

## **Case Number: 2**

Therapist: Elia Hutchins, CMT, MA, CST-D, CVMT

Patient (Age and Gender): Age 48, Female

Last date of treatment: August 2, 2020 (3-treatments spaced one week apart)

**Presenting Symptoms:** The patient was playing with her 9 year old daughter, who is into gymnastics and trapize. The patient decided to try the trapize and fell from about 3' feet, she immediately felt a large pain to her left shoulder and arm. Thereafter, she was not able to dress herself, move her arm without pain, lift her arm more than a few inches before feeling pain. She went to an Osteopath and Physical Therapist but did not receive any relief. She says 'this is the most horrible pain she has ever felt and had trouble with sleep'. She came in wearing a brace because she was told not to use her arm and to immobilize it and 'maybe' this would help it to heal. She has had this pain for 4-weeks prior to coming for treatment with me.

**Evaluation at each session (GL (VM & NM), LL (VM), Vertex Listenting (NM), chosen neural structures (NM), mobility test of nerve (NM):**

GL – Left Neck, LL/VM – brachial plexus, Vertex listening NM – Sagittal Suture (membrane)

**Treatment (Findings during evalucation, tratement techniques and procedures used, number of treatments applied:**

GL – Left Neck, LL/VM – brachial plexus, Vertex listening NM – Sagittal Suture (membrane). On the first treatment, I worked with releasing the right and left brachial plexus. I specifically released the left posterior cord and nerve buds at Left C6/C7 and C8. I could not touch her left arm because she was it was so sensitive and in so much pain. I worked with the right axillary and radial nerve to help the left axillary and left radial nerve. I utilized craniosacral to traction her dural tube and help calm her nervous system and worked with punctum nervosum at the neck. She received some relief from this session.

GL – Left shoulder, LL/VM – left shoulder, Vertex listening NM – Sagittal Suture (membrane). Her 2<sup>nd</sup> session, I was able to work with the left suprascapular nerve at the suprascapular notch and inferior transverse ligament of the scapula, dorsal scapular nerve and the axillary nerve to help reduce the nerval pressure and lengthen the nerves. I also started to work with the left radial nerve at the tricipital opening down to the elbow. She got a lot of relief from this treatment and was able to move her arm and put her cloths on without much discomfort right after the treatment.

GL – Left anterior/front of chest, LL/VM – Left lung, Vertex listening NM – Sagittal Suture (membrane) Her 3<sup>rd</sup> session started with releasing her left lung (posterior) at

fissure and the diaphragm with the lung. I then worked with the phrenic nerve to calm her nervous system and worked with the inspir/expir of her lungs to put them in rhythm with each other. Then, the next listening took me to the axillary nerve, which I worked with at the quadrangular space with mobilization of the arm. I also reassessed the radial nerve down the frose arch to the superficial radial nerves as these were affected from her trauma as well. She was very happy but still a bit cautious about pain. I had her do some range of motion exercises so that I could help her connect the movement with her brain and help the ‘neuro-reprogramming’. I encouraged her to allow the body to integrate the neural work and to not overstress the arm with yoga or carrying heavy objects, which she said she usually does. At the conclusion of the session, she made a 4<sup>th</sup> session but called me 3-days later to cancel because she was doing so much better; ‘the pain had subsided 90%’ and her range of motion was just about ‘back to normal’. She thanked me for the work.

**Objective Findings/recommended):**

Her axillary and radial nerve were impinged due to her accident on the trapize. With the fall on her left shoulder, she had affected the left lung and diaphragm that needed to be mobilized. The nerves needed to be released to help restore function. The muscles were initially so tight and in spasm that it was difficult to directly treat them so I worked with the opposite arm to help calm down the pain. This was a good protocol and it did not take much work to re-establish homeostasis and help the client regain her range of motion.

**Outcome/Results:**

This was a quick resolution to something that was affecting the client’s health/sleep, mental well-being and quality of life. The outcome was positive and effective.

**Discussion:**

Neural work is amazing and the results can be achieved quickly.