

Upledger Institute Case Study
CranioSacral Therapy – Newborn with poor latch/ FTT, upset mother
By: Carol J. Reshan, OTR, CST-T

Client: Brandon (and indirectly his Mother)

Age: 5.5 months

Sex: Male

Date of Initial Tx: 03/12/2015

History

Symptoms: Anxious first time parent with difficulty nursing
Mom felt “she did not have a good milk supply”
Infant with lack of weight gain – only 3.5 lb more since birth
Gassy and frequent spitting up, very difficult to burp
Difficulty defecating – 2-4 days between BMs
Excessive crying
Poor sleep patterns – whole family

Pertinent History: The mother had been a 3rd grade teacher who had taken the year off to have and be with her son. She was about 30 years old, this was her first baby, and she seemed pretty anxious/sleep deprived. Mom reported that she had significant back labor and that baby had been breech. He turned just prior to delivery but presented posterior -“sunny side up”. And that he required vacuum assisted delivery. Since coming home from the hospital he has been difficult to nurse and nursing has been “uncomfortable” with nipple pain. Mom was nursing for 1 hour stretches every 2-3 hours.

How long treated by others: frequency and type: Nothing really, the mother was a member of the local lactation consultants support group. Her pediatrician had just diagnosed Brandon with FTT and was suggesting supplementing with formula. Her husband, a pharmacist, was also leaning in that direction The Dr. gave the lactation consultant and mother week to demonstrate a weight change. This is when I was referred.

Evaluation: Whole body evaluation and developmental clinical observations. B looked, weighted and acted more like a 1 month old. He was very thin; head control was poor, skin showed poor color and transparency. Suck was weak and seemed very disorganized – lacking normal suck swallow breath synchrony. Upon examination it was noted that cranial sacral rhythm was shallow and weak. He continued to demonstrate some skull molding with cranial overrides between the R temporal, parietal and occipital bones. Further noted was compression at the O-A. Physical examination in supine indicated poor visual/auditory tracking to my face or voice. Stomach seemed somewhat distended/harder to the touch than expected. He continued to demonstrate primitive reflexes of ATNR and STNR. He demonstrated poor ability to raise his head in prone and became very distressed. Sphenoid was depressed, lacking normal movement and expression of CSR. Intraoral assessment indicated high palate without Volmer rock and

poor tongue motility and minimal seal with suckle. Hyoid was pulled superiorly as well as posterior. Pelvic diaphragm was very tight/limited motility.

Findings: Weak inefficient suckle
Delay in visual/auditory tracking
Continued influences of primitive reflexes
Skull override/depression of Sphenoid, elevation of hyoid, Compression at OA
Shallow/weak CSR
Pelvic diaphragm tight/ stomach distended
Irritable/difficult to handle

Treatment: Focus of treatment was holistic. Normalize suck swallow breathe synchrony by normalizing tongue/jaw control as well as enabling appropriate rock of the volmer thus improving draw and efficiency of nursing. Treatment included work at the OA/cranial base, thoracic inlet, hyoid as well as sphenoid and mouth work. Skull over rides decreased markedly once sphenoid decompression and volmer stimulation occurred. Secondly my goal was to promote digestion and ease of defecation. Treatment included sacral work/decompression, pelvic and respiratory diaphragm releases. As I am also a certified infant massage instructor I used and demonstrated the abdominal techniques. Before I left he had filled a diaper and Mom noted a change in how if felt to nurse.

Tools used: Arcing/whole body evaluation
Direction of energy
Mouth work
CST 10 step through techniques from CSP1 and 2
Infant massage
Parent education

Objective Results: One week after he had gained 6oz. Mother's milk supply increased naturally as his suckling strength and efficiency improved. BM's were now 1-2/day. Sleep pattern improved to 4 hour stretches at night. Now able to tolerate up to 10 min. of "tummy time" – improved holding head up and visual regard to toys presented. Subjective Results: Mom was thrilled. Dr. relented on supplementing with formula and mother was continuing with the support of the lactation group. Stomach was no longer distended or tender to touch. Less fussy when being handled. Vitality, coloring/skin appearance improved and mom reported major improvements in eating, sleeping and defecating.

Length of sessions - 60 min.

Number of Sessions- 4

Cost of therapy prior to CST use – none known

Cost of CST therapy - \$350