm release with DOE, dialogue and imagery. Regional tissue release sternum and lungs with DOE, dialogue and imagery. During thoracic inlet release, SER, dialogue with IW and DOE assisted in release of EC. Hyoid release, cranial base release, as well as sphenoid and TMJ decompression techniques. OM suture release and bilateral ear pull. CV-4 and still point induction at bilateral anterior thighs.

Objective Results:

Client's tissue tension strain pattern greatly reduced at respiratory diaphragm with diaphragm release, DOE and dialogue. Good tissue response and borborygmus noted. Respiratory diaphragm release also assisted softening of tissues around sternum and bilateral lungs. Thoracic inlet release, DOE and SER utilized for release of EC in thoracic inlet. After EC release, noted warmth and spreading of tissue; clavicles dropped inferior and shoulders relaxed into the table. Client demonstrated deep, abdominal breath. Good cranial base release with decompression and release of upper dural tube especially at C7-T1. Decreased tension in CSS after sphenoid and temporal release. Noted improved CSR throughout system on re-assessment.

Subjective Results:

Client reported she could take a deep breath without restriction for the first time in a while. She reported her chest felt more “open” and she could feel “more space” in her lungs. Before treatment she had felt like her lungs were bound down. She reported with deeper relaxation and release of tissues she could feel tension release and did not feel her heart pounding. After treatment Monica visibly looked more relaxed and she reported she felt less foggy/more clear.

Discussion:

Monica initially visibly looked fatigued when she would come to her CST sessions. When she would walk normally her heart would pound and she would experience increased fatigue (simply getting to the appointment). She had trouble moving through her ADL’s physically and mentally. She did work with a respiratory therapist part of the time that she was also receiving CST. She also began receiving Lymph Drainage after consulting with her Inner Wisdom during a CST session. Within 5-6 sessions there was a marked difference in her energy levels and her endurance. She no longer appeared short of breath when she would first get to my office. Her eyes looked bright and her system’s vitality greatly improved. She began to travel with her husband again and enjoyed outdoor activities, although she was mindful to be aware of her body, communicate with her Inner Wisdom and rest when needed. She reported COVID offered her the chance to take more notice of her body and to become more familiar with her Inner Wisdom.

Length of sessions: 1 hour

Number of sessions: 10