

## Quadriplegic Cerebral Palsy and CranioSacral Therapy

**By: Maggie Gliksten**

**PERSONAL:** 19yo, Male

### **HISTORY:**

Born with quadriplegic cerebral palsy.  
Non verbal.  
Multiple pelvic orthopaedic procedures.  
Open radical adductor myotomy R/Hip.  
Femoral shortening.

### **Length of treatment by others:**

From 3 months to present day and on going, this client has had physiotherapy and occupational therapy.

**Frequency:** once a week of physiotherapy and occupational therapy and hydrotherapy.

### **Evaluation:**

While the above therapeutic input was in some way helping the client, he still suffered repetitive chest infections. Inflexibility, where he could not move anything except for a small amount of both arms. He needed to be in molded seating to support his compromised shape.

### **Findings:**

Feet both turned inward.  
Right hip dislocated.  
Lumbar/sacral joint compressed on one side (L)  
Scoliosis with spinal rotation in thoracic area. Causing the rib cage on the on the left side to be anteriorly positioned in as much as 3 cm.  
Fixed right side torticollis.  
TMJ excessively decompressed, more on right side, with an anterior tilt to the mandible  
Hard pallet narrowed and high. Sphenoid in extreme extension pattern.  
Constant and excessive drooling.  
Both sides of the CIB were jammed, more on the right side. Breaths through his mouth.  
Energy cysts were located in all of the affected areas, eg: ankles, hips, both sides of the pelvis, resp. and thoracic diaphragms. CB, TMJ, both sides of the neck. The hard pallet and sphenoid complex.  
Because of his compromised shape and inability to move, this client suffered daily pain with his hip dislocation, and constant infections in his lungs.  
He would be on antibiotics several times a year and would suffer unpleasant consequences because of over use.  
Fascia was restricted in all part of the body.  
CR was smooth enough, although more in an extension pattern, and was slightly lacking in vigor.

### **Tools Used:**

This client was started on CranioSacral Therapy at the age of 14 years and was given at the start of treatment just 10 steps for the first 3 treatments. Also used still points at the feet to "clean the decks" of transient facial restrictions. This was helpful in just freeing up the diaphragms and getting things moving. Later on in the treatment we started working on getting the dural tube as mobile as possible.

Each energy cyst was addressed in turn of importance, which was decided by the client and his body. We used a lot of direction of energy in all parts of the body. The client received CST every 3rd week over the duration of the school year.

**Objective Results:**

From the first treatment the client experienced no more pain. After about 4 treatments the client no longer drooled. The client was able to lift his pelvis off the bed after about 5 treatments. This he could do independently.

The rib cage evened out and there was no difference between left and right. Anteriorly. Client was able to lift his arms to above his head and to near straighten them after 10 treatments, and for the first time breath through his nose. Torticollis became less fixed. Although still very pronounced. TMJ and hard pallet showed no real signs of movement. The molded seating system had to be changed in order to keep up with the improvements that the client was making. More upright in stature, less slumped. After about 6 months of CST the client no longer got severe chest infections and was no longer on antibiotics to the same extent.

The client's quality of life was greatly improved through more flexibility, better sleep and better digestion.

This client received 3 years of CST., but because he has moved to the adult service, a year ago, he no longer receives CST. It is reported that he has started to drool again, however he has maintained the other improvements.

**Subjective Results:**

In my opinion this client would not have showed so much improvement without the use of CST. As he had been static for a number of years. It is also the opinion of my colleagues that the above mentioned improvements are down to CST.

**Average length of session:** one hour

**Number of sessions:** 10 per year total 30 sessions.