

Barral Institute Case Study

Visceral Manipulation – Stiffness in Left Shoulder

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Introduction

36 yo (year old), male, generally healthy computer programmer presents stiffness in left shoulder that comes on when doing push up. As a result, finds it difficult to complete his exercise program. This started one month ago and has been at the same level, he gives the pain a VAS (visual analogue score) 7/10. The pain goes to zero when not doing push ups. The patient also complained of some left side neck stiffness. He reported falling of a moped 4 years ago and experiencing some whiplash symptoms in the neck and spine.

Examination

Observation the patient had cervico-thoracic kyphosis. General Listening (GL) was above the diaphragm, anterior and left. Local Listening (LL) sidebending and rotation to the left of lung apex. Cervical active movement were at 45 degrees right rotation and 60 degrees left. The patient was asked to do push ups and the listening was confirmed. Also patient reported pain almost immediately on executing push ups. Passive fascial arm forward flexion and external rotation of the left arm demonstrated restriction relating to the thoracic region. Segmental spinal restriction found in left Cervical, 6th /7th thoracic. Motility of left lungs held in inspiration

Diagnosis and Management

Initial diagnosis was left pleural ligament strain from trauma maintained by kyphotic posture and occupation. Advised 3 treatment weekly initially to address pleural issues then posture and exercises for kyphotic posture.

Treatment

Supine induction of left pleural vertebral ligament. Articulation of C6/7. Induction of lung motility encouraging expiration and balance.

Outcomes

After the first treatment the patient forward flexion arm movement improved, segmental passive improved cervical and thoracic, neck active improved to 80 degrees right and left. Pain with push ups VAS 2/10. By the third treatment there was no pain and the patient was able to execute his full conditioning program, motility balanced in lungs and no cervical restriction detected.

Discussion

It is interesting that what appears to be a straight forward mechanical/skeletal issue actually has a visceral origin.