

3rd International Conference on

Neurological Disorders and Brain Injury

April 18-19, 2017 London, UK

Chiropractic cranial treatment protocol increases successful outcome of the multidisciplinary care model for Traumatic Brain Injury (TBI) patients: A case series

Esther M Remeta^{1,2}¹Chiropractic Research Institute, USA²Sacro Occipital Technique Organization (SOTO), USA

Introduction & Aim: This article seeks to share a novel manner of multidisciplinary care which incorporates allopathy, chiropractic, psychology, acupuncture, neurorehabilitation and nutrition for the treatment of TBI. Case 1: A 28-year-old female suffered TBI from a violent attack resulting with severe debilitating headaches requiring daily bed rest for two years with her condition consistently devolving prior to initial office visit. She was diagnosed with chronic migraines and informed that she would need prescription medication the rest of her life. Case 2: A 30 year old female sustained a TBI from a motor vehicle accident. PET scans noted decreased bilateral occipital lobe metabolic activity. She had chronic headaches of two year duration with transient paralysis of her left extremities and short term memory loss. She was informed by her neurologist that due to the duration of her post-concussion syndrome that no recovery could be expected. Case 3: A 70 year old male suffered a TBI from a stroke causing complete paralysis of the right upper and lower extremity. He also suffered from swallowing difficulty and speech problems. His neurologist had informed him that he would never work again, would need to walk with assistance, and have compromised use of his right hand.

Treatment/Intervention: A focal point of this multidisciplinary care at this clinic is sacro occipital technique (SOT) cranial manipulation protocols along with specific neurological rehabilitation training and home exercises. Home therapy focuses on physical, mental and emotional balance which increases efficacy of treatment. The care model is implemented for a minimum of one year with most patients remaining in the model for five years.

Results: Case 1: When treatment began, there was a significant initial improvement along with a gradual increase in function so that two years later (one treatment per week) headaches occur only once every two weeks lasting 12 hours. She is off all 10 of her prescription medications except for one and is currently tapering off of it under medical supervision. She is now able to live a more normal life with her young eight year old daughter taking part in her life activities as well. Case 2: After five years of treatment (one time per week), she is headache free, has neither short term memory loss nor any paralysis episodes. Case 3: After nine months of care, he was back at work full time and without paralysis, speech or swallow problems. After five years of care (one treatment per week), there were no obvious symptoms associated with the left parietal lobe infarct despite brain MRI scans showing damage was still present.

Interventions/Outcomes: A focal point of this multidisciplinary care at this clinic is sacro occipital technique (SOT) cranial manipulation protocols along with specific neurological rehabilitation training and home exercises over a five-year period. Significant improvement was noted in all cases with length of care varying from eight months to five years.

Conclusion: This care model gives greater hope for those suffering from TBI as well as gives the health care profession at large more options to create treatment plans resulting in better prognosis.

Biography

Esther M Remeta is a practicing Chiropractor and Clinical Researcher. She is currently the Executive Director at Chiropractic Research Institute (CRI) in Clemmons. She completed her Doctor of Chiropractic Degree at National College of Chiropractic in Illinois. She is a SOTO-USA Board Certified Sacro Occipital Technique and Craniopathy Practitioner and a Diplomat with the American Academy of Pain Management.

Notes:

numedoc@earthlink.net