

## **World Congress on Brain Injury. Washington, DC - March 10-14, 2010: 0425Chiropractic Cranial Treatment Protocol Increases Successful Outcome of the Multidisciplinary Care Model for Traumatic Brain Injury (TBI) Patients.**

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### **Objectives**

Notoriously, all traumatic brain injury creates challenges that have negative impacts on the patient's life and family. Since often the prognosis of patients with TBI is dismal, a method of care that has low risk, reasonable benefit, and biological plausibility, is preferred. This article seeks to share a novel manner of multidisciplinary care which incorporates the fields of allopathy, chiropractic, psychology, acupuncture, neurorehabilitation, and nutrition to help increase the quality-of-life for the patient.

### **Method**

A focal point of this multidisciplinary care at this clinic is Sacrooccipital 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 1-year with most patients remaining for 5-years.

### **Results**

A 28-year-old female suffered TBI from a violent attack, diagnosed with chronic migraines and informed she would need prescription medication the rest of her life. Headaches were reduced immediately with care and 2-years later (1 treatment per week) headaches occurred only once every 2-weeks lasting 12 hours. She is off her 10 prescription medications and currently is tapering off a final, living a more normal life and is involved in activities with her 8-year-old daughter.

A 30-year-old female sustained a TBI from a motor vehicle accident. PETscans noted decreased bilateral occipital lobe metabolic activity. She had chronic headaches (2-year duration) with transient paralysis of her left extremities and short-term memory loss. She was informed by her neurologist that due to her post concussion syndrome duration, no recovery was expected. After 5-years of treatment (1 treatment per week) she is headache free, without short-term memory loss or paralysis episodes.

A 70-year-old male suffered a TBI from a stroke causing complete paralysis of the right upper/lower extremity, swallowing difficulties and speech problems. His neurologist informed him he would never work again and need assistance to walk and have compromised use of his right hand. After 9-months of care he returned to full time work without paralysis, speech or swallow difficulties. Following 5-years of care (1 treatment per week) there were no symptoms associated with the left parietal lobe infarct despite brain-MRI scans showing sustained damage.

## **Conclusions**

Success was measured based on improved quality-of-life and return to activities-of-daily-living along with decreased subjective and objective symptomatology. Barriers to successful outcome included patient non compliance to treatment plan and patient financial challenges. The temporal nature of the patient's response to care and their gradual worsening of symptoms prior to treatment at this clinic suggest the patient's conditions would have worsened. This care model gives greater hope for those suffering from TBI as well as gives the health care professional greater options with better prognoses.