

Diagnosis + Management of Cerebellar Tonsillar Ectopia (aka Chiari)

Satya Sardonicus, DC, CACCP

Objectives: Listed per hour below. Major objectives:

- Identify the signs and symptoms of likely CTE as it would present in a chiropractic clinic.
- Understand necessary steps for accurate diagnosis of CTE, including history, examination, and imaging.
- Perform pre- and post- outcomes measures to assess Dysautonomia and Adverse Mechanical Tension (AMT) in the Dural Fascial Kinetic Chain
- Able to correct Dysautonomia with simple exercises, fascial manual therapy, and specific chiropractic adjustments influencing the Dural Fascial Kinetic Chain to facilitate faster, easier, and longer-lasting response to all other chiropractic technique application
- Able to modify existing techniques for safety and increased efficacy when caring for patients with CTE.

Description:



Satya Sardonicus, DC, CACCP

She successfully blends elements of research on anatomy/neurology, clinical experience, and personal experience in a way that brought power & immediate applicability to the material covered.

-Amy Haas, PhD, DC

Her command of the information was impressive and she gave us many tools we could use right away with our patients. Seminars like this make us better chiropractors.

- Scott Szela, DC

Baffled by patients who don't resolve as you'd expect?

Cerebellar Tonsillar Ectopia is seen in 1 in 4 with neck pain following whiplash

Learn subtle & powerful tools to alleviate the underlying cause of devastating symptoms

Be a beacon of hope for patients seeking answers!

Patients frequently present with neck pain and a history of whiplash. While management of these individuals is usually fairly simple, there is an increasingly recognized—but frequently missed—condition that may occur following whiplash injury.

Symptoms can range from intractable headache to a wide variety of neurological symptoms, including muscle weakness, dizziness, paresthesias, hypersensitivities, visual disturbance, memory loss, cardiac irregularities, and tinnitus. Differential diagnoses include fibromyalgia, migraine headache, Lyme disease, and multiple sclerosis.

As chiropractors, we are uniquely qualified to address adverse mechanical forces directly impacting CNS function. This workshop seminar will provide you the ability to specifically direct adaptive spinal adjustments as well as simple yet profound cranial & meningeal adjustments to dramatically improve your patients' quality of life.

Outline:

Hour 1 (9:30-10:20 am)

Introduction to Cerebellar Tonsillar Ectopia (Differential Diagnosis)

- Definition
- Anatomy
- Statistical incidence and association with head and neck trauma
- Associated and Confounding Factors
- Be able to recognize in clinical practice the common signs and symptoms of CTE
- Understand appropriate examination and diagnostic imaging for patients with this condition

Hour 2 (10:30-11:20am)

Updated Biomechanics: The Biotensegrity Model (Basic Science)

- Describe the tensegrity model as it relates to biomechanics from a cellular to organism level.
- Define fascia, including anatomical lines and physical properties.
- Describe the Dural Fascial Kinetic Chain and its relationship to Adverse Mechanical Tension (AMT) on the spine and central nervous system.
- Describe the clinical relevance of biotensegrity, and how to apply these updated architectural and biomechanical principles to the delivery of chiropractic adjustments.
- Understand the different types of Adverse Mechanical Tension affecting patients with CTE.
- Understand the relationship between fascia and CNS function, including both direct mechanical tension and embedded proprioceptive/nociceptive feedback mechanisms influencing autonomic neurological function.

Hour 3 (11:30-12:20pm)

CNS distortion: Chronic Stress (Basic Science)

- Understand the impact of chronic stress on CNS processing.
- Common types of dysautonomia (sympathetic dominance and dorsal vagal freeze)
- Recognize common signs and symptoms of dysautonomia during initial patient presentation.
- Outline the diagnostic process for dysautonomia, including both testing and interpretation.
- Summarize clinical considerations for the patient with sympatheticotonia.

Hour 4 (1:30-2:20pm)

CSF Hydrodynamics + Cranial Distortion (Basic Science)

- Understand CSF hydrodynamics and cranial anatomy, and related symptomatology.
- Recognize and describe the common signs and symptoms of abnormal CSF hydrodynamics and Adverse Mechanical Tension (AMT) affecting cranial and dural dynamics.
- Outline and demonstrate testing procedures for CSF and cranial dynamics.
- Perform physical assessment of cranial and CSF dynamics, and interpret findings as related to technique selection.
- Perform modified cranial and fascial release techniques to improve CSF flow and reduce cranial AMT, specifically in relation to the craniocervical junction.

