Sacro Occipital Technique Research Conference

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Integrating TS reflexes, SOT procedures, and reflexology for treatment of chronic cervical cervical pain and reduced range of motion: A report of two cases.

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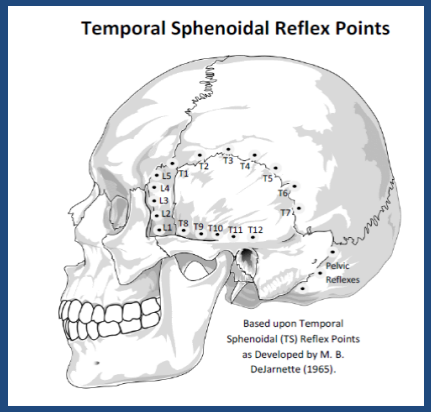

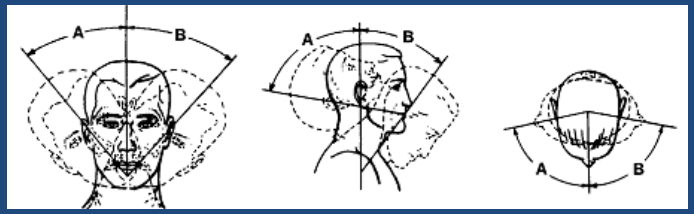

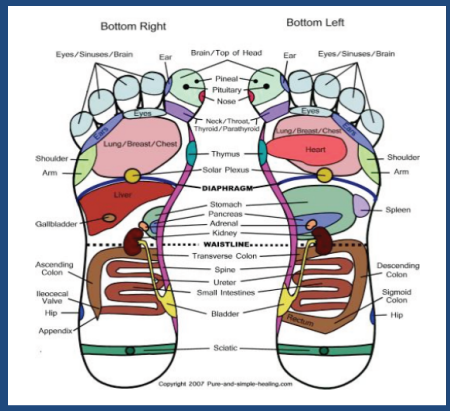

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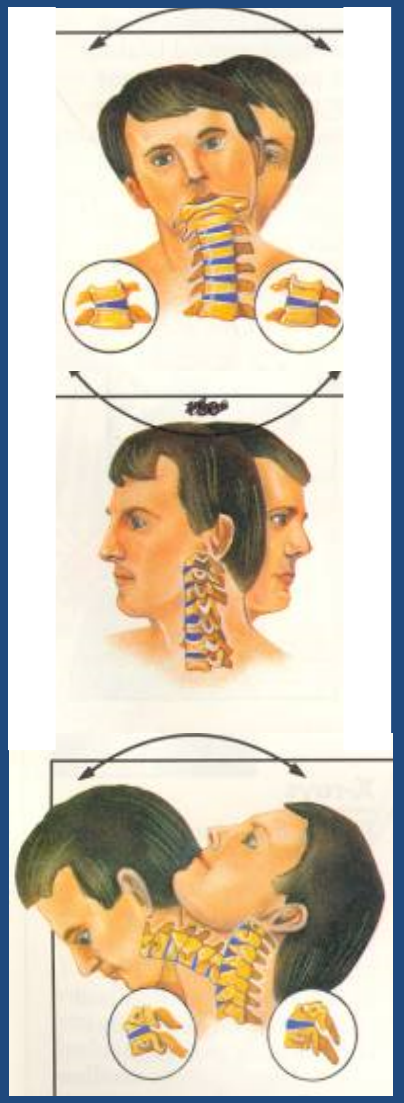
Introduction

- Neck pain is a common disorder which approximately 70% of adults will experience during their lifetime.
- The purpose of the following two case studies was to investigate how a novel combination of temporal sphenoidal reflexes, chiropractic manipulation, viscerosomatic reflexes, and foot reflexology could have a positive effect on cervical spine range of motion.

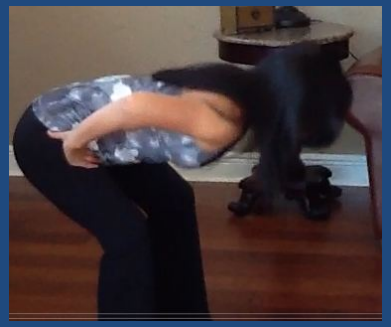
Case Studies

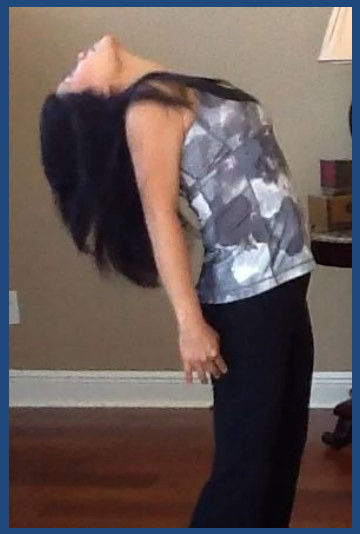
- Case #1 involved a 38 year old female with chronic (17 years duration) neck and low back pain.

