

SET TALK

By Don McCann, MA, LMT, LMHC, CSETT

MM003717

(*Massage Message, September/October, 2012*)

Effective, Non-Invasive, Treatment for Concussions

Today there is a great deal of attention in the media and in athletics in general focusing on concussions. Many athletes are sustaining multiple concussions and are consequently losing major parts of their seasons as well as having major challenges in their lives while recovering. Unfortunately, for many this recovery is incomplete resulting in a loss of focus and concentration, which is often followed in later years with major loss of mental function.

As athletes become bigger, stronger and faster, collisions between themselves have become more devastating causing more frequent, severe concussions. In addition, improved performance has increased the speed in many sports. In ice hockey the force of body contact and the increased speed of the puck are more devastating often resulting in severe concussions. In baseball the average speed of the fast ball has increased significantly with more frequent, serious concussions for both batters and catchers hit by pitches. In basketball the speed has led to more height in jumps and more forceful collisions again resulting in more severe concussions. In football and soccer athletes are bigger, stronger and faster resulting in more severe injuries and more frequent, severe concussions. One of the interesting statistics I recently saw was the number of concussions sustained by high school aged girl soccer players and the growing concern about how their school work is affected. It is very sad that, with all the medical advances in the ability to image the brain and see what happens during a concussion, there is very little progress on how to treat concussions, and how to prevent the long term degeneration in the brain that shows up later in life.

With this increase in concussions it is no accident that I have more clients with concussion-related conditions. Massage and Cranial/Structural therapy are not appropriate during the acute stages of concussion recovery. You need to have a doctor's written release before beginning treatment. The following are two concussion cases that I have treated recently. One boy was a doctor referral, and the second was brought to me after his mother had given up on what the doctors were doing since her son was getting worse.

Case Study #1: Jim was referred by his fourth neurologist who was searching for anything that could help. Jim had had three concussions in the last year.

One was from being hit by a friend at a party who had been drinking too much, another had been from walking into the corner of the cabinet that he had not seen, and the third had been from a whiplash injury. Jim was a college student who had not been able to read or concentrate since the whiplash concussion, and his short term memory was drastically impaired to the point that he couldn't remember his appointment times and was not able to drive.

Jim arrived at his first appointment with a headache. A standing structural evaluation revealed a significant structural distortion, a reverse curvature of his neck, head tipped to one side, and a jamming of the atlas/axis and occiput with reduced range of motion. The Quick Release Technique was applied which released trigger points, reduced the swelling and ischemia in the major muscles of the neck & shoulders, opened the acupuncture meridians and mobilized the occiput. Jim's headache pain was reduced by 70%. I then did the Cranial/Structural Core Distortion Releases, soft tissue C1 release, and a soft tissue Head, Neck and Shoulder protocol to further release the swelling, ischemia, inflammation, myofascial holding patterns, adhesions and scar tissue resulting from his injuries. Jim left feeling much better with increased range of motion and no headache.

At Jim's 2nd session he was having some headaches with less frequency, duration and intensity, and his vertigo was less. He still could not focus clearly and short term memory was still impaired. Structural evaluation showed significant improvement, less head tilt, and the reverse curvature was reduced. Compression testing of his cranium using kinesiology revealed swelling inside the cranium and an imbalance between the two temporal bones. A specialized Frontal/Occipital decompression was applied to pump the excess cerebral spinal fluid out of the cranium, and the temporal bones were mobilized and synchronized. After the treatment the fuzziness was less and no vertigo.

At his 3rd treatment the vertigo had not returned and he was able to remember what he was studying and reading. He was very excited. He continued with five more Frontal/Occipital decompressions, resumed classroom activities and had no pain in the neck and shoulders.

Case Study #2: Charles, a soccer player, could not return to soccer or normal classroom activity for five months after suffering two concussions in one season. He couldn't read and suffered with serious headaches daily as well as significant pain in his neck and shoulders. Medical specialists weren't sure why he had not improved and were suggesting very invasive procedures. Charles was released by his physicians to

normal life activities to the degree that he could participate, so it was safe for me to treat him.

The structural evaluation in Charles' initial session showed a significant structural collapse of the core distortion that was reflected in the cranium, and a jamming of the atlas/axis and occiput when rotating his head to the right. I did the Cranial/Structural Core Distortion Releases, soft tissue C1 release, and a soft tissue Head, Neck and Shoulder protocol. Charles immediately reported an almost normal return of range of motion in the neck and sense of clarity to the point he was very upbeat and happy.

At his 2nd session he no longer was having headaches and only 30% of his neck pain remained, but reading comprehension and concentration were still problematic. Compression testing of his cranium using kinesiology revealed swelling inside the cranium so the Frontal/Occipital decompression was applied to move the excess cerebral spinal fluid out of the cranium using the Frontal/Occipital decompression..

By the 3rd session he was able to read and do normal school work. After 10 more sessions over six months he was doing very well in class but did not return to soccer.

Often the structure is totally ignored in clients who have suffered concussions. A blow to the head or sudden motion that causes the brain to bruise inside the cranium also destabilizes the structure with resulting soft tissue damage. This results in splinting, inflammation, swelling and spasm which is why complaints include neck, shoulder and back pain along with headaches that haven't diminished since the concussion occurred. Thus, my primary focus is to release the structural misalignment, spasms, swelling, inflammation and headaches.

It is never black and white whether the headaches are from the concussion, or from the structural misalignment, or the jamming of the atlas/axis. When the atlas and axis are jammed there is pressure on the brain stem, a major cause of headaches with mental acuity often limited by 50%. This also sounds very much like the major symptoms of concussion. By applying Cranial/Structural techniques combined with soft tissue protocols the structural misalignment of the neck and jamming of atlas / axis can be quickly improved. Often there is a significant improvement in focus and concentration, and acute headaches diminish in frequency and intensity. As you can see, often these symptoms are not due to the bruising of the brain, but rather the restrictions in the soft tissue and structure of the neck and shoulders.

The Cranial/Structural techniques and the soft tissue C1 releases will provide quick relief of many concussion induced conditions such as headaches and dizziness, as well as the inflammation, swelling, and ischemia that cause the painful symptoms. The fluid from the bruising of the brain after concussions that causes swelling within the cranium often becomes trapped and can't properly drain. Sometimes this is from a restriction of the normal cranial motion from the injury that prevents adequate pumping of the cerebral spinal fluid, and sometimes the adhesions in the connective tissue around the brain that was damaged by the injury traps this fluid. The Cranial/Structural techniques mobilize the restricted cranial motion, increase the pumping of the cerebral spinal fluid, and release the adhesions. The Cranial/Structural Core Distortion techniques release the soft tissue restrictions that distort the cranial motion and restore full range of motion and balance. Thus, the ability to focus and concentrate returns, and the headaches diminish or disappear.

There is a theory supported by medical findings that the scar tissue, trapped fluid, and decreased circulation are in part responsible for the deterioration of brain function for older people who have had multiple concussions. I have developed a Cranial/Structural Frontal/Occipital Decompression which is extremely effective in treating all of this. In my experience, noting the improvements with my clients, it is possible to restore the brain function to its pre-concussion status.

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