

**Upledger Institute Case Study**  
**CranioSacral Therapy – Birth Trauma/Torticollis**  
**By Amy Sanders, O.T.R., LMT, CST-T**

O.S. is a 18 month old female with history of birth trauma s/p vacuum extraction. During the birthing process, her R clavicle was fractured and her parents reported that her head was severely “cone shaped” after birth. She was treated with physical therapy for torticollis, along with receiving a cranial helmet for misshapen head. With torticollis diagnosis, she had difficulty with R head turn.

Parents report client is observed to self soothe with her index and middle finger on the superior maxilla when stressed in her environment.

She has difficulty with rolling to the Left and it is described as a turtle like roll.

She does not climb stairs without holding on to the railing and her mother reports her to have decreased balance with clumsy gross motor movements.

She shows difficulty with motor planning activities and is unable to climb up and down a chair.

Cranial bone observations on initial evaluation:

L posterior Occipital bone is protruded posteriorly, R temporal more convex than Left.

10/13/17

Client treated for 40 mins. on the floor with various activities and toys on the floor, with mom and dad present. Client sat in therapists lap with mother engaging in play during treatment. Therapist arced to thoracic inlet and released this space. Client would have verbal expressions and pull away when therapist attempted head contact on this visit. Self- soothing noted with fingers along with significance detector in treatment.

Respiratory diaphragm releases and encouragement of fun and comfort with therapist. Again, client attempted self soothe with bottle and water for vomer rocking. Therapist attempted sphenoid decompression with self-vomer stimulation technique.

Client was left in charge to end treatment and improved SQAR noted thoracic inlet.

O.S. was gleeful, excited and very busy running from treatment room to waiting area. Parents were informed this may be a release process and finding new body awareness, and to observe and let her move should this be present for the rest of the day.

The following day parents reported burst of energy until late into the evening with gleeful running and busy behavior.

Mother noted child lifting up R arm repeatedly and looking at it. (this was fractured clavicle side). \* picture

Mother also reported repeated lifting and lowering of legs in supine as if she was "getting used to her pelvis." \*picture

Client also mastered climbing and descending a chair for the first time and this was repeated with joy as an activity she was now able to complete.

11/2/17

Client comes in for 45 min session today with a smile, being held by her father. Therapy again occurs on the floor with toys and activities. Mother seated in front of client.

The parents report improvements as above remained and still noting clumsiness with stair mobility and balance activities.

Client is tired from decreased sleeping that is attributed to teething.

Client is tearful and running away so mother sings songs along with children's videos on the device.

Client is willing to sit in therapist lap and allow for cranial treatment. Palpated is a parietal shift L, with R sphenoid compression. Client begins to lean her head right with parietal

decompression. She picks up her bottle with water and therapist attempts spheno-basilar balancing. Therapist led to parietal occipital suture restriction on R with direction of energy releases.

Treatment is completed with cleaning up of toys and good bye's

Therapist receives a video 2 hours later of the client stepping down stairs for the first time ever without holding on to railing. (See video)

11/8/17

40 min session today, floor treatment with toys and books. Mother reports O.S. still having difficulty with sleeping due to teething. Still observing fingers in mouth for soothing. Mother reports she is still clumsy but her balance has improved. She has attempted jumping since last visit, and is attempting to master this skill.

From seated near, I arced to her R shoulder, more anterior than posterior. Thoracic inlet release while seated in my lap. Noted palpable fascial restrictions supra scapular into neck bilaterally. R anterior supra clavicular restrictions with irritation from client for hand on this area.

While her mother was reading to her, seated in my lap, I am able to palpate a shift of the parietal bone to the left, L occipital shift medially. I perform a parietal lift with direction of energy to R temporal Parietal suture. Then attempt sphenoid decompression with noted R side compression posteriorly. Client self soothes with a bottle stimulating the vomer and I attempt encouragement of sphenoid flexion and extension with this. At 40 mins' client says she is done, and crawls in her father's lap.

Hugs and blow kisses and session is over

Treatment 11/21/17

45 min session

Mother reports that they were referred to a specialist to rule out craniosynostosis. The parents reported that the doctor is not concerned at this time, took more measurements and asked them to return in several months.

Father reported upon visual observation and palpation that the right side of her posterior occipital area is more convex and balanced with the left posterior side.

Parents voiced improved speech skills and more sentence verbalizations vs. one word expressions this past week.

Treatment today occurs on the floor with toys and activities. Mother sits in front of child while therapist listens to CSR while releasing thoracic inlet. Noted: restrictions in L sternocleidomastoid fascially, then up to the mastoid insertion. Therapist released L anterior cervicals through intention and indirect technique.

Noted R sphenoid compression and central parietal shift to left. Therapist attempted sphenoid decompression while child stimulated vomer using bottle with tongue.

Sustained parietal decompression with attempted support and encouragement for midline shift. Client while distracted completed self unwinding with cervical side bend and release while parietals release.

Improved SQAR and ending of session with hugs and goodbyes.

Treatment session 60 mins 12/14/17

Parents voice difficulty with descending stairs and child covering her ears and asking for ear drops.

Thoracic inlet release with noted increased tension L trapezius, L neck and L scapula. Noted L occipital bone more flattened than R.

SBJ technique shows R sidebend pattern, with L sphenoid compression.

Hyoid releases.

Vomer/sphenoid technique with use of bottle for vomer stimulation.

Parent communicated client was bear crawling all over the home after session. Reports this is an activity she has not done in a long time. \*picture

Treatment Session 2/2/18

60 minutes

Clients mother reports a slight regression in functional status since she had the flu. Reports nervous and hesitant behavior on the playground and with climbing stairs. Mother reports that she doesn't want to brush her teeth at night as of the past two weeks.

Reports positively now rolling both directions, and improved speech sentence structure and singing.

Treatment L scapular elevators,

hyoid release with L focus, C1, C2

Intra oral releases, zygoma, pterygoid, gentle tactile desensitization.

3/23/18

Clients mother phones to call and report that they got a specialist opinion regarding craniosynostosis possibility of diagnosis. The report from the M.D. per mother was "No suture fusion and that O.S.'s development was off the charts for her age. She sang during the entire appointment.

Conclusion of this case study shows objective developmental changes after each session of CST.

-Improved cervical mobility

-Improved R UE use of arm on fractured clavicle side

-Improved cranial bone symmetry

-Improved balance

-Improved walking, climbing, and stair mobility

-Improved speech and sentence structure