

**Upledger Institute Case Study**  
**CranioSacral Therapy – Traumatic Brain Injuries**  
**(TBI)**  
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**History**

I first saw CA in December of 2016. CA is a 31-year-old female with a history of multiple traumatic brain injuries (TBI) and facial bone fractures. In addition to the TBIs she has undergone multiple surgeries:

Bi-lateral lesser occipital nerve removal

Bi-lateral temporal nerve removal

Left thoracic outlet surgery (rib & mid-scalene removal)

Left shoulder labral repair

CA's first TBI was in October 2012, the second in September of 2015. Each injury resulted in hospitalization for severe concussion. CA sought allopathic and complementary therapies for lingering symptoms of foginess, trouble concentrating, eyestrain, neck pain, shoulder pain, headache, temperature sensitivity, fatigue and weakness in her legs.

Out of pocket expenses for post-concussion symptoms have well exceeded \$75,000. As of May 2018 payments for CranioSacral Therapy have been \$5700.

Therapies include:

Hyberbaric chamber

Cold laser

Neurofeedback

Chiropractic

Structural integration

Acupuncture

Trauma counseling/EMDR

Neurosurgery

Vision therapy

### **Evaluation**

I evaluated the CranioSacral Rhythm (CSR), arced for energy cysts and assessed for fascial and dural restrictions.

### **Findings**

-Reduced amplitude of the CSR on the left side, asymmetrical rhythm in the cranium, overall good quality and rate.

-Energy cysts left occiput, left maxilla, posterior/inferior to left eye orbit, left clavical

-Facilitated segments @ C-3, T-4

-General hypertonicity, fascial tightness @left neck/shoulder

-Occipital cranial base (OCB) compression

-Sphenoid lesions, right sidebend, right torsion

-Maxilla left shear, left torsion

-Vomer left torsion, left shear

### **Treatment**

I used all the components of the “10-step protocol” during the course of treating CA. The “10-step” includes diaphragm releases, sacral techniques, balancing cranial bones, direction of energy, induction of stillpoints, mobilizing the dural tube, and decompressing the temporomandibular joint, TMJ. Particular attention was needed to release and balance the thoracic inlet, OCB and the sphenobasilar joint. I treated facilitated segments. Several sessions included balancing the hyoid muscles and working with the hard palate and zygoma. We addressed and dissipated energy cysts and engaged in some SomatoEmotional Release, SER, dialog.

I have studied Tad Wanveer's glial cell work and have used that elegant work with CA on several occasions. The glial cell work included assuring the blood and cerebral spinal fluid, CSF, drainage pathways were all open, listening in through the extracellular space, perivascular space, microglia and ventricles.

## **Results**

As a CranioSacral Therapist I have the distinct honor of helping to alleviate my clients' suffering. We decompress compressed structures, balance membrane tension, increase fluid exchange, dissipate energy cysts, improve mobility and listen to the body's inner wisdom. The validation that the work is working often comes through a client reporting that they feel better. The breath, the sigh the smile of ease returning to their system is the confirmation that we are making progress. Occasionally there's measurably improved vision or a reduction in the need for pain medication that might signal that something in the system actually did change. It isn't often we get before and after CST brain scans.

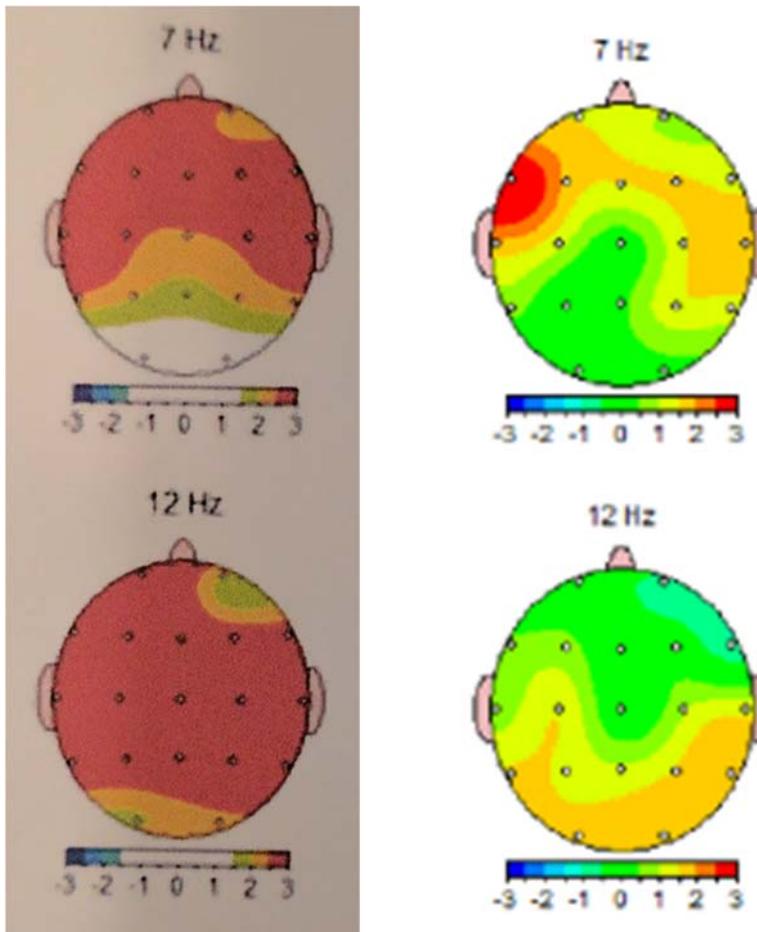
I treated CA with CST for 10 sessions beginning at the end of 2016 and into early 2017. She reported her pain was lessened, had improved concentration, less eyestrain, improved reading comprehension. CST was making a difference in her quality of life. Then in March of 2017 CA was in a bicycle accident. She suffered a zygomatic arch and left anterior maxillary wall fracture, left pterygoid and inferior left orbital wall fracture with intraventricular hemorrhage as well as an ulna fracture.

