

# Sacro occipital technique care for a 7-year-old male patient with ADHD: A case report

---

Ethan Lee

---

**Introduction:** Sacro-Occipital Technique (SOT) is a chiropractic technique that restores normal CNS function through correction of the cranial sacral respiratory mechanism. The aim of this case report is to explore the effectiveness of SOT in the treatment of ADHD symptoms in a 7-year-old male patient. The patient had been diagnosed with ADHD and was experiencing symptoms such as hyperactivity, impulsivity, thoracic pain, neck muscles tightness and afternoon fatigue from poor sleep quality.

**Methods/Intervention:** The patient underwent 4 sessions of SOT treatment over a 3-month period, with each session lasting approximately 30 minutes.

**Results:** The results of this case study showed a significant improvement in the patient's ADHD symptoms. Parents reported a behavioural improvement on hyperactivity and impulsivity. The patient also reported no pain at the thoracic region and no tightness at neck muscles. Additionally, the patient's parents reported a significant improvement in sleep quality and daytime energy following the SOT treatment.

**Conclusion:** These findings suggest that SOT may be an effective treatment option for paediatric patients with ADHD. Further research is needed to confirm these results and to determine the optimal treatment frequency and duration of SOT for ADHD. Nevertheless, this case study provides initial evidence for the potential effectiveness of SOT in treating ADHD symptoms in paediatric patients.

**Indexing terms:** Chiropractic; sacro-occipital technique; SOT; ADHD; paediatric

## Technique discussion

With this 7-year-old male ADHD patient, the first two treatments focused on treating cranial aspects of his category two presentation. This patient presented with a positive arm fossa test, an increased left-sided psoas tension, and left knee medial knee tenderness to palpation. However, the patient's legs were even so supine blocking was not performed but vector point work, trapezius fibre work, and cranial basic two was performed.

Both his *sternocleidomastoids* and *rhomboids* were hypertonic as determined by a combination of palpation for pain and direct muscle tests and treatment was focused on having them relax and demonstrating reduced pain.

Many of the SOT doctors with whom I have studied discuss how category two can be a fundamental problem due to creating an over-sympathetic response from persistent sacroiliac



joint (SIJ) instability. With this in mind, I routinely start with category two treatment and then go back to recheck my indicators. In the first couple office visits I prefer to focus on the dura mater tension so I always make sure the SIJ is stable and cranial bones and sutures are compliant.

For SIJ stability, I also perform direct muscle tests on all lower extremities including hip flexors, extensors, adductors, abductors, *popliteus*, *tibialis*, and *peroneal* muscles. If I see any muscle weakness I know there is some level of instability happening so I always recheck the category two indicators after treatment. With cranial tension, after utilising the cervical stairstep to check range of motion at the neck, then sutural and cranial motion palpation is used to determine what part of the cranium needs more treatment.

I found both adrenal and liver Chiropractic Manipulative Reflex Technique (CMRT) reflex positive along with positive meridian pulse point evaluation, where these were determined by muscle testing. The patient's parents also mentioned the patient has a bowel movement every other day, sometimes every three days. With that, I recommended *Body Guard Supreme* from *Supreme Nutrition Products* to help stimulate some liver detoxification which I think may have been associated with his irregular bowel movements. Regarding adrenal function, the parent mentioned their child was a restless sleeper with nightmares and attention span drops throughout the day. To support his adrenal function *Ashwagandha* from the same supplier was recommended. The parent reported that the patient responded very well to the supplements. Within a week of starting chiropractic care and nutritional supplementation he began to have daily bowel movements and was no longer having any nightmares. Parents also noticed that his mood and attention were more stabilised throughout the day.

By the third office visit his arm fossa test was negative, there was no medial/lateral knee sensitivity, equal over the head arm check indicated balanced *psoas*, and leg lengths were even. So at this point I moved to focusing more on maintenance care. I started blocking the patient as a SB+ since he was still overly energetic, even though he had better ability to control his attention and energy. I consider that SB+ blocking helps reduce sympathetic dominance and helps to calm and stimulate some parasympathetic activity. In conjunction with the SB+ pelvic work I also focus on *sphenobasilar symphysis* technique cranial treatment which is found on cranial range of motion testing and corrected most commonly using indirect cranial techniques by contacts to the sphenoid and occiput.

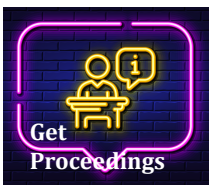
At each office visit the parent reported that their child was more stable with their moods and activity. he had more regular bowel movement and the regions of his muscle tension had resolved. Following the fourth treatment the patient entered a phase of maintenance wellness care and has none of the initial ADHD behaviour/tendency.

I always work with my patients to help them achieve their goals. Since everyone has different expectations of what their ideal goal might mean for their health, once the patient's main complaint is resolved and has no functional problem (patient is able to perform actions and activities they couldn't before due to pain or discomfort) that's when I usually let them know they are entering the phase of care I call 'wellness maintenance.'

For a more generic patient base, if I see the patient able to hold the treatment (especially category two) for at least 4 weeks, then I consider their body stable. Many patients come in feeling some tension here and there, and with them I incorporate either massage, acupuncture therapy, home exercises, referral for *Pilates*, all to help them manage daily muscle tension and imbalance. I feel it is important that patients value their health and that they shouldn't depend solely on me to make them feel 'healthy'. For some professional athletes and martial artists I work with, wellness care requires more. It means they are aiming for peak performance and that all muscles need to stay 'firing' and performing with proper body mechanics. With these types of patient sometimes I see them more frequently, maybe once every other week. For some other

patients, wellness care means they are ready to move forward to a more holistic improvement of their health which means they want diet and/or supplement recommendations with lifestyle modifications.

I try to meet my patients 'where they are' and try to help them reach their healthcare goals. I always teach my patient that making the pain go away is the easy part. How to prevent the pain from returning is why extra assessments and evaluations are needed to better understand how their individual body works. Patients with a similar mindset resonate with this idea and are more than willing to take some responsibility for their own health status.



Ethan Lee

DC, CSP

Private practice of Chiropractic

Seattle, WA

---

Cite: Lee E. Sacro occipital technique care for a 7-year-old male patient with ADHD: A case report. [Abstract]. Asia-Pac Chiropr J. 2023;4.1  
URL [apcj.net/SOT-Abstracts-2023/#LeeADHD](http://apcj.net/SOT-Abstracts-2023/#LeeADHD)