

Head Trauma and CranioSacral Therapy

By: Lisa Desrochers

Patient history: Joe is a very active 44 year-old male first grade school teacher who was hit in the head by a heavy metal gate. He was knocked unconscious momentarily by the blow. At the hospital, he was diagnosed with a concussion and a cervical strain, given Tylenol #3 and advised to remain on bed rest for one week.

Past Medical History: Prior to the injury Joe was active at the gym and played basketball three times a week. He denied any significant past medical history.

Subjective Symptoms: Over the five weeks between the injury and when he was referred to physical therapy, he experienced four to five headaches daily which he rated 8/10 on a ten point pain scale. His headaches lasted between one and three hours typically. He also reported severe neck stiffness. This pain and stiffness did not improve over this five weeks. He returned to a half-day work schedule four weeks after the injury and found it helpful to his overall feeling of well-being to be active and back at work, though his headaches became moderately worse.

Relevant Initial evaluation findings:

CranioSacral: Evaluation of the cranial rhythm revealed minimal amplitude within the left temporal and parietal bones as well as the frontal bone and sphenoid. With cranial mobilization significant sutural restrictions were noted at the left coronal suture, the left speno-frontal suture in the posterior aspect of the left orbit, and the speno-temporal suture both at the greater wing and at the most medial aspect of the petrious ridge of the temporal bone. Additionally, there was a left torsion lesion of the sphenoid, restriction of the left palatine through its normal motion and a right torsion lesion of the maxillae and vomer. Compression was noted at the sphenobasilar junction, the cranial base and at L5-S1. Dural tube restrictions were noted at the C2, 3 and 4 levels on the right, C7-T1 on the left, T10 on the left and L3-4 centrally. The C4 and 6-7 restrictions were facilitated. A large energy cyst was noted posterior to the left orbit with a smaller one more superficial, just to the left of the center of the frontal bone on the front of the forehead. Also, energy cysts were noted at the left knee, the left hip, the right SI and within the spleen.

Posture/alignment: Joe stood with an elevated left shoulder and scapula and a compensatory right cervical shift with left side-bend and rotation.

ROM: Cervical ROM was limited to 60% of normal extension and side-bend bilaterally. Flexion and rotation bilaterally were limited to 70% of normal. Shoulder ROM was WNL.

Gross Palpation: Gross palpation revealed moderately increased soft tissue density in the suboccipital, cervical and scapular region diffusely. No significant point tenderness was noted.

Passive Segmental Mobility: Grade II restriction of left C7 facet.

Assessment/clinical diagnosis: Joe presents with severe cranial sutural restrictions and resultant disruption of the CSR following a closed head injury.

Course of treatment: Joe was treated in one hour sessions twice a week for three weeks. The first two sessions were dedicated to freeing the boney restrictions noted within the

cranium and hard palate as well as decompressing the sphenobasilar junction, the cranial base and L5-S1. This was accomplished with cranial mobilization and direction of energy. Over the course of these first two treatment sessions, the patient reported a 40% decrease in the intensity of his headaches, though the frequency remained the same. As these boney restrictions were released, evaluation of the underlying membranous system revealed restriction of the left tentorium in both A/P and lateral directions. The membrane actually had a leathery quality. The four sessions that followed included mobilization of the cranial membrane system, with the focus at the left tentorium, and SER. Starting with dialogue regarding the injury, regional tissue release was noted through the neck and trunk. This tissue release was followed by an SER regarding the injury, during which time the smaller energy cyst in the forehead and the energy cyst in the right SI released. When Joe returned the next week he reported that the intensity of his headaches had decreased, but he still limited his ability to concentrate and to work a full day in the classroom. We continued with SER work and the dialogue flowed into several childhood experiences. I did not detect anything significant until he started talking about the bike he rode to school when he was in fifth grade. I asked him to visualize himself riding that bike and this was clearly significant. We were unable to get to the specific event that was significant through straight dialogue so the next session we asked for help and got it from a guide named Buck. Buck explained he felt like a grandfather to Joe and was always there when Joe needed him. I asked if Joe ever needed him when he was riding his bike in fifth grade and he replied "a lot". It seemed that Joe had been bullied and generally terrorized by a group of boys in sixth grade. Buck explained that he was always there to help Joe pedal his bike faster when he needed to get away. He said that they almost always got away. When I asked about "almost always" the CSR stopped and Buck was gone. Joe yelled, sat up and, in a bit of a panic, declared he was done for the day. He no-showed for his next session and came in two weeks later to return the book I had lent him. (Your Inner Physician and You) He said he didn't know how any of this was going to help, but he couldn't function the way he was so he'd give it a few more weeks. Over the next four sessions, through guided imagery and dialogue we worked our way back to fifth grade and he described several of the bullying incidences in detail. Finally we got back around to the bike and he described the day in which he was pushed off his bike by the older boys and fell onto his head and shoulder. They then kicked and punched him until he was unconscious. He relived the experience of the fall through whole body unwinding and verbalized his humiliation and helplessness at being bullied and the rage he had been afraid to express. As this dialogue took place, the large energy cyst behind the left eye released through the superolateral aspect of the orbit. Following the session he reported that after the attack he had been in the hospital for a week before he regained consciousness and had suffered several fractures, including a skull fracture. It had taken him six months to learn to walk and speak again. I contacted Joe a week following this session because he had not scheduled any further appointments. He reported that the headaches were 95% resolved and were easily controlled with Tylenol so he didn't feel the need to return.