## Polio and CranioSacral Therapy

**By: David Halfon, LMT**

**Medical History**
Ruth is a 59 year old female who is returning to the Intensive Program for the second time. Ruth was diagnosed with polio at age 3 and spent a year in the hospital; she was paralyzed from her neck down except for her arms. She has had 2 or 3 surgeries for the polio and partial left ankle fusion and muscle transplants and died on the operating table and was resuscitated. She has had various broken bones including shattered patella, wrists, ankle and toes. Ruth has done an incredible amount of work on her recovery throughout her life and considers herself to be mostly normal. Since her last visit she has reported a lot of changes. Her memory is better and she is able to talk in casual conversations easier and she has a greater sense of balance.

**Current Level of Function**
Ruth takes care of all her activities of daily living and is working as a CranioSacral Therapy practitioner.

**Patient/Family Goals**
Ruth would like to work on areas of her brain and spinal cord and sacrum and would like to work on some emotional issues and to continue to improve in all areas of her body mechanics and to be the total and most useful she can be in the world.

**Summary**
"CranioSacral Therapy is a gentle, hands-on method of enhancing the flow of cerebrospinal fluid, blood and lymph. Thus, it facilitates the body's natural healing. It's positive effects are most apparent in the brain and spinal cord, the immune and hormonal systems and in the alleviation of chronic dysfunction and pain." John E. Upledger, D.O., O.M.M. Reductions in structural restrictions and imbalance contribute greatly to enhanced function.
Ruth has made excellent progress in the reduction of adverse adaptive strain patterns of the craniosacral, musculoskeletal and lymphatic systems during the Intensive Program. There have been improvements in the following areas as well: Ruth has made excellent improvement in the reduction of restriction in her transverse diaphragm, cranial bones and dual tube. She has made moderate improvement in reduction of restriction in her sacrum and fascial mobility. Ruth has shown improvement in her gait, balance with improved alignment, range of motion and body symmetry. Her speech has improved and is she is less restless when sleeping and she is feeling peaceful inside.
The enhanced motion and balance of the craniosacral rhythm contributes to improved structural, functional and integrative performance of bodily systems. It aids the creation of positive change by facilitating the mobilization of adverse patterns and by encouraging new levels of motion and balance to occur. The craniosacral rhythm is the key element used during treatment. It's motion and the body's response to the fluctuating pressure changes within the craniosacral system are used both by the therapist to help you facilitate change and by your body to continue creating levels of improvement. CranioSacral Rhythm has improved moderately.
Transverse fascial diaphragms are areas of the body that have a higher percentage of fascia that is transversely oriented than other regions. The fascial network of the body is an integrated - integrated full body connective tissue system that is found head to toe and superficial to deep. It covers all body structures from the large to the minute. It is designed to provide separation, support and ease of motion among structures. Compromise of motion caused by fascial restrictions may lead to diminished structural and functional levels due to the strain placed upon local structures. The effect of this strain may remain local and/or

place strain upon distant regions of the body. Increased fascial mobility leads to heightened levels of structural integrity thereby enhancing function. Transverse fascial diaphragms have improved excellently.
There are five primary components which comprise the central nervous system: the osseous structures (cranium and spinal column), the meningeal system (cranial and dural components), the cerebrospinal fluid and related production and drainage structures, the vascular system (arterial and venous) and neural tissue (cranial and spinal). A restriction of mobility of any of these elements can easily translate force upon any or all of the related elements. This may produce a wide range of negative effects upon the central nervous system, the autonomic nervous system, endocrine, musculoskeletal, vascular, lymphatic and respiratory systems. The cranium's integrity, freedom and balanced motion are necessary to allow optimal function among particular as well as interrelated systems. The cranial osseous structural interrelationship and mobility have improved excellently.
The intracranial membrane system is the cranial component of the meningeal system. It forms the direct environment of the brain. Adverse strain within it may place harmful force upon neural tissue causing far-reaching dysfunction. This may have wide ranging negative effects throughout the entire body. It may also restrict the free mobility of the cranial bones as well as the dural and spinal components thus leading to dysfunction. The unencumbered motion of the intracranial membrane system greatly aids the structure and function of the components comprising the central nervous and related systems thereby positively influencing all body systems. The Intracranial membrane system mobility has improved moderately.
The dural tube is the spinal component of the meningeal system. It forms the direct environment of the spinal nerve tissue. Strain upon this component may place dysfunctional force upon nerve tissue. Expression of this strain may be in many forms such as referred pain patterns, spinal stenosis and facilitated spinal segments leading to end organ dysfunction. This force may also translate to the cranium, spinal segments, the sacrum or other parts of the body causing distortion and dysfunction. The Dural Tube mobility has improved excellently.
The facial bones, hard palate and teeth may place strain upon the craniosacral system thereby causing adverse tension and dysfunction within that system and/or others, i.e. restriction of the maxilla may cause scoliosis. Restriction in free mobility and balanced motion patterns may also lead to local dysfunction. The mobility of the facial bones, hard palate and teeth have improved moderately.
Cranio = cranium, Sacral = sacrum; the two ends of the CranioSacral system. The free mobility of the sacrum is critical to the optimal function of the system as a whole as well as its central role as keystone of the pelvic girdle. Sacral adverse adaptive strain patterns may negatively affect osseous and soft tissue structures as well as the craniosacral system and other fluid systems. The sacrum has improved moderately.
Vectors form the major energetic structure of the body (akin to an energetic stick figure). Distortions in the form such as acute angles, twists and breaks may have severe negative impact in the area of the distortion, distant from it or on the body as a whole. Increased vector integrity will energize and integrate deficient and dysfunctional regions of the body as well as the body as an interrelated whole. The vector system has improved moderately.
Energy cysts are areas of the body that are using vital energy to encapsulate energy that the body has deemed as harmful and/or chaotic. It is the body's attempt to isolate disruptive energy so that it does not have a full body negative affect. This may be due to many causes such as physical trauma, emotional trauma, bacterial or viral infection - even some medications have been found to create energy cysts. The release of energy cysts allows the body to use the energy it has been consuming in maintaining the energy cyst for other positive purposes. It also allows the strain the energy cyst has been placing upon adjacent and/or distant structures to abate. The energy cysts have decreased moderately.

