

SET TALK

By Don McCann, MA, LMT, LMHC, CSETT

MM003717

(*Massage Message,*)

The Importance of Treating New Mothers and Their Children

Kendra, a 35 year old mother of a 2 month old baby named Carl, began to have chronic back pain during her pregnancy, specifically in her low back. Prior to that she only had back pain once or twice. She was getting weekly chiropractic adjustments which only helped for a short period of time. This continued through the end of her pregnancy and delivery. After her delivery her back pain was concentrated more around the sacrum and left abdomen. Chiropractic treatments were very limited in how much pain they reduced and the duration of relief, so she started looking for other answers.

She came to me for a session. Structural evaluation revealed the core distortion with her left ilium rotated anteriorly, right ilium posteriorly, and sacrum tipped. The degree of the rotations made it pretty obvious that the duration of the pregnancy and birth had caused an increase in the imbalance of the core distortion. This was confirmed as she described how the intensity and duration of pain increased throughout the pregnancy and birth. Kendra provided additional information about the position that Carl had been in and said that his feet seemed to be kicking into her ribcage on the left side. She even provided an ultrasound that confirmed this. Carl was positioned diagonally across the abdomen with his head down to the right and his feet up under the left ribs. It was obvious that the core distortion had increased due to the difficulties of the pregnancy and birth.

The Cranial/Structural Core Distortion Release (CSCDR) was first applied to lessen the rotation of the iliums and bring weight bearing support back to the sacrum. This also provided a more level sacrum for support of the spine facilitating a lessening of the lumbar curvature. In addition, with the lessening of the rotations of the iliums the leg lengths became equal. The whole spine started to straighten out from the more balanced support of the sacrum. This reduced the twist in the thoracic area which related directly to the area of the left thoracic ribs where the baby had been kicking. The intrinsic muscles that had been over stretched and not engaging now started to contract to help support the spine and pelvis. Kinesiology applied before and after was used to verify the increased muscle function.

With Kendra's structure improving and support for the spine and pelvis now available specialized soft tissue

myofascial protocols were applied to further bring balance and support to the pelvis and spine. One session would work specifically with balancing the iliums and bringing her legs into support, and another would be focused on lengthening and balancing the muscles of the abdomen and thoracic areas including the diaphragm and psoas on the left side. Kendra reported that she was able to lift Carl more easily and with less pain after the first session. This continued to improve with each session.

After the second session Kendra happened to mention that Carl was on a special diet and was possibly going to have surgery because the esophageal hiatus (valve from esophagus to the stomach) was not functioning properly. Carl was projectile vomiting and could not lie down after feeding without vomiting profusely.

I had treated several children who had had similar conditions. I asked Kendra for more information about the delivery. She mentioned that Carl had to be turned because he was facing backwards when he came down the birth canal and his frontal bone was jamming against the pubic bone, which was a complication to delivery. With this information I suspected that Carl's frontal bone was jammed down and imbalanced. When this condition is present in an infant it prevents the proper functioning of the diaphragm muscle in which the esophageal hiatus resides.

Kendra brought Carl in and the evaluation showed that this is what was taking place. The CSCDR was applied to release as much imbalance of the cranium as possible and provide support to his body. I paid special attention to releasing the frontal bone which was compressed downward. Like most babies Carl was relaxed and wide-eyed during the CSCDR. When Carl's frontal bone was released Carl started to kick, scream and cry for about five minutes. He then quieted down and went to sleep. This very possibly was a release of some of the trauma he experienced in the birth canal when his frontal bone was being compressed against the pubic bone during his mother's contractions.

At Kendra's next session she reported Carl had only vomited once, but she wasn't sure if that was from something in the milk or still part of the old problem. Kendra was moving around much more easily and was more comfortable lifting Carl and taking care of him. With successive treatments alternating between bringing the pelvis into balance and balancing the abdomen and thoracic spine by releasing the adhesions, Kendra's back pain was less than before her pregnancy, and she no longer needed chiropractic treatments.

Kendra brought Carl for two more Cranial/Structural sessions where the CSCDR and frontal lift were again

applied. Between the second and third treatments Carl had not vomited once for a two week period, so after the third session we decided that Carl would only be brought in if he had a recurrence.

Kendra had some additional sessions to bring the rest of her body, especially the head/neck/shoulder area, into alignment to support the alignment of the pelvis and thoracic area.

I did not see Kendra for two years. She called after she had delivered her second child to tell me that this pregnancy had been much different. She had not had any back pain or any difficulty carrying this child all the way through delivery. She came in for an evaluation and we both could see that even though she had just delivered she was still in better alignment than when she had come in the first time. Using kinesiology to test for the core distortion showed it had not returned but that she had some imbalance in the pelvis from her delivery. This was mainly one sided on the left and was easily brought back into balance using Cranial/Structural techniques followed by specialized myofascial soft tissue protocols to release the anterior rotation of the left ilium and equalize the leg lengths. This took the pressure off the low back on the left.

Kendra asked at the end of the session if she could bring her new daughter, Sarah, in for a Cranial/Structural treatment. Sarah appeared to be doing fine but would turn her head much more often to the right than the left, and didn't like being put in the position where that couldn't happen.

Sarah's session was again the application of the CSCDR to unwind the distortion of her cranium which would help bring her body into balance. Sarah went through it very easily and afterwards when we turned her head to the left, she was willing to stay looking to the left and did not immediately turn it back to the right as she had done before. I asked Kendra to observe Sarah and be sure to give her plenty of opportunity to look in both directions.

Kendra came for two more sessions after which her back pain was totally resolved. She also reported that Sarah's early pattern of turning her head more to the right than to the left had disappeared entirely and that she seemed to be progressing faster than normal in her development. I explained that when a child is in the core distortion 50% of their muscles will operate at 50% less strength and function, and after the balance of the core distortion they gain the 50% that had not been available due to the imbalance. It was obvious to Kendra that both Sarah and Carl were ahead of their age in development, strength and function and she was extremely pleased.

This case exemplifies the need to work with mothers and children soon after birth. This will facilitate bringing the mother's body, especially the pelvic area, back into balance and function from the stresses of pregnancy and delivery. Plus, releasing the core distortion in young children addresses problems that imbalances can cause, and maximizes their development and potential.

Even if a mother cannot receive hands on treatment immediately after delivery due to surgeries or complications of the pregnancy the CSCDR can be applied energetically with almost exactly the same results. Working with infants doing the CSCDR energetically is the safest and most effective way for most therapists. Exploring these possibilities can open up a whole new world of working with mothers and infants. Isn't it great to be a massage therapist and have these opportunities open to you in the course of your practice!

Please visit our website for more information – www.StructuralEnergeticTherapy.com. You may also contact me through that site with any questions you may have.

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