Barral Institute Case Study

Neural Manipulation – Headache and neck pain

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Abstract: A case study of a 32 y.o. female suffering from headache and neck pain after a MVA with resolved using neural manipulation techniques.

Key Words: Pain and neural manipulation

Date: 09/13/17

Diagnosis: Neck and Headache pain

History: Patient reports that she was rear-ended on March 7, 2017 resulting in neck stiffness and pain as well as headache pain. She is a young mother and needs to be able to lift her children and this activity is painful. Her sleep is also disturbed and she is unable to exercise due to the pain. Pain is currently a constant at least 3/10 but has gotten up to 10/10 in neck and headache. Past medical history includes a C-section about 2 years ago. No pain meds.

Functional outcome measure to Cx/T spine is 68%.

Objective Assessment

Posture: Patient has a forward head/rounded shoulder posture with bilateral scapulae abducted.

Active Cervical ROM

Forward bending: 20 degrees Backward bending: 1/3 range

Rotation Rt. is 45 degrees and Lt. is 40 degrees Side bend Rt. is 5 degrees and Lt. is 10 degrees. A shoulder flexion is to 140 degrees Rt and LT.

Seated thoracic rotation is to 20 degrees Rt. and 25 degrees Lt. Jaw opening is WFL but jaw deviates Rt. on opening.

Sub occipital nod: 0 degrees

Strength: Weakness of deep neck flexors at 3/5 Neck Extensors 4/5 with pain limiting

Weakness of scapular stabilizers: Rhomboids: 4/5; mid traps 3+/5: lower traps 3/5

Neuro: (+) dural tension and into brachial plexuses generally as well as occipital nerve tension. Cervical Quadrant testing is (+) Rt. and Lt.

# Treatment:

Patient was assessed prior to treatment with a local listening as well as a listening at the Vertex and RCPM prior to treatment and the listening determined target tissues. Patient was treated with neural manipulation techniques to occipital nerves and brachial plexuses as well as into distal arm neural tension. Tentorium cerebelli and Falx Cerebri are also treated as well, as neural manipulation of Vagus , Phrenic and branches of Trigeminal and Facial nerves.

Treatment is guided by listening at the Vertex and listening at the RCPM. Patient also received a HEP and postural correction as well as stabilization ex. for cervical and scapular areas. Initial evaluation was 60 minutes on 05/17/17 and she had 11 follow up visits of 60 minutes each until her discharge on 09/13/17.

REASSMENT: Patient reported 0/10 pain for headache and neck with worst pain at 1/10. Reassessment was done with General listening and listening at vertex, RCPM and UE’s.

Custom Care Connection increased to 82% after treatment. A cervical ROM: 10 degrees sub occipital nod

FB: lacks 20 degrees BB: ¾ range

Rot Rt. and Lt. were 70 degrees. A shoulder flexion to 170 degrees

Seated thoracic rotation to Rt. 40 degrees and Lt. is 35 degrees Strength: deep neck flexors 3+/5 Extensors 4+/5

Rhomboid and mid traps 4/5 and lower traps 3+/5

Conclusion: Whiplash type injury following a MVA with neck pain and stiffness as well as headache pain can be treated successfully with neural manipulation techniques as guided by general, local and neural listening techniques. Patient was able to return to exercise and care of her children as well as lifting her baby without pain production.

Treating Therapist: Linda Keahey-Oberdorfer, PT

References:

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