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# Case Study: Treatment of a Cerebral Palsy Patient

By Roy W. Sweat, D.C.,  
and Daryl L. Ammons, D.C.

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**W**e will examine a recent case study involving a cerebral palsy patient, who had undergone various medical diagnoses and treatments before her visit to the Ammons Chiropractic Clinic.

The patient, Cynthia Ryals Woody, is a 40-year-old woman who was diagnosed early in her life as having acute mental retardation but was later diagnosed as having acute cerebral palsy.

## **Past History**

A past history of the patient's medical diagnoses and treatment is as follows:

1948-1950: Cynthia's parents took her to numerous hospitals, clinics and doctors because they were concerned about her improper development and slow growth. No diagnosis was reached.

1950: Duke University Hospital doctors diagnosed Cynthia as having acute mental retardation and predicted death within the next few days. A request to do surgery on Cynthia's head was refused by her father.

1950-1971: The patient was examined and treated at North Carolina Cerebral Palsy Hospital and was diagnosed as having acute spasmodic-type cerebral palsy.

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*The patient began treatment on July 13, 1988 and when comparative examination was performed on August 10, patient stated there was an 80% improvement of symptoms.*

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1983: A neurologist examined Cynthia and told her that her acute pain was coming from the cerebral palsy and that she would have to learn to live with the problem. He prescribed tranquilizers and pain medication.

1984-1985: The patient was

examined and treated by an orthopedic surgeon, who reached the same conclusion as the previous neurologist.

1986: The patient was examined at the Cerebral Palsy Clinic at the University of North Carolina in Chapel Hill, where doctors also stated that the pain was coming from the cerebral palsy. The doctors gave Cynthia a cervical collar to wear during acute episodes of pain.

1987: A local medical doctor acquired a TENS unit for Cynthia's home use.

July 12, 1988: Cynthia consulted the Ammons Chiropractic Clinic.

Mrs. Woody entered the Ammons Chiropractic Clinic with chief complaints of pain that extended from the lower thoracic spine up into the neck. This pain was very severe and was aggravated by certain movements of the neck and upper back and by rising from a supine position. The patient also complained of a tingling into the right C8/T1 dermatomes.

The patient stated that she was diagnosed as having cerebral palsy at the age of 2 and that she had suffered constant pain and discomfort for as long as she could recall. She said that the pain was usually worse in the lower neck area and that she did not seem to have any control over the position of her neck and head.

Observation revealed severe left head tilt and spasm on the left side of the

neck and the left upper trapezius area. The slightest movements would cause severe pain for Mrs. Woody's neck and upper back. Scanning palpation was Grade III on the right from C1-C7. Extreme tenderness was noted over the interspinous spaces from T1-T10. Tenderness was also noted at T12 on the right, at L4 and L5 on the right and over the interspinous spaces of L4-S1. The upper trapezius muscles were in palpable spasm. A leg check revealed a left leg length deficiency of 1/2 inch. A nasium view revealed a right atlas misalignment and an anterior rotation of 3 degrees. The plane line was 18/16 and the lower angle was left 20 degrees.

### **Treatment**

The primary mode of treatment in this case was the use of atlas orthogonally adjusting procedures. Secondary treatment included home cervical traction and rehabilitative spinal biomechanical maneuvers to be performed at home. Ice packs were used 20 minutes on and 30 minutes off, and 8 lbs. of traction was used for 15 minutes three times a day (starting about the

third week of treatment).

### **Summary**

The patient began to respond to treatment almost immediately, and improvement continued gradually over about the first 2-3 weeks. The patient came out of adjustment, which caused an acute exacerbation of pain. The patient was adjusted and immediately began to improve again.

The patient began treatment on July 13, 1988, and when a comparative examination was performed on August 10, the patient stated that there was an 80% improvement of symptoms. The scanning of the cervical spine at that time was completely clear. The thoracic interspinous tenderness was completely gone. However, there continued to be some pain on the right side of the thoracic spine in the area of the lower trapezius muscle. A leg check did not reveal a leg length deficiency.

Another examination was performed on September 12, and the patient stated that she was completely asymptomatic. Scanning was clear and no tenderness was noted in the mid-

thoracic area. The patient also stated that this is the first time in her life that she has ever been free of pain.

Inquiries about the establishment of a national chiropractic cerebral palsy foundation should be directed to Dr. Daryl L. Ammons, 410 E. Main Street, Sanford, North Carolina 27330.

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*About the researchers: Roy W. Sweat, D.C., is a noted author, researcher and lecturer who maintains a private practice in Atlanta, Georgia. Daryl L. Ammons, D.C., maintains a thriving practice in Sanford, North Carolina. For more information, write to Dr. Ammