



ENCINITAS

PHYSICAL THERAPY

Effective Hands-On Treatment



Visceral Manipulation

What is Visceral Manipulation?

Visceral Manipulation is a system of gentle manipulative techniques that release adhesions and improve mobility of the internal structures of the body. These manipulations can help normalize the physiological function of individual organs, the systems they function within and the structural integrity of the entire body. These techniques were developed in the past 30 years by Dr. Jean-Pierre Barral, a French osteopathic physician. We have had excellent results using these safe manual techniques with a wide range of problems.

The internal organs of the body normally have sliding surfaces that allow movement between adjacent structures. This potential for movement enables the body to distribute mechanical forces so that no tissue is excessively compressed or stretched. Many events can cause adhesions or fixations that restrict this internal movement, such as a direct trauma, infection, surgical scars, childbirth, or poor postural habits. This loss of mobility is often associated with symptoms.

How do we do it?

To find areas of fixation or adhesions, we use gentle palpation using light touch to sense the sites of greatest tension. These correlate with areas of immobility, viscerospasm, or inflammation. These sites may or may not be painful, and can contribute to a symptom locally or at a distance. Treatment involves gentle, specific manipulations with the fingers and hands of a skilled therapist to release tight structures and restore harmonious movement.

For example, the stomach is an organ that often develops tension, due to trauma or digestive irritation. Adhesions may develop that restrict the normal movements of the stomach, or it may become sluggish. Through palpation, we can sense the locations of the adhesions and what part of the movement is lacking. The stomach may be adhered to the side of the inside of the rib cage, pulled down to the intestines, pulled up towards the esophagus or across midline to the liver. We can also determine the vitality of the stomach by the strength of its rhythmic motility. These findings can result in stomach pain or digestive difficulty, but they can also contribute to back and rib cage pain and tightness without any stomach symptoms.

The treatment is designed to free and balance the stomach so it may function normally. It may involve gentle stretching of adhered tissues surrounding the stomach, rhythmic stimulation to enhance its vitality, or a large movement that integrates it with other organs, limbs, and other systems. Virtually all the organs can be evaluated and treated in this way, including the liver, lungs, intestines, bladder, uterus, heart, and kidneys.

Our evaluation and treatment focuses on three main areas, the internal organs, the musculoskeletal structures, and the craniosacral system. Musculoskeletal structures can contribute to visceral disorders. We assess spinal, pelvic and peripheral joints, muscles, fascia, ligaments, and the spinal and peripheral nerves. Inflamed, stiff or disordered structures can give rise to local or referred pain, as well as referred reflex phenomena. Strains or imbalances in the craniosacral system also can be a significant source of symptoms.

Case Studies

A 28-year old woman had stress incontinence for ten years. When coughing or participating in sports, she was unable to maintain adequate bladder control. Medical doctors she had consulted for this suggested it was due to a mild scoliosis, but offered no solutions. Physical therapy manual evaluation revealed her bladder, uterus and right ovary were positioned abnormally to the right. These organs had restricted mobility to the left. In addition, the right hip and pelvis had restricted

mobility. Treatment consisted gently stretching the bladder, uterus and right ovary towards the midline, stretching out shortened ligaments and fascia. Similarly the tight joints, muscles and fascia in the pelvis and hip were mobilized. Although she still has a mild scoliosis, one session resolved her incontinence problem. She had another session six months later for a recurrence, and has been asymptomatic for the past two years.

A 62-year old man was seen with left shoulder and lateral rib cage pain. He injured himself lifting a telephone answering machine 1½ years previous to seeing us. He had had a shoulder surgery and about one year of physical therapy focusing on the shoulder without success. He also suffered from emphysema, a respiratory disease. Our evaluation found he had significant thoracic and cervical spine joint restrictions, as well as visceral restrictions in the left pleura, the lining of the lungs. Treatment to the pleura and the spine resulted in excellent resolution of his shoulder pain, as well as improvement in breathing within two months.

A 64-year old woman complained of soreness in her left buttock, numbness in her left anterior thigh, and night cramps in the hip adductor muscles. These problems stemmed from an accident 23 years previous, when she was struck in the left hip by a car. Her symptoms were worse when bending, sitting in low chairs, or when her digestion was upset. On examination, she had restricted hip and lumbar spine mobility, abnormal tension in the descending and sigmoid colon, a sacral torsion, and adhesions at the left obturator nerve canal below the inguinal ligament. Treatment addressed all of these elements. Mobilization and therapeutic exercise to the hip, sacrum and spine helped the buttock and thigh soreness. Release of adhesions of the colon to the lumbar plexus using visceral manipulation relieved anterior thigh symptoms. Defibrosing the obturator nerve canal using soft tissue mobilization eliminated the night cramps in the adductors. In 16 treatments over four months, her symptoms were 95% improved.

A 40-year old woman reported an area of numbness and mild prickly feelings at the site of her cesarean scar, present for five years. She said she never regained normal abdominal strength and usage. The scar was palpably thickened, and adhered to adjacent superficial and deep tissues. Two sessions of scar mobilization relieved her symptoms.

A 42-year old man developed stomach pain one day for no apparent reason. He consulted with a gastroenterology specialist who ran a series of tests and examinations, which were all negative. After six months of treatment with various medications and dietary modifications, there was no change in the stomach pain. The doctor then referred him to us for evaluation and treatment. We found a severe movement restriction of the stomach in relation to adjacent organs and severe loss of mobility in the rib cage, especially the left side, and the thoracic spine. Our treatment consisted of visceral manipulation to the stomach, joint and soft tissue mobilization to the rib cage and spine, and a home exercise program to maintain flexibility. The stomach pain was 50% reduced after the first session and completely gone after the second session.

A 43-year old man fell about three feet from a tree directly onto his coccyx. He experienced severe pain at the coccyx and an inability to sit due to this pain. After two weeks, he was seen in Physical Therapy. On evaluation his coccyx was anteriorly flexed and slightly deviated to the left. There was tenderness at the tip of the coccyx and at the sacro-coccygeal joint. The treatment was an internal manipulation which gently tractioned and repositioned the coccyx. The pain was immediately reduced about 50%, and completely resolved within three weeks with no further treatment. We have had many other patients with coccyx pain due to direct trauma of several years' duration that has resolved within a few treatments.

Neil Sturman, PT, OCS is a registered physical therapist who graduated from the University of Southern California in 1976. He has completed advanced training in Visceral Manipulation with Dr. Jean-Pierre Barral. He teaches courses in Soft Tissue Mobilization and Cranial Mobilization and is a Board Certified Orthopedic Clinical Specialist. He has been in private practice since 1984.

Michelle J. Sturman, MPT is a registered physical therapist who graduated from the Physical Therapy program at the College of Osteopathic Medicine of the Pacific in 1996. She has completed advanced training with Dr. Jean-Pierre Barral including Urogenital Manipulation in France. She has special interest and expertise in women's health. Michelle brings a unique quality of caring and intuition to her work.

We view the visceral system as one of many systems in the body that may need attention to solve a particular problem. We are among a small number of therapists in the United States who have been trained in this very effective approach. Encinitas Physical Therapy is a physical therapy practice using advanced manual therapy as the primary treatment approach.



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