There exist in the body a higher percentage of fascial fibers possessing a longitudinal orientation (in relationship to the transverse fascia mentioned above). This is part of the same network as the transverse fascia and carries with it the capacity to compromise structure and function. The longitudinal fascial mobility has improved moderately. CranioSacral Therapy views the body as a tremendously intelligent, conscious and interrelated whole possessing an enormous capacity to change and to heal. The avenues of change are known within the body/mind/spirit of each of us as individuals. The changes that you have created while in the Intensive program will continue to produce higher levels of change leading to increased function and an enhanced natural ability to heal and adapt.

**Treatment Services provided included:** CranioSacral Therapy, Neuromuscular Re-education, Myofascial Release, SomatoEmotional Release, Visceral Manipulation, Kinetic Activities, Osteopathic intervention, Acupuncture, Autogenic training, visualization, progressive relaxation

**Recommendations:**
To continue with your CST therapist at home Participate in at home CST per IP therapists' instructions

**Clinical Observations/Assessment**
**CranioSacral Rhythm**
Initial: Symmetry: mild decrease in symmetry in flexion on left side; Quality: mildly sluggish in left side; Amplitude: mild decrease in face on left side in flexion; Rate: 8 cycles per minute
Post: Symmetry: symmetrical; Quality: smooth, fluid; Amplitude: stronger in flexion and extension; Rate: 7 cycles per minute

**Transverse Diaphragms**
Initial: Pelvic: moderate anterior left lateral strain; Respiratory: mild posterior left torsion; Thoracic: moderate anterior posterior compression; Hyoid: moderate left lateral strain; OCB: moderate left lateral strain with mild right torsion
Post: Pelvic: mild restriction; Respiratory: no restriction noted; Thoracic: mild compression left side; Hyoid: no restriction noted; OCB: no restriction noted

**Dural Tube**
Initial: Restrictions: moderate compression L5-S1, T10, T6, left lateral strain, C1; Facilitated Segments: L1
Post: Restrictions: mild restriction T10; Facilitated Segments: none noted

**Intracranial Membrane System**
Initial: moderate superior strain of left tentorim, moderate posterior caudad strain of flexion cerebelli Post: mild superior strain of left tentorim, mild posterior strain of falx

**Cranial Vault**
Initial: Frontal: mild left torsion; Left Parietal: mild medial compression; Right Parietal: mild medial compression; Sphenoid: mild left lateral strain; Left Temporal: moderate decrease in posterior circumferential motion; Right Temporal: moderate decrease in posterior circumferential motion; Occiput: left side moderate restriction
Post: Frontal: no restriction noted; Left Parietal: no restriction noted; Right Parietal: no restriction noted; Sphenoid: mild right torsion; Left Temporal: no restriction noted; Right Temporal: no restriction noted; Occiput: no restriction noted

**Facial Bones/Hard Palate/Teeth**
Initial: Left Zygoma: mild compression; Right Zygoma: no restriction noted; Left Maxilla: mild extension lesion; Right Maxilla: mild extension lesion; Vomer: mild extension lesion; Left Palatine: moderate decrease in lateral motion; Right Palatine: no restriction noted; Left Nasal: mild left torsion; Right Nasal: mild left torsion; Mandible: mild right lateral strain; TMJ: moderate right side compression
Post: Left Zygoma: mild compression; Right Zygoma: no restriction noted; Left Maxilla: mild extension lesion; Right Maxilla: mild extension lesion; Vomer: mild extension lesion; Left Palatine: no restriction noted; Right Palatine: no restriction noted; Left Nasal: mild left torsion; Right Nasal: no restriction noted; Mandible: no restriction noted; TMJ: no restriction noted

**Sacrum**
Initial: moderate left lateral strain
Post: mild left torsion

**Energy Cyst(s)**
Initial: left SI, mid thoracic inlet
Post: mid thoracic inlet

**Fascial Glide Restrictions**
Initial: moderate decrease in fascial mobility of thoracic cage
Post: increased fluid fed throughout fascial plane