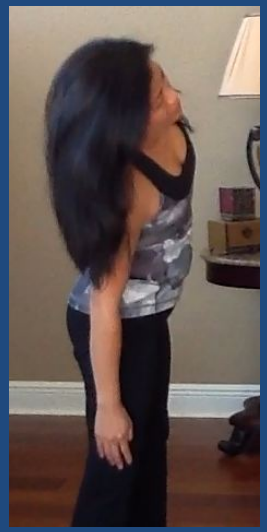
- Case #2 involved a 43 year old male presenting with chronic (6 months) neck and low back pain with limited cervical range of motion.

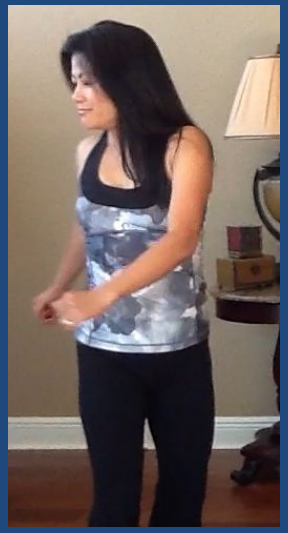


Methods – Standing Analysis



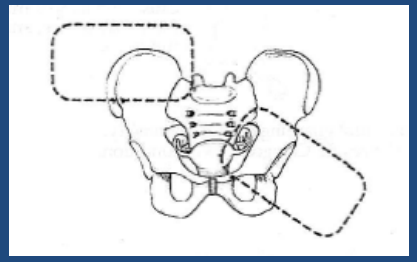


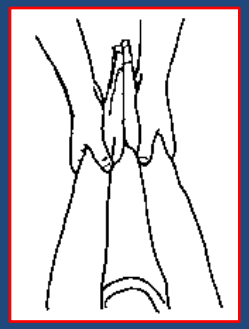




- The patient is analyzed in the standing position and we start with the patient attempting to squat down, bend forward, as well as attempt full extension.
- Then we next have the patient laterally bend and rotate the spine in both directions.

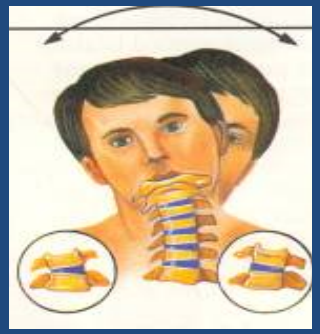
Methods – Supine Analysis





- Initially the patient is assessed for psoas muscle imbalance and category two findings and treated if found.

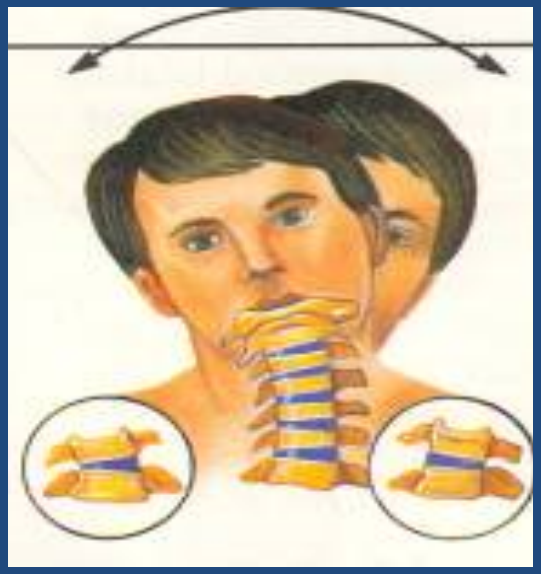
- The cervical spine is analyzed with the patient supine.



- Sidebending the head right and left is performed.