Although a discouraging turn of events to be sure, CA experienced less pain and had more clarity after the injury than she expected given her previous injuries. Certainly this was a different injury but perhaps she also had a more resilient system.

CA got the ok from the attending physician to receive CST. She was out of state when the injury occurred but we were able to arrange for her to see one of my colleagues before her flight home. I treated her four more times before she was able to get a follow-up appointment with a neurologist. Since she had several brain scans, QEEGs, while she

was being treated with neurofeedback throughout 2015-16, the neurologist ordered another QEEG so they would be able to compare it to the scans from before the latest injury. QEEG (Quantitative Electroencephalogram) is a diagnostic tool, which measures electrical activity in the form of brainwave patterns.

I have excerpted a couple striking images from the client's QEEGs.

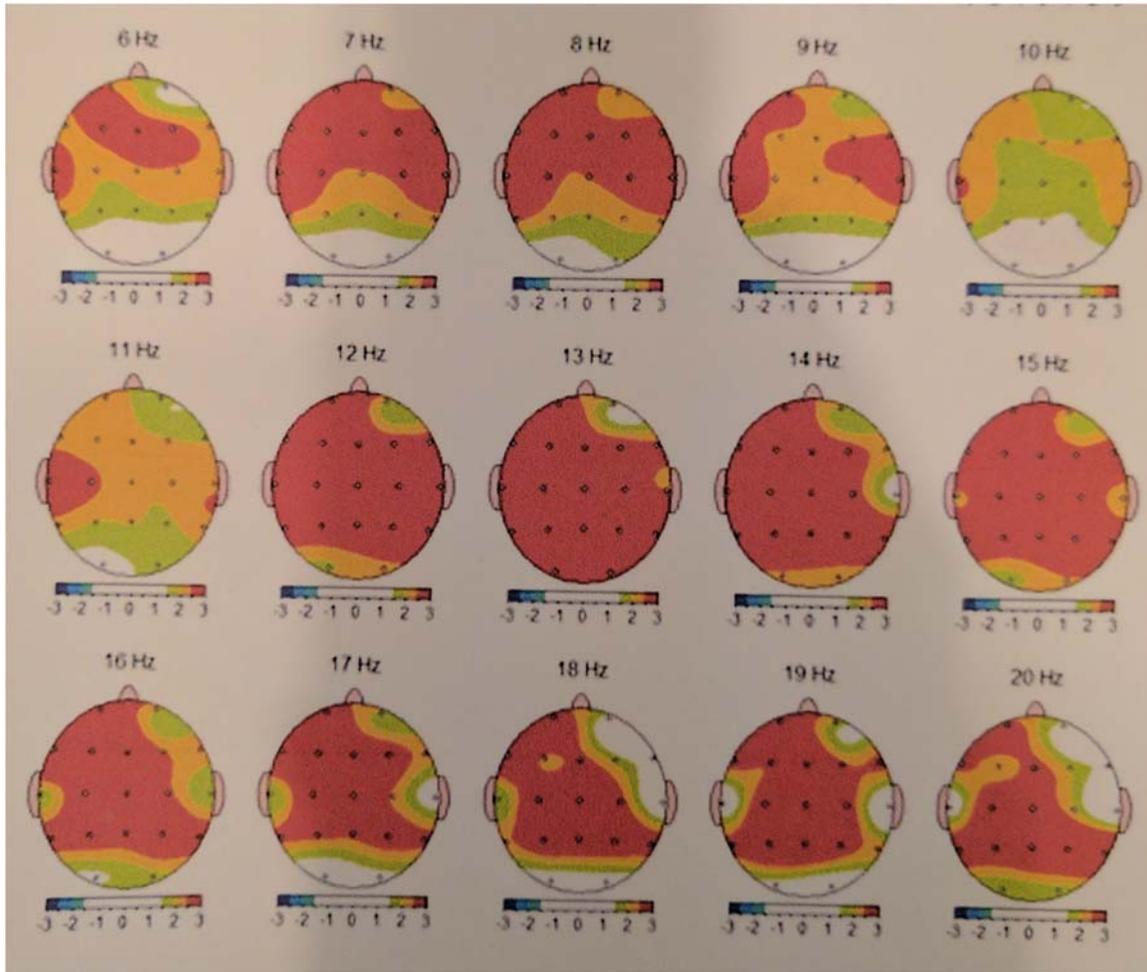