Hour 5 (2:30-3:20pm)

Diagnosis: History (History Taking)

- Describe the relevance of clinical history as it relates to chronic stress and trauma.
- List specific questions to assess for sympatheticotonia.
- List specific questions to assess for indications of possible CTE.
- Determine appropriate individualized examination procedures based on history answers.

Hour 6 (3:30-4:20pm)

Assessment: Examination + Imaging (Physical Examination)

- Outline the diagnostic process for CTE, including both testing and interpretation.
- Describe layered components of restrictions including updated osseous, muscular, and fascial relational anatomy.
- Describe how to palpate muscle tension versus fascial adhesion versus fascial tension lines.
- Differentiate between osseous restriction, muscular tension, and fascial restriction as they relate to spinal motion restriction.
- Use palpatory findings to select technique application for adjustments that last longer by addressing mechanical root cause and encourage parasympathetic dominance at rest.

Hour 7 (4:30-5:20pm)

Assessment: Palpatory Training (Physical Examination)

- Describe the difference between static misalignments and dynamic spinal restrictions (joints incapable of full range of motion).
- Differentiate with palpation both static and dynamic spinal restrictions.
- Describe neurological information gathered from palpation, including dysesthesia, hyperesthesia, reactive erythema, temperature differentials, and other signs.
- Able to palpate the patient with chronic pain, trauma history, and/or sympatheticotonia without triggering sympathetic bracing.

Hour 8 (9:30-10:20 am)

Assessment: Manual Muscle Testing (Physical Examination)

- Describe the Oxford Grading Scale for manual muscle testing.
- Describe interpretation of manual muscle testing findings, including differentials for clinical significance of findings other than normal.
- Demonstrate manual muscle testing of major postural muscles.
- Apply manual muscle testing as pre- and post-clinical intervention measures during adjustment visits and to track change during review examination.

Hour 9 (10:30-11:20am)

Assessment: Neurological Exam Procedures (Physical Examination)

- List the relevant indications to assess for imbalance in cross-crawl patterning.
- Describe testing procedures to determine specific cross-crawl pattern imbalances.
- Describe testing procedures to assess CNS for signs of dysautonomia.
- Describe testing procedures to assess for cranial and spinal nerve involvement.

Hour 10 (11:30-12:20pm)

Assessment: Orthopedic Exam Procedures (Physical Examination)

- Able to complete seated functional range of motion testing with segmental and curve analysis.
- Able to complete standing functional range of motion testing with segmental and curve analysis.
- Describe fascial and dural considerations to modify common orthopedic tests (including straight leg raise, supine apparent arm length inequality, bilateral prone knee flexion, and soto hall).
- List the orthopedic exam procedures specifically relevant to Dural Fascial Kinetic Chain tension.

Hour 11 (12:30-1:20pm)

Clinical Synthesis (Differential Diagnosis)

- Summarize clinical considerations for the patient with CTE.
- Describe clinical considerations in terms of safety of providing care (knowing when to adjust and when NOT to adjust).
- Define what is “primary” (including considerations of “cause” as well as “least stressful point of access” to determine what to adjust or otherwise apply therapeutic input).
- Recognize patterns of and describe gestalt clinical interpretation for CTE.
- Recognize patterns of and describe gestalt clinical interpretation for dysautonomia.
- Recognize patterns of and describe gestalt clinical interpretation for adverse mechanical tension in the Dural Fascial Kinetic Chain (including dural tension and fascial imbalance).
- Describe patterns of peripheral nerve interference found through synthesis of clinical history and exam procedures.

Hour 12 (1:30-2:20pm)

Patient Management (Special Population)

- Summarize the concept of an initial Therapeutic Trial of care, including reasoning behind it and how to complete this extension of initial assessment in order to customize patient care.
- Describe considerations for technique selection (including where to start, how intensely to adjust, and how to adjust).
- Explain reasoning behind initial frequency of care, and how/when/why to modify this frequency.
- Describe the considerations for projecting response to care and prognosis.
- Summarize guidelines for patient home care recommendations, including considerations for movement and rest, ergonomics, nutrition, and referrals when appropriate.