Academy of PHYSICAL MEDICINE

Case-Base Discussion – 26th October 2022 (Ref 266)

Today's 'neurological conundrum" of a case relates to a previously health 23-year-old male landscape gardener who suffered a motorbike accident in 2019. In brief, he sustained trauma to the right side of his head on impact with the ground, (incidentally causing significant damage to the bike helmet). While he had no LOC, he has no recollection of the accident. As a result of the trauma, he had a right sided facial palsy, a stutter, and loss of balance and strength, causing him to remain bed-ridden for approximately 4 weeks. He has had 2 MRI scans, most recently 2 weeks ago, showing no abnormalities on his brain. He was discharged without referral to a neurologist but has since been treated by an audio-vestibular physio, who has worked on his balance.

He came to see Kate (osteopath) 2 weeks ago, complaining of intermittent episodes of acute neck and back pain, the latter associated with sudden weakness of the lower extremity. He reported intermittent episodes of facial palsy and stammering, and a loss of memory (from half hour before the accident), affecting his cognitive ability to perform daily tasks. On examination, there was a general impression of reduced muscle tone throughout the body, with little resistance in the tissues but nothing particularly remarkable in the cervical or lumbar spine to explain the acute onset of pain. The patient has an appointment with a neurologist in 2 weeks which will hopefully account for the more serious and complex symptoms in this case; in the meantime, today's discussion has produced a wealth of ideas on how to approach this patient osteopathically, taking a more holistic approach.

Several people had suggestions about further tests or interventions that may be helpful in this case, including:
computerised neuropsychological testing; finger tapping test to reveal cerebellar dysfunction; concussion rehabilitation (for example aerobic conditioning on a static bike); and REM rehabilitation. It was also suggested that stuttering can occur after head trauma (of unknown aetiology), and we should also be aware of Post-Concussion Syndrome.

On a more osteopathic note, there were some insightful suggestions as to how we might be able to help: cranial work on the Broca's speech centre and assessment of the right inner ear in relation to balance issues; address soft tissue tension in temporalis and epicranium; cranial or visceral work with the brain, for the release of physical (including intra cranial impact and "whiplash"), mental and emotional vectors, not forgetting pre-existing trauma that can be re-triggered. (Incidentally, it transpires this patient had in fact had a skull fracture aged 2!). Lastly, the book 'It's All in Your Head' by Suzanne O'Sullivan was recommended.

On the back of our discussion today, here's a brief note about "Access to Medical Records".

Patients are entitled to their medical records (even if the MRI unit may disagree) They should go to the front desk of the hospital, fill in the necessary form, and pay a charge for a copy.
Don't forget, scans can be encrypted, and the software OsiriX (free) can help in the majority of cases.

Today's case has covered so many things that we don't normally see in practice but we're all trained to know about it, and it appears we are seeing increasing numbers of "complex patients" since the pandemic. As one viewer said today, this patient should be under the care of a neurologist team. But that's not to say that we, as osteopaths, do not have a wealth of experience to offer, and, equally importantly, the time to listen to the patient's concerns.