

Barral Institute Case Study

Visceral Manipulation - Stress Incontinence

By: SL, PT

Patient Age / Gender

42 yr old female

Patient Symptoms

Hx; 42 yr old female w/ increased frequency of urination and mild stress incontinence when sneezing/ coughing. Also has some R inguinal pain when gets up from lying and sometimes sitting, this can be very sharp and deep and stop her from moving for a moment then once up eases and is gone. Gets up 4x night to urinate and in am until after lunch has to urinate every hour. Rest of day can go every 3 to 4 hours. PMH 3 children vaginal deliveries, in early 20's had ovarian cyst had laparoscopy but unable to remove cyst so had laparotomy. As far as is aware ovary was not removed just cyst. O/E spinal ROM WNL's some restriction segmentally L4/5 and L5/S1, R SI some restriction to standing flex tests. GL to mid line fwd bend. LL umbilical area inhibition was to root of mesentery. Inferior leaf more restricted. TX; restriction in root of mesentery found then pt L side lying and treated. in Supine some restrictions on loops of SI these gently worked then worked with root of mesentery. Created listening between root and bladder, followed listening to get release.

Evaluation / Treatment

Motility of jejunum, ileum balanced, then bladder motility and balanced bladder motility with Small intestine motility. Pt taught Kegels exs and bladder handout given to her with list of possible irritants for bladder. 1 week later pt returned stated better last 4 days had not had to get up at night to go to bathroom. Still goes every hour to 90 mins in am. Lessening of R inguinal pain on sit to stand but still there ly to sitting. GL pt fwd bend to mid line then some rot to R inguinal area. LL to R inferior parietoceleal ligament. Tx released R inferior cecal ligament supine w/ long levers of legs then had listening to R ovary, worked to unpleat and unfold ovary, then listening to R ovarian ligament, treated this in R side lying balancing ovary to uterus. Other uteral ligaments checked, R uterosacral ligament released, then sacrum and uterus created listening and treated and bladder uteral relationship balanced. Better movt of lumbosacral junction and R SI moving on standing flex tests. Tx 3 10 days later, all symptoms significantly improved. GL forward to mid line LL bladder. Went through bladder protocol from VM 3, mobility tested bladder, pubovesical ligament tight on L side so treated, median umbilical and urachus tested, treated urachus as restricted, treated B obturator membranes then combination technique for inferior and superior suspensory ligaments. Bladder was not frozen, but did have decreased inspir, corrected this. Finished with linking bladder to nervous system, Bl to S2,3, Bl to T11,12 L1,2 then Bl to pons. Finished with all diaphragm releases up to OA.

Outcome

Pt had a total of 3 treatments called her 3 weeks after last treatment stated was very happy with outcome, hasn't had to get up at all at night to go to bathroom, no stress incontinence at all, no R inguinal pain on any transitional movts, still has to urinate about every 2 hours from 6am when gets up to about 10am, but then OK for the rest of day and if couldn't make it to the bathroom exactly at 2 hours it would not worry her as she knows she could hold urine.