Methods

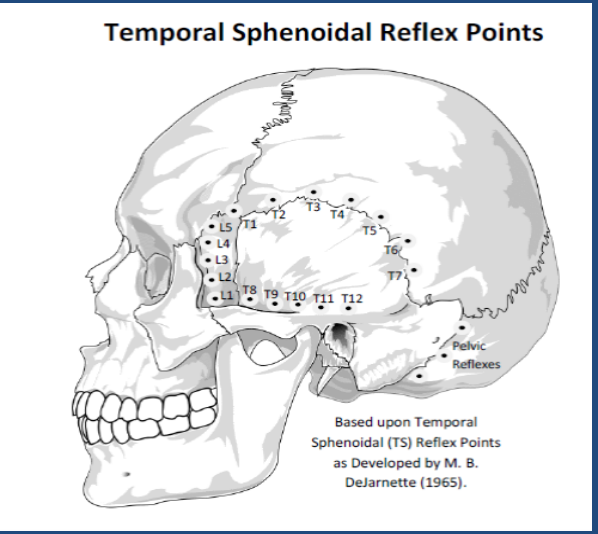
The side that has no side bend or shows restriction (lateral flexion only not rotation) is chosen as the posterior cervical side.



The posterior cervical side is then rotated to the opposite side and the doctor palpates for intersegmental muscular congestion, swollen facets or painful articular facets.

Methods

- Once the most painful cervical articular facet is identified, the head is turned toward the opposite side.
- TS reflex points are palpated searching for the most sensitive point (e.g., C3 would relate to either T4/5 or L1) as determined by patient sensitivity to palpation.
- The region of cervical vertebra congestion is held in the upward position with the head turned so the TS reflex region is placed downward.



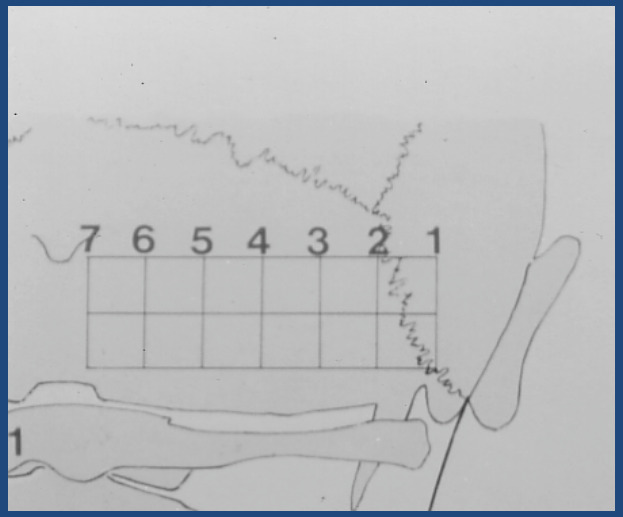
Methods

- With the head turned away from the posterior cervical side, have the patient look down towards their feet as the head is moved slightly into flexion while exhaling.

- A cervical adjustment is made as the patient moves their head upward and looks at the doctor’s eyes while inhaling.

Methods

Utilizing the occipital fiber CMRT relationship and TS reflex point relationship, a specific organ will be determined to be used with the foot reflexology aspect of the treatment protocol.



