

Treatment of a 40-year-old female with a history of sleep apnoea, insomnia, and airway compromise symptoms: A case report

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Abstract

Introduction: A 40-year-old female presented to this clinic with a history of sleep apnea, insomnia, decreased nighttime oxygen saturation rates, and subsequent exhaustion. Her complaints began in 2017 after premolar extractions with the goal of '*opening her bite*'.

Comorbidities included frequent illnesses, allergies, asthma, Lyme disease, headaches, neck pain, upper back tightness, hip, low back, rib tightness. She described other injuries such as a motor vehicle accident in 2007 associated with a C5-6 compression fracture as well as a crush injury to her thighs bilaterally.

Prior to being seen for care at this office she had received traditional (diversified methods) Chiropractic care, continuous positive airway pressure device (CPAP) which made symptoms worse, and surgical maxillofacial surgery for expansion of craniofacial airway. She was being treated pharmacologically with *hydroxazine* to aid sleep, *Ritalin* p.r.n. for ADHD, and *Diazepam* to ease anxiety.

Initial examination at this clinic revealed asymmetry in shoulder position with left shoulder being higher than the right as well as anteriorly displaced with sensitivity at the left *anterior/medial scalenus* muscle. Lower extremity asymmetry was also noted with the left hip appearing higher than the right, left physiological short leg, left inguinal ligament sensitivity greater than the right, and right side weak prone straight leg lift. Cervicocranial assessment revealed forward head posture with imbalances at the left sphenoid, right occiput, and right temporal bones.

Methods/Intervention: Treatment included sacro occipital technique (SOT) category two (pelvic torsion with sacroiliac joint hypermobility) supine blocking, intra-oral cranial work, frontozygomatic rotational adjusting, muscle 'stripping' of her cervical *paravertebral* and *trapezius* muscles, low-level laser therapy to her head and neck, and hyoid bone mobilisation.



The patient traveled 2.5 hours one way for her visit. She experienced such relief with her first visit that she scheduled a follow-up the next day before returning home. This began a pattern of care where she would take treatment one evening and the next morning before returning home.

Visit frequency was determined by the patient due to the amount of time she had to allocate to travel. She would make the trip approximately twice per month. Initial visit was November 2023. Improvements began with the first treatment and progressed until January 2024.

In January she received a biofeedback treatment and felt her anxiety levels escalate. In consultation with and at the recommendation of the healthcare provider who administered the treatment, she did a follow-up biofeedback session which further aggravated her anxiety levels. Along with the increased anxiety, the patient experienced a resurgence of her prior complaints in intensity and frequency. Dropping oxygen saturation levels, poor sleep, tongue/jaw discomfort, body pain, low energy, and emotional agitation and unease.

Results: Following the biofeedback-related setback the patient returned to seek care as described above and by February 2024 slowly began to feel her symptoms were lessening in intensity and frequency. As treatment continued the patient reported better sleep, a drop in anxiety levels, improved movement of tongue which could connect better with the roof of her mouth, and TMJ function.

She also reported feeling generally more grounded/balanced, less tension in spine and hips, with decreased frequency of headaches. Palpation noted improved symmetrical movement associated with the sphenobasilar region, sphenoid and temporal bones, as well as with improved TMJ translational movement. She recovered strength in her prone straight leg lift with improved muscle coordination in the upper and lower extremities.

Conclusion: This patient presented with multiple comorbidities but was primarily concerned with her sleep-disordered breathing and constant fatigue that was refractory to most other interventions. It is unusual for a patient to have a contraindicated response to biofeedback and this may indicate a psychosomatic/somatopsychic component to her presentation.

It is encouraging that with care at this office she was able to return to a level of improvement even though there was a periodic setback in January 2024.

Indexing terms: Chiropractic; SOT; sleep apnea; biofeedback adverse reaction.



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About the practitioner



John Erickson, DC is a 1997 graduate of *Palmer Chiropractic College, Davenport*. He and his lovely wife Michelle have six children. His practice is in Loveland, Colorado and incorporates a multidisciplinary approach, currently incorporating sacro occipital technique (SOT) and SOT cranial techniques. This is his first research presentation and was delivered at this year's 2024 SOT Research Conference.

