

## SET TALK

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### **Massage & Therapeutic Bodywork Can Effectively Treat Issues Associated with Premature Birth**

There is a population of clients with special needs who are looking more and more to massage and therapeutic bodywork to treat their conditions. This unique population includes people who were born prematurely. I have had clients from early infancy to the mid-forties who were born prematurely and looked to massage and bodywork for solutions. Two case histories will exemplify some of the most common challenges this population has.

Jenny, a six-month-old who was born 6 weeks prematurely was brought to me for breathing problems and projectile vomiting. She was having trouble maintaining weight and was only 5 lbs. 1 oz. After her premature birth, she had spent four weeks in an incubator and was tube fed for the first two of those weeks. She then had surgery to repair her esophageal hiatus which had not formed completely at the time of her birth and was prevented from closing entirely while being tube fed. Once the tube had been removed she had two bouts of pneumonia brought on by severe acid reflux. She was still having projectile vomiting, acid reflux and difficulty breathing. Medically the family was told that if Jenny did not improve within the next two months they would have to do further reconstructive surgery of the esophagus. They also said if the acid reflux continued to get into her lungs she was likely to have permanent lung damage and continued bouts of pneumonia. The family was quite distressed and hoped that there was something noninvasive that would help her.

At Jenny's first session my evaluation revealed a severe twist to the right in her thoracic region with the diaphragmatic arch pulled forward and down on the right side. I recognized this as a sign of the core distortion which appeared to be more severe with her. I proceeded to do the Cranial/Structural Core Distortion Release (aka CSCDR) and we saw some of the twist of the thoracic release and unwind. While working with the cranium it was also obvious that her frontal bone was jammed down and to the right. Releasing the frontal bone along with the releases of the CSCDR helped shift her thorax out of the twist resulting in immediate improvement in her breathing. Some gentle abdominal work was then applied to release the tension along the diaphragmatic

arch. Again, her breath capacity increased more and she was crying sometimes quite loudly. Additional soft tissue work was applied to the pectoralis, serratus anterior and intercostal muscles allowing her chest to expand even more as she was breathing. The SCM was then treated to release tension away from the esophagus. This whole session took approximately one hour and at the end Jenny seemed to be relaxed and ready to sleep.

At Jenny's second session, her mother reported that the projectile vomiting had only happened once in the last week – a great improvement from 2-3 times daily, and she felt the vomiting was possibly due to the dairy that she had been fed in her bottle. Also of note Jenny gained four ounces in that week and had not had any difficulty breathing.

Evaluation of her cranium revealed that the frontal bone was still just slightly stuck and down on the right which was easily released. The torsion that had been evident in her cranium and thoracic was no longer there and the Cranial/Structural Frontal/Occipital Decompression (aka CSFO) was applied to support homeostasis and overall well-being. Additional soft tissue work to the abdomen, diaphragmatic arch, intercostals, pectoralis, serratus anterior, and SCM in the front, and the rhomboids, trapezius, serratus posterior, latissimus dorsi, and quadratus lumborum in the back was applied. Jenny's breathing was deeper more relaxed after the session.

From the third session on Jenny's projectile vomiting was not seen again. Over the next month she gained a full pound and had no difficulty breathing. In addition, when her esophagus was examined by the pediatrician there was no sign of recent acid reflux and the esophageal hiatus was now closing properly. I treated Jenny weekly for a month and then discontinued her treatments since the goals appeared to be accomplished. I kept in touch with the family over the next year and Jenny's development appeared normal and right on track with no other complications.

Charles, a 33-year-old adult, had been born four weeks premature and had been on a respirator while in the incubator due to breathing problems. By the age of two he was diagnosed with asthma, and by the age of three he was diagnosed with retarded growth. He had been developmentally slow and kept back in school twice. Eventually he was diagnosed with ADHD.

At 33 he was almost underweight and appeared anxious. He was having asthma attacks whenever the pollen was high and was prone to bronchitis and pneumonia. He was brought to me by his parents in hopes that I could help him with his breathing and his asthma attacks.

Evaluation revealed about a 33-degree scoliosis with a significant twist in the thoracic area. The whole thoracic region was pulled down and forward to the right, not only from the scoliosis but also as part of the core distortion restricting his breathing. In the first treatment the CSCDR was applied to start unwinding the scoliosis and bringing the hips and pelvis into balance. This would support the spine to start unwinding the curvatures of the spine which were responsible for the twist in the thoracic region. There was an immediate improvement with a lessening of the twist of the thoracic and an increase in the volume of his breath. In addition, compressing the cranium revealed an excess of fluid that was released during the CSFO. A myofascial soft tissue pelvic balancing session was applied to further bring the iliums and sacrum into weight bearing support and increase the unwinding of the curvatures of the spine and thoracic. Charles left feeling energized and optimistic that the changes he felt would help him with his problems.

At Charles second session it was noted that he had maintained the changes from the first and that he had not had an asthma attack in the week since his first session. The CSCDR was again applied to further unwind the scoliosis and twist in his thoracic area. The CSFO was applied which released the excess fluid that was perceived in the cranial motion. A soft tissue protocol was applied to release the abdominal muscles, diaphragmatic arch, and connective tissue around the rib heads, pectoralis muscles, serratus anterior, SCM, and scalenes.

During this session Charles started to hyperventilate and felt like he was going into an asthma attack. He was encouraged to keep breathing with full and rapid breaths even though he was hyperventilating. As he kept breathing the tension and fear associated with his asthma attacks released and his breathing became calm and relaxed. Charles said he went back to the age of two when he panicked in one of his first asthma attacks and thought he was going to die. He said that when he screamed with the fear he felt something relax in his chest that had been tight all his life. Charles left relaxed and amazed.

Charles had 10 more sessions. We worked with the cranium until it maintained a balanced easy rhythm and the accumulation of fluid and possible inflammation was significantly reduced. Also, soft tissue work for the scoliosis and the tension of the musculature of the thoracic further relaxed his breathing. Charles had one more experience with hyperventilation which released another area of tightness deep inside his chest.

Charles had not had another asthma attack since the second session and felt they were a thing of the past. He also reported that he was able to concentrate without taking medication and was working himself off his ADHD medication. He also had a lot more energy and was starting to workout since his body wanted the exercise which was something new.

Many of the limitations that had been with Charles since his premature birth appeared to have been released with the combination of Cranial/Structural work and specialized myofascial soft tissue protocols. Even the asthma had disappeared with the improved breathing and release of fear. Charles' one regret was that his parents had not sought this kind of therapy when he was quite young. He felt his life would have been much different had he not had all those problems.

From these two cases it is obvious that a great deal can be accomplished by supporting and treating people who have complications from premature births, even if it is later on in life.

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