Fiber 1: T1 (cardiac), T2 (myocardial), and T10 (intestinal) = **C1**

Fiber 2: T3 (respiratory), T11-12 (kidney) = **C2**

Fiber 3: T4 (gall bladder), T5 (gastric), and L1 (ileocecal) = **C3**

Fiber 4: T6 (pancreas) and L2 (cecal) = **C4**

Fiber 5: T7 (spleen) and L3 (glandular) = **C5**

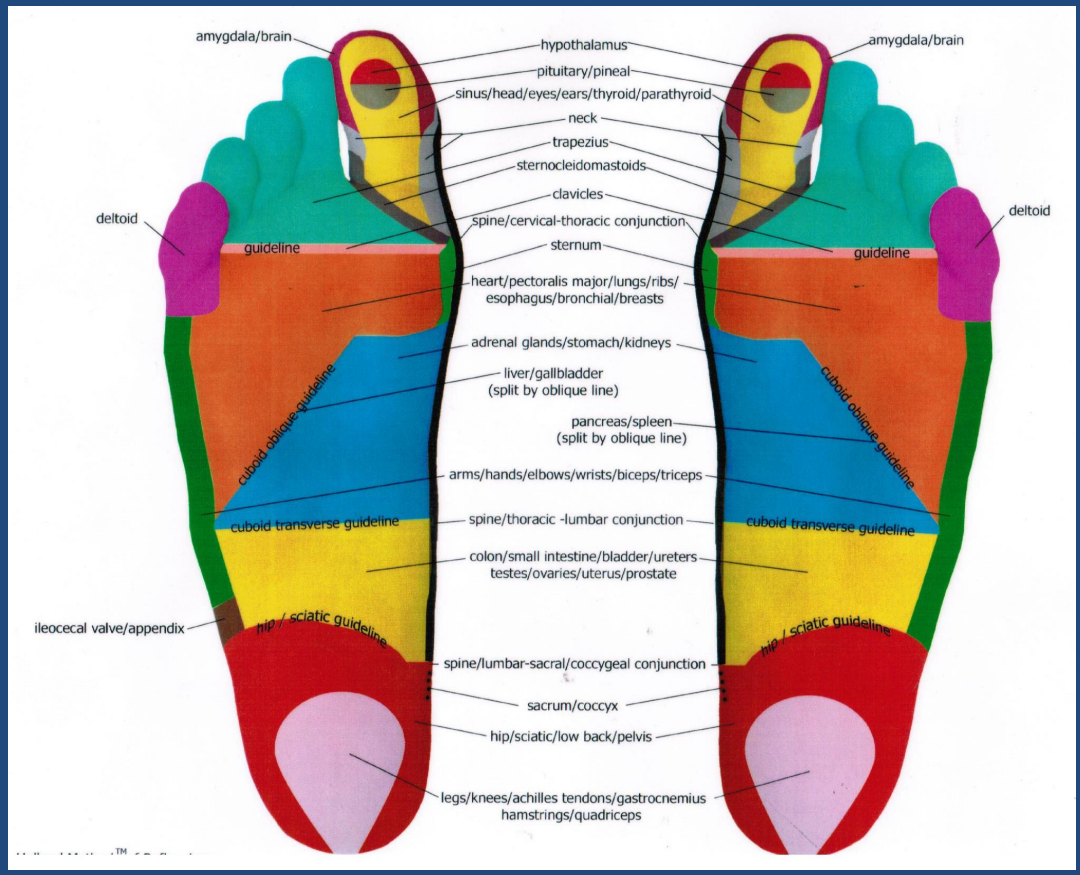
Fiber 6: T8 (liver) and L4 (colon) = **C6**

Fiber 7: T9 (adrenal) and L5 (prostate/uterus) = **C7**

Methods

Generally these foot reflex point(s) will be very painful and are manipulated with pressure for about 15 seconds followed by having the patient cough.

The manipulation and coughing are repeated until the pain is gone, approximately 1-2 minutes, at which time the other foot is evaluated and treated in the same manner.



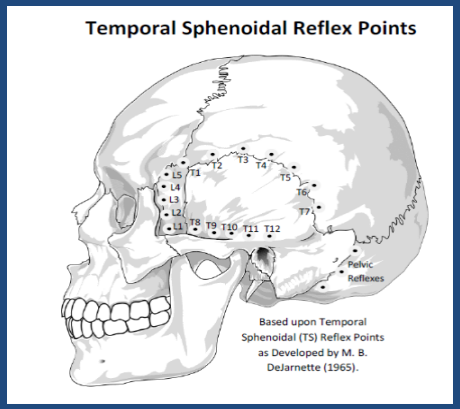
Results

- The patient in **case #1**, following the first treatment full cervical range of motion was noted in all directions and the presenting pain (8 on a pain scale of 1-10) was reduced to “soreness” (3 on a pain scale of 1-10).

- The patient in **case #2** received 11 treatments over a 3-4 week period of time.

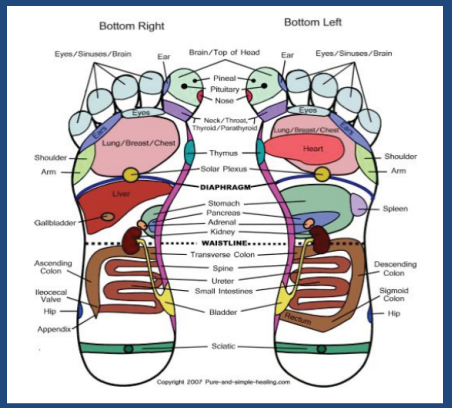
- By the 11th office visit right lateral flexion was full, but instead of pain in the upper thoracic (7 on a pain scale of 1-10) the discomfort was reduced to “soreness” (2-3 on a pain scale of 1-10). All other motions were full and pain free.

Discussion



M. L. Rees, further developed the TS Lines as initially developed by M. B. DeJarnette

Eunice Ingham, PT, RN further developed foot reflexology initially developed by William Fitzgerald, MD



Conclusion

- These case reports illustrate one patient who had chronic cervical spine pain and limited range of motion for 17 years (case #1) and another for 6 months (case #2) who both responded favorably to SOT category two treatment, TS reflex, foot reflexology and cervical manipulation.

- Further research is indicated for a larger sample with control group, and comparison interventions.

- Greater outcome assessment tools involving pre and post neck disability index forms and a reliable range of motion assessment tool would be useful.