The Visceral Manipulation Report -- Complex Case Benefits from Slow Approach

By: by Jeffrey Burch, CR, MS

Marcus*, a 39-year-old Euro-American male, wanted to improve his odd body contours. He complained of scoliosis, a step deformity in his lumbar spine, and a general sense of looking "broken in two" at the waist. He said he had had these contours for as long as he could remember.

Marcus' health history was unremarkable, with no surgeries or serious injuries. Illnesses were limited to mild cases of ordinary childhood sicknesses and rare instances of cold or flu. He was under no medical treatment and was not aware of any undiagnosed conditions. Recreationally, Marcus was a body builder. He was interested in "filling in the hollow places with muscle" to make his body structure look more normal.

The Assessment: Grade 5 Spondylolisthesis

Marcus presented with thoracic scoliosis, lack of thoracic A-P curve, lumbar hypolordosis, grade 5 spondylolisthesis at L5, posteriorly tilted pelvis, anterior sacral base, anatomically short right femur, inverted right foot with high fixed arch, and bilateral restricted ankle mobility. He was of very short stature, occupationally sedentary, and had a very low body fat count.

Marcus was able to get spinal X-rays to confirm visual and palpatory findings. We discussed the health risks associated with his structural issues and we set therapeutic goals: The first priority was to reduce any health risks, and the second was to improve his body cosmetically.

The Prescription: A Gradual, Multifaceted Treatment Approach

An intentionally slow course of treatments was carried out over three years in widely spaced, short sessions. This was designed to improve alignment and mobility in small increments that his body could more easily adapt to. My main concern was to keep from destabilizing the lumbosacral junction and thereby compromise the cauda equina.

My primary treatment methods were Visceral Manipulation, CranioSacral Therapy and related functional techniques. I also referred Marcus to a DC and a DO for a small number of high-velocity thoracic manipulations, internal rectal manipulations, and exercise recommendations.

The results of the treatments were excellent. There was normalization of the thoracic A-P curve, substantial improvement of chest A-P depth, improvement of rib excursion in pulmonary respiration, slight improvement in lumbar lordosis, 50% reduction of posterior tilt of pelvis, substantial improvement in sacroiliac orientation, normalization of lower limb ROM, and elimination of the right foot inversion and fixed high arch.

I attribute his success primarily to the use of gentle, soft-tissue methods, specifically Visceral Manipulation and CranioSacral Therapy. I also attribute it to the use of osteopathic "listening" assessment to direct the sequence of treatment in a way the body could accommodate without complications.

Steady Pace Leads to Lasting Results

In 25 years of practice, I have only seen two grade 5 spondylolistheses. Both were at L5 and had been present since early childhood. In each case, the sacrum had formed a substantial anterior buttress to support the body at L5, and each patient was without the

pain or disability that could easily be attributed to spinal fracture. The two patients differed in gender, age, body build and pattern of physical activity.

I've seen other clients with complex structural situations that did not include spondylolisthesis. In those situations, I didn't feel the need to work quite so slowly. While positive results were usually obtained, few were as good as those Marcus achieved. It may be that this slow, careful progression would have produced better results with my other clients. This is well worth trying in the future.

**Name changed to protect confidentiality.*