CranioSacral Therapy Cuts Helmet Time in Half for Five-Month-Old with Plagiocephaly

By Karen Axelrod, BA, CST-D, CACMT

Adam* came to me at five months of age with torticollis and deformational plagiocephaly. His conditions were not causing severe developmental delays, but he did have some minor issues with constipation, motor control, and head/neck range of motion. He was receiving physical therapy and chiropractic care, and he was slated to get a helmet to treat the plagiocephaly in the coming weeks. Adam's orthotist estimated his treatment would be complete in about a year. His mother thought CranioSacral Therapy would be a good addition to round out his adjunct therapies, enhance his developmental progress, and perhaps reduce the time needed for the helmet.

I saw Adam 20 times over the course of seven months. Each session was an hour long, and we averaged sessions about every other week.

In his first session in May, I identified a major strain pattern on the left side of Adam's body. Adam's cranial rhythm was very strong throughout his body, and exhibited a good sense of vitality and vigor. The strain pattern, however, originated in Adam's left hip and engaged his SI joint, then traveled into his upper abdomen where it torsioned into his stomach and radiated into his cranium. The torticollis was absolutely part of this restriction, since the strain incorporated Adam's left posterior scalenes and SCM. I worked the restriction with diaphragm releases and positional tissue release, starting at his hip and working my way up to his cranium. His occipital cranial base was compressed due to the torticollis, and a gentle occipital spread released that well. I finished the session by releasing his intracranial membranes and doing some cranial molding.

At his second appointment two days later, Adam's mom reported that his digestion and elimination had improved as did his left and right head rotation. He was better able to sit up and stay seated with minimal assistance. I observed that his neck seemed much more elongated as well. I arced to his upper thorax as the area needing work. I spent most of the time releasing minor restrictions in his right upper traps, SCM, and scalenes using, again, diaphragm releases and positional tissue release. I found his right temporo-parietal suture to be stuck, so I released that with gentle traction. Adam's head seemed more sensitive today than it was before. And no wonder. Mom told me he had been fitted for his helmet the day before. It was not an easy process, and he was very upset during the entire experience. Despite that trauma, his body had held the releases from the first treatment quite well.

Adam was slated to begin wearing his helmet in four weeks. He would wear it for eight hours a day for the first three days, then accelerate up to 23 hours each day. I did two more sessions with him before the helmet came, each time working to mobilize his cranium and prepare his body for the helmet.

He adapted to the helmet fairly well when he started wearing it in June. We continued our biweekly sessions, which always included cranial molding, checks and treatment to ensure none of the cranial bones were overlapping or becoming adhered to one another, and mobilization of Adam's dural tube to ensure motor function to the rest of his body was as enabled as possible.

Adam enjoyed the work and the attention he received during our sessions, and he seemed to especially appreciate the opportunity to let his head "breathe" without the constriction of the helmet. Early on I spent a couple sessions addressing his mouth and facial bones. By July, one month after receiving his helmet and regular

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** name has been changed*

CranioSacral Therapy, his mom reported that he had become more vocal and sociable. He also enjoyed spending time on the floor now and was better able to scoot around.

We faced a couple new challenges in September. Adam was nine months old now. The helmet was doing its job well according to the orthotist, and he estimated perhaps six more weeks of treatment. Adam also was still seeing his chiropractor regularly and receiving the PT. However, Adam's tongue had begun to drift to the right and was noticeably off center. This correlated with his left hip and SI area, which had become restricted again. Adam was crawling now, but dragged his right leg rather than incorporating it into his movement.

Over the next five sessions, I worked with his tongue to release a deep pull emanating from his upper throat as well as working on the imbalanced pelvis. I did this cautiously with a finger inside his mouth at the base of his tongue, being ever-so-mindful of those little teeth, as well as work under his mandible and in his upper throat. I also worked on his hypoglossal cranial nerve 12 to ensure motor control to the tongue was not impacted.

But every week there seemed to be a new restriction in his cranium associated with the pelvis. As Adam grew and his body tried to settle into a more permanent structure, it seemed the helmet created pulls downward into the dural tube that the pelvis didn't like. I worked on a right parieto-occipital restriction one week, left temporal bone the next, left fronto-parietal area another week, and so on.

Finally, after five weeks of chasing these restrictions (which was like chasing a baby who's learning to crawl!), Adam's pelvis balanced with his cranium and he was crawling perfectly. His right hip flexor had developed the strength and coordination needed to allow a proper crawling motion. His mom also informed me that the helmet would be coming off in December. They were just waiting for a little more of the left frontal area to fill in.

I saw Adam one more time in December for a final session to balance his reshaped cranial bones, the intracranial membranes, his dural tube, and pelvis. The helmet was gone now – only six months after treatment began! His mom was thrilled – as was Adam – that the treatment time had been cut in half thanks to the complementary CranioSacral Therapy he received.

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