



Chiropractic treatment of a post-concussive syndrome secondary to volleyball injury in a 14-year-old female

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Introduction

Concussions, especially in younger athletes, are becoming far more commonplace. On site evaluations immediately following an incident have improved but treatment has not.

This study explores the possible value of chiropractic care and more specifically Sacro-Occipital Technique (SOT) cranial treatment following diagnosis of a concussion and subsequent post-concussion syndrome.

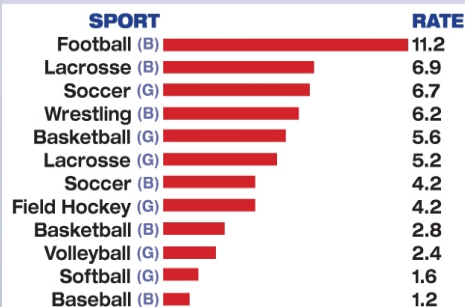
Case History

A 14 year-old female was struck in the frontal bone (glabella) by a volleyball with impact from inferior to superior as she was twisting to the left (March 2012). She was checked out by her trainer immediately following the incident.

Case History (Continued)

Upon returning home she was seen by her pediatrician. She was told to take Tylenol and rest. After 3 weeks there was no change in symptoms so she saw a pediatric neurologist advised Tylenol and rest.

Reported Concussion Rates in High School Sports by Sport and Sex
(Rates per 10,000 Athletic Exposures)



Source: National Academy of Sciences, 2012

When there was still no change after a month she saw another neurologist and an ophthalmologist and was told to take Tylenol and rest. Following no changes in symptomatology she presented to this office July 2012 with no memory of the game following the impact.

Case History (Continued)

She reported daily decreased visual fields, dizziness, nauseated, extreme fatigue and headaches (primarily in the glabella and occiput) since the incident. She was unable to attend school.



Methods

The patient was treated using SOT category two blocking placement, category two sutural correction cranial technique, cervical stairstep adjustments, and thoracic adjustments.

Results

Following the first treatment she was able to return to school. The pain in the occipital region had subsided and there was only one episode of nausea. The dizziness was only with going from seated to standing. She was seen for 3 more visits with the focus on cranial adjusting of the craniofacial region. She was symptom free by August 2012. Prior to treatment in this office there had been no change in symptoms. Following each treatment she demonstrated consistent improvement.

Conclusion

Based on the findings in this case report, SOT adjusting and cranial treatment for the care of post-concussion syndromes in athletes warrants further study.