

# SET TALK

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## Traumatic Brain Injury and Massage Therapy

This is a perfect time to write about Cranial/Structural techniques that successfully address treatable traumatic brain injuries. March is Traumatic Brain Injury month. Thanks to the Upledger Institute for pioneering craniosacral therapy into the massage field most massage therapists are aware that the cranium has a specific motion that affects the function of the brain and helps produce homeostasis throughout the body. This has led massage therapists to seek treatment modalities that work with cranial motion as well as the evolution of a number of new modalities. With so many massage therapists now using the cranial bones for treatment of the brain it is time that we are included in the primary treatment for traumatic brain injuries. I am going to present two case studies that substantiate this point.

**Case Study:** Jimmy, a 12 year old soccer player, had lost interest in soccer and schoolwork. All he wanted to do was lie around in his room with the lights out. Previously Jimmy had been an "A" student with many interests and hardly ever spent time in his room. His soccer coach was quite distressed because Jimmy had been a star on his team, and the coach at his high school had even predicted that Jimmy would be a college scholarship soccer player. Jimmy's mother was at wits end. She had taken him to a series of doctors and psychologists including a sports pediatrician. She contacted me because she had heard of my work with children who had learning disabilities. One of the psychologists had suggested that was one of Jimmy's problems.

At the beginning of the session while reviewing Jimmy's intake I questioned both Jimmy and his mother about any soccer injuries. This question arose because his mother said everything had been fine until just six months ago. The sudden onset of Jimmy's symptoms raised a red flag for me to look for potential brain trauma as they were synonymous with the symptoms of concussion. Neither Jimmy nor his mother could immediately recall Jimmy having a severe injury while playing soccer. However, his mother did say she would ask the coach.

In my evaluation of Jimmy I used kinesiology and found that compressing the cranium tested weak which showed swelling and inflammation within his brain. I applied the Cranial/Structural Core Distortion Release (aka CSCDR) to restore Jimmy's cranium to maximum range of

motion. This was followed by the Cranial/Structural Frontal/Occipital Decompression (aka CSFO Decompression) to encourage the glymphatic and lymphatic systems to pump out the fluid and inflammation. By the time the session was over Jimmy seemed less lethargic and somewhat interested in going home and completing his homework. We scheduled five weekly sessions for Jimmy.

At the next session Jimmy's mother was very excited. Jimmy was no longer lethargic and was interacting and showing interest with the family. She had taken him back to the sports pediatrician and asked him about a concussion at which point he had ordered a CAT scan. The sports pediatrician readily admitted that Jimmy's symptoms could be due to a concussion and brain injury. He had suggested that Jimmy's mother talk to the soccer coach for more information about an injury. The treatment for Jimmy in this session included a Therapeutic Cranial Decompression and another CSFO Decompression because there was still some swelling and inflammation revealed with the kinesiological testing. At the end of the session Jimmy was talking and behaving with the enthusiasm of a normal 12 year old.

At the beginning of the third session Jimmy's mother reported that the CAT scan showed brain damage consistent with a concussion and the coach mentioned that Jimmy had actually been on the ground unconscious for two minutes after a head to head collision with the goalie during a practice exercise. This coincided with the onset of Jimmy's symptoms. His mother could not understand why Jimmy couldn't remember this at which point I explained to her that loss of memory of a traumatic incident is a symptom of concussion and brain injury. The good news was that Jimmy was rapidly returning to his old self and actually wanted to start playing soccer again. His mother was not at all in favor of this.

Jimmy was treated three more times with the Therapeutic Cranial Decompression and the CSFO Decompression. At the end of his treatment kinesiological evaluation showed no evidence of swelling or inflammation. Jimmy was back to his old self, excelling at school, interacting with his family and, after extensive conversation with his mother and intervention by his father, was playing soccer. The sports pediatrician had also evaluated Jimmy with another CAT scan and said Jimmy's healing was remarkable. He released him to return to athletics.

This case is a perfect example of how Cranial/Structural therapy correctly treated a significant concussion and brain injury.

**Case Study:** Sherry, a 21 year old college student was referred by her medical doctor for treatment of a traumatic brain injury that occurred during a car accident even though she had not hit her head. The accident had occurred at 50 mph. She had been having headaches, reaction to bright lights, difficulty concentrating, lethargy, and vertigo, and was unable to attend classes because concentrating or reading made her symptoms worse. A CAT scan showed brain injury consistent with concussion. Her symptoms had not significantly improved for three months and her doctor was looking for any treatment that could help her.

Kinesiology testing verified that there was swelling and inflammation in her brain along with restrictions in the motion of her cranial bones. The CSCDR was applied to restore and maximize the motion of her cranial bones and to shift her whole body into improved structural alignment. Additional work was applied to the restricted motion of her temporal bones. There was a significant decrease in vertigo and headaches at this point. The CSFO Decompression was then applied to pump out excess fluid and inflammation by manually stimulating the glymphatic and lymphatic systems in her brain. Kinesiographical testing immediately after the treatment showed improvement with less fluid and swelling.

Sherry had five more treatments which included a Therapeutic Cranial Decompression and a CSFO Decompression. Sherry's symptoms continued to decrease and she was able to start going to classes and doing her schoolwork. At one point Sherry asked me how she could have gotten a concussion when she didn't hit her head. I explained by using an egg as an example. I took a raw egg and whipped it back and forth rapidly twice and said that is what happens to your brain when your head is whipped in a car accident at high speeds. The soft tissues of the brain collide with the hard tissue of the bone which bruise and damage the brain. I then broke the egg open and showed her how we had scrambled eggs instead of a defined yolk.

Sherry's dramatic improvement in the six weeks of treatment compared to the three months of little improvement reveal how the proper manual cranial techniques can successfully treat traumatic brain injuries and should be integrated into the recovery process for treatable traumatic brain injuries.

There are other long term conditions that result from traumatic brain injuries that can also be treated using these techniques. If we look at the three systems that are manually treated we can see how this is possible. With traumatic brain injuries there are adhesions and scar tissue that limit and restrict the cranial motion and often cause structural imbalances. By restoring a full

balanced cranial range of motion we can maintain a properly functioning system and treat cranial imbalances which can cause headaches, vertigo, and accumulation of fluid.

The CSFO Decompression was developed specifically to treat the glymphatic and lymphatic systems of the brain. With a traumatic brain injury both of these systems can be damaged which results in a rapid buildup of fluid, inflammation and waste products. If left untreated the fluid and inflammation will limit brain function and produce headaches and other problems. In addition, it has been found that the buildup of waste products will first coat neurons preventing proper function and, if left for long periods of time, will actually create degeneration in that section of the brain. This can lead to major diseases like MS, ALS and CP, or early onset dementia and Alzheimer's as we are seeing with many of the multiple concussion athletes.

The beauty of the manual Cranial/Structural therapies is that by working with the cranial motion we not only treat the immediate symptoms of traumatic brain injury, but we can also prevent long term problems from developing later. With proper training massage therapists can become recognized for providing primary treatment for traumatic brain injuries. It's time to take our rightful place in the traumatic brain injury recovery process.

*Please visit our website for more information – [www.StructuralEnergeticTherapy.com](http://www.StructuralEnergeticTherapy.com). You may also contact me through that site with any questions you may have.*