

# Sacro occipital technique (SOT) cranial techniques incorporating myofascial tongue therapy for acute neck restricted motion: A case report

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**Introduction:** A 72 year old man was referred to my office for non-traumatic induced acute neck pain and severe limited range of motion of two weeks duration. He awoke two weeks prior with a stiff neck that progressively stiffened up through the day and eventually 'locked up', virtually not allowing him any motion. At his best during this time he might have no more than 10° of movement. Other than the neck pain and stiffness he reported no other issues with his body though he did have a history of global arthritic stiffness, poor balance, and has fallen several times recently

**Methods/Intervention:** Since the patient was so guarded and apprehensive with pain and limited motion, after a brief examination it was clear that I wouldn't be able to use any forceful manual adjusting to his upper thoracic or cervical spine directly. Due to the limitations in what I could do therapeutically I experimented by using a tongue myofascial technique that I had developed. I had him stick out his tongue and focused care on the adjacent *glossal* myofascia as well as pulled and stretched his tongue in specific directions. He was seen three times and on the second and third visit I was able to incorporate some SOT procedures.

**Results:** After the first visit when the myofascial tongue treatment was applied we were both surprised that he had improved his cervical range of motion 10-15% immediately, by over 40% by the 2<sup>nd</sup> visit, which was also associated with decreased pain. After the second visit his range of motion was 80% improved and following the third visit he had full range of motion with no reports of pain. He was seen three times during a one week period. The patient also reported that his balance improved

**Conclusion:** This case demonstrates care of a patient with acute cervical spine pain and restriction unresponsive to chiropractic and physical therapy being treated with SOT techniques incorporating myofascial tongue therapy. With intractable patients incapable of receiving direct care for acute traumatic/nontraumatic neck pain further research into myofascial tongue therapy may be of value.

**Indexing terms:** Chiropractic; sacro-occipital technique; SOT; tongue therapy, glossal myofascia; acute neck pain

## Protocol notes

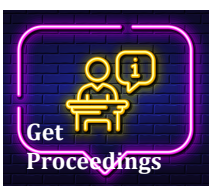
The protocol has been developed as a response to the need of TMJ therapy to improve tongue function and reduce the need for, and the duration of myofunctional exercises. The problem that I experienced was how long it took to get any quantifiable improvement in tongue position or tongue function. The by-product of this technique is how it affects the cervical spine and the muscles involved in swallowing. The following is an overview of the method:



1. The procedure used on the case presented at this 2023 SOT Research

Conference was performed with the patient in a seated position. The technique can be performed with the patient sitting or supine.

2. Patient is asked to stick tongue out, and with a gloved hand the doctor will attempt to pinch the tongue tip between thumb and index fingers, and stretch tongue anterior. Sometimes it helps to use a paper or cloth towel or face paper to grip the tongue and maintain a good contact to securely hold the tongue
3. With the doctor's other press on the lateral margin of the tongue with pressure medially, stretching the tongue between the 2 contacts (tip of tongue and its lateral margin).
4. While the tip of the tongue is being stretched the other contact is feeling for the tension by moving anterior and posterior along the tongue's lateral margin, creating tension from the root of the tongue to the tip, feeling for the release of the soft tissue attachments to the tongue.
5. It is often very hard to feel the release of the tension on the tongue. Therefore this should be done slowly and gently until you develop a feel for a release in the tongue and its related soft tissues. You must be aware of patient's pain tolerance and let them know it will be uncomfortable at the best and often painful.
6. Following releasing of the tongue (its tip, lateral margins, and root) then palpate and if indicated release any suprahyoidal muscle tension.
7. Place one finger under the chin while another intraoral finger pushes down on the floor of the mouth under the tongue, compressing and manipulating the myofascial soft tissues between the two fingers until a relaxation is palpated. Then continue around any suprahyoidal attachments and release any tension felt in the suprahyoidal muscles and surrounding soft tissue



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