

## Left Hemiparesis and CranioSacral Therapy

**By: Fred Stahlman**

### **A. PERSONAL:**

Patient #1 was initially seen on June 13, 1995 and at that time he was a seven year old Caucasian male with a diagnosis of left hemiparesis, learning disabilities and headaches.

### **B. HISTORY:**

**1. Symptom:** Initially this patient presented with mild left hemiparesis more involving the left lower extremity than the left upper extremity. Primary areas of weakness were in the hamstrings (fair to fair minus), and in the ankle dorsiflexors and inverters (fair to fair minus). He was independent in ambulation and engaged in sports-related activities but had a tendency to internally rotate and adduct both lower extremities, left greater than right. A full neurodevelopmental and functional assessment was performed by physical therapists and occupational therapists working with this client, and at the time our sessions began, he was functioning at a four and a half year old level. In addition, this young man was also experiencing severe headaches almost on a daily or every other day basis and was struggling with some issues with Attention Deficit Disorder.

**2. Pertinent Medical History:** This client was born 3 % weeks premature and his medical history includes diagnosis of cerebral palsy with mild spastic left hemiparesis. He also has an early onset of pneumonia and meningitis and a low level intra-ventricular hemorrhage. This young man had been receiving physical therapy on a regular basis which focused primarily on a neuro-developmental sequence and balancing muscle tone to allow functional activity and a more normal developmental sequence.

### **C. EVALUATION:**

**1. Findings:** The initial evaluation demonstrated some significant asymmetries in the CranioSacral system and in the CranioSacral rhythm pattern. Overall, he demonstrated a reduced amplitude of the CranioSacral rhythm (CSR) on the entire left side of his body with a greater tendency for extension than flexion phase. The sacrum was stuck in a left on left torsion pattern and there was mechanical tension through all the horizontal diaphragms. In the cranial vault there was marked compression of the occipital cranial base and the sphenobasilar joint was in right torsion and left lateral strain. And in general, there was an asymmetrical rhythm pattern throughout the cranium with the left side demonstrating a stronger tendency for flexion, external rotation and the right side of the cranium demonstrating tendencies for extension, internal rotation. Using the CranioSacral parameters for assessing rhythm, his rate was approximately five to six times a minute; the amplitude was approximately 50% of what I would have anticipated to be within a normal range; the quality of the rhythm was weak and the asymmetry definitely noted in the left side of the body in an asymmetrical pattern was in the cranial vault as well.

CranioSacral Rhythm Assessment: The symmetry is now much more balanced between the flexion and extension phases throughout the body and cranial vault; the quality of the rhythm is much stronger and more vital with a sense of aliveness to it; the amplitude is now approximately 75-80% of "the normal expected amplitude" and the rate is now six times a minute.

**2. Tools Used:** CranioSacral Therapy utilizing a ten step protocol and then variations of this were the primary treatment modalities used. Also incorporated into this treatment approach were guided visualization and imagery techniques, direction of energy, fascial mobilization techniques and occasionally visceral techniques to mobilize the abdomen and pelvic floor.

**3. Objective Results:** This young man has received a total of 31 sessions since our initial evaluation on June 13, 1995. He has been seen approximately one time a month with occasional episodes of having his sessions spread out over a several month period and have

taken this summer off. He has never he received more than one session a month during this course of treatment. The objective changes that have occurred: structural alignment of the sacrum and pelvis as well as leg length has balanced and overall strength has improved in the left lower extremity to a good minus level for the left hamstring and a fair plus good minus level for the left ankle dorsiflexors and evertors. From a CranioSacral perspective, the sacrum has repositioned and remains functionally balanced in the sacroiliac joints and in relationship to the lumbar spine and there is no longer any occipital base compression. The CSR now demonstrates a symmetrical pattern with equal amplitude in the flexion and extension phases. The sphenobasilar joint is functionally balanced and demonstrates a symmetrical rhythm pattern.

**4. Subjective Results:** This young man's headache intensity has reduced significantly over the course of treatment. Initially, they were migraine like with a 8-10 pain scale level on a 0-10 point scale. Even though they are still present on occasion, the intensity is now more in the 2-5 range with very rare episodes moving up into the 7 or 8 range over 10. This young man is home schooled and his mother reports significant change in his ability to visually track words, read as well as an improvement in sensory motor integration. He is also very active in sports and horseback riding and his entire fine motor and gross motor coordination and strength has improved markedly.

**5. Average Length of Sessions:** This young man has received thirty one (31) CranioSacral therapy sessions which have averaged approximately 45 minute sessions. These sessions have been approximately once per month with gaps in the treatment regimen due to vacations or holiday schedules.