

A 5½ mo female successfully treated for plagiocephaly/brachycephaly with sacro occipital technique cranial protocols: A case report

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Introduction: A 5½ month old female presented with a left head tilt, preference to look right and flattening along the right side of the head. Parents observed flattening at 2 months and shared she did not tolerate tummy time. At 4 months she could roll from back to belly. Also noted, mother laboured for 48 hours, baby's head was 'lodged' into the mother's right hip, and was delivered via an emergency cesarean.

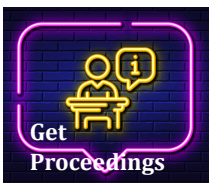
Methods/Interventions: Sacro occipital technique (SOT) Cranial and spinal chiropractic adjustments were performed which included: Left anterior sacrum, left occipital slip and flexion correction, vagus release on the left, dural release of atlas on the left, dural release of axis on the right, T1 adjusted into extension, bilateral shoulders and 1st ribs release, sphenobasilar, frontal-zygomatic, maxillary-zygomatic, fruit jar, bilateral sphenoid wings with the sphenomaxillary suture release, frontal bone moulding and CSF technique.

Photographs and measurements using a Mimos craniometer and measuring tape were taken every 6th visit. After the 12th office visit a right internal frontal adjustment was added to deal with the patient's brachycephaly.

Results: Initially plagiocephaly measurements were improving, while the brachycephaly index increased so after the 12th visit right frontal adjustment was added which addressed the patient's left head tilt. The patient was treated for 5 months and during that time was seen for 23 office visits. As the patient's head measurements improved during that five month period of care her parents concurrently noted that she was reaching her developmental milestones.

Conclusion: With difficult births it is not unusual to have cranial compression causing plagiocephaly/brachycephaly type presentations, so implementing cranial measurements and taking photographs regularly can offer objective findings that are effective in monitoring patient progress. Cranial asymmetry may be a component in affecting childhood psychomotor development as well as optimal development of the cranium for neural function.

Indexing terms: Chiropractic; sacro-occipital technique; SOT; plagiocephaly; brachycephaly



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