

Hope Rises Out of Tragedy

 At the age of six months, Mikey* suffered a near-fatal shaken-baby incident at the hands of his babysitter. He sustained multiple injuries that included a skull fracture, severe brain trauma, and several broken ribs. Life hung in the balance for days. Even if he were to survive, a bleak quality of life was expected.

Placed in a therapeutic coma for two weeks, Mikey emerged with severe spastic quadriplegia, cortical blindness, loss of auditory responses, and cognitive impairments. He also required a gastrostomy tube for nutritional support. Following three months of hospitalization, he was discharged home.

Over the next eight months, Mikey's functional improvements were very minimal, despite intense physical, occupational, and speech therapies. His rehab team members recommended a trial of Cranio-Sacral Therapy (CST).

It was now fourteen months since his injury. Mikey was twenty months of age and functioning at or below zero to three months of age in all areas, except for oral motor control, which was at four to six months.

Mikey presented with numerous problems. His arms were held in tight flexion. His hands were fisted. His head was constantly twisted toward the right shoulder. He displayed seizure-like activity. He had cortical blindness. Both eyes were deviated off midline and didn't focus. His optic nerves showed little to no response to light. He was unable to sleep restfully, waking eight to ten times every night in a distressed state. His vocalizations were high-pitched and consistent with brain trauma. He was easily startled by environmental stimuli and difficult to console once distressed. He remained in a chronic sympathetic nervous system state of over-arousal. And this wasn't everything.

*Name changed to protect client confidentiality

Craniosacral system assessment revealed a severely restricted, shortened dural tube. Three of the meningeal layers felt adhered to each other. The lines of fascial pull were so great that it felt like Mikey's buttocks were being pulled toward the back of his skull. The cranial vault felt stretched from internal pressure, and there was no palpable craniosacral rhythm at any point on the skull. Craniosacral rhythm was detected only in the lower legs, though it was diminished in amplitude and quality. His lumbosacral junction was immobile. Mikey became highly distressed whenever the occipital cranial base was palpated, as well as any time he was laid on his back.

Treatment began with one-hour sessions, twice a week. Our first session was essentially a long series of rock-and-glide techniques to support and reduce tension through the dural tube. Mikey could not tolerate any touch to his head.

At Mikey's next appointment, his parents reported that he had not had any seizures. There was also a very noticeable increase in his head control. In this session I detected a great degree of tissue tightness throughout the left side of his entire body, cranial nerve pathways, dural tube, and surrounding structures. I applied a cranial base release and sustained dural tube traction along with a parietal lift and frontal lift. Mikey was a bit more tolerant of touch to the head. By the end of the session, his muscle tone had dramatically relaxed.

By the next week, Mikey's parents reported that he had slept through the night for the first time since the accident, and that the quality of his sleep was deeper and more restful. No seizure activity, either.

Our next session started with dural tube elongation, both from the sacrum and the cranial base. I then proceeded to a good deal of cranial work with sphenoid decompression.

At our fourth session, the sphenoid decompression held for fifty minutes. Mikey's muscle tone was significantly reducing at rest, though still increasing when his position moved. There was enough reduction in spasticity to allow for voluntary kicking motion on

his left side, like he was riding a bicycle. On the home front, Mikey was heard laughing and was easier to calm and console.

With more therapy, Mikey was able to lie on the table without distress for an entire hour. He frequently laughed, giggled, and cooed. His legs were beginning to move separately from each other and less reflexively. Following one particular week, Mikey experienced a spontaneous reenactment of his birth. He actively pulled himself into a fetal position several times and rested there for quite a while. For a body with spastic quadriplegia to do this is just short of miraculous.

Many other changes began to occur in Mikey as well. When a brightly lit ball was placed on his lap, he pulled himself forward to look at it. This was the first true visual response he had shown since his injury. Today, his eyes move together consistently and constantly.

Mikey has regained ninety to ninety-five percent of his head control, and it no longer lists to the right. His parents can carry him with greater ease since the spasticity has reduced by eighty to ninety percent. His arms have relaxed out of spastic flexion posturing when he is not being moved. And he can now respond very quickly to efforts to calm him when he becomes distressed.

Another surprise in all this is that Mikey's reflux problem, which he had had since birth, disappeared with the CST. His parents have been able to take him off all medications for that.

Mikey has a long way to go to maximize his recovery from this trauma, but his entire rehabilitation team is convinced that his progress to date is directly related to the addition of CranioSacral Therapy. His parents, though remaining realistic about the future, are amazed at the "unexplained" rate and percentage of recovery their son has gained in such a short period of time. Their optimism and intention to guide their son out of the darkness have surely supported his own spirit and inner drive toward recovery.

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