2016

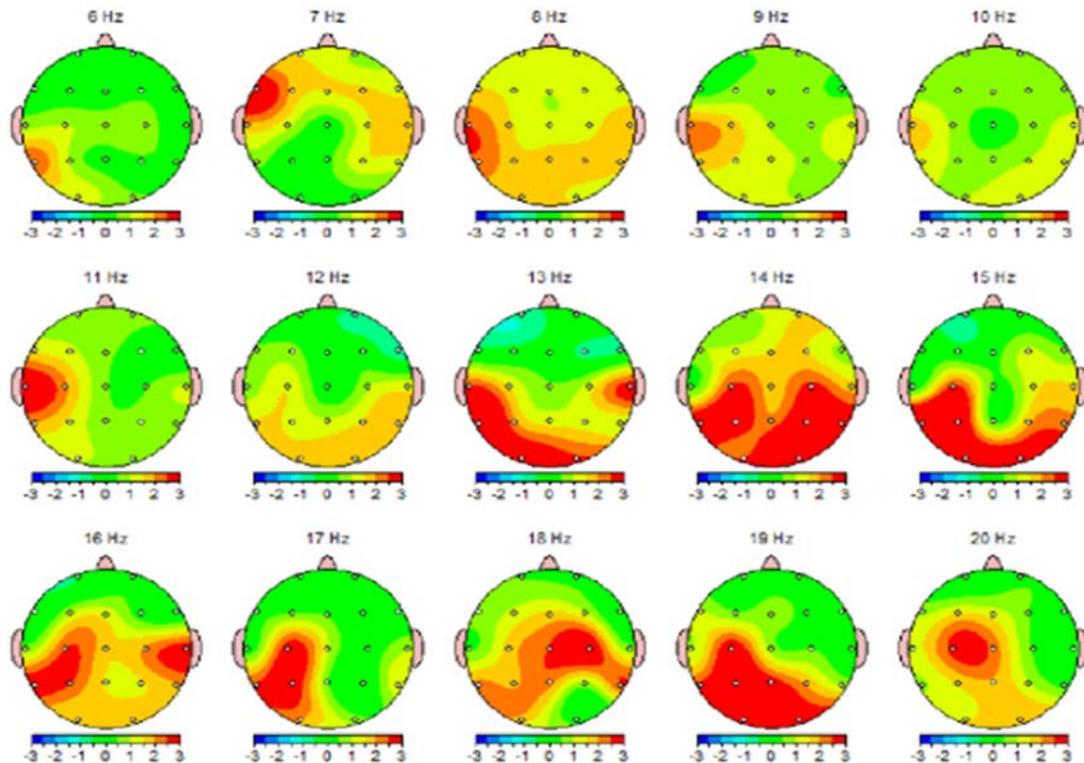
2017

There are stark differences even just glancing at the pre-CST scans from 2016 and the scans after 15 CranioSacral sessions in 2017. If we look at the images using the simple metaphor of weather radar, green being gentle rain and red indicating severe storms, the contrast becomes even more palpable.

These scans were taken after 323 Neurofeedback sessions 6/24/16 before receiving any CranioSacral Therapy, CST.



Scans from April 2017, 5 CST sessions after client's third TBI (15 sessions total)



CA's concentration continues to improve. Pain is much more infrequent. Her fatigue and weakness has largely disappeared. CA has discontinued most of the other therapies she had been employing and is able to maintain a greatly improved quality of life with CranioSacral Therapy. We continue to work together bi-weekly.

Resources

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4316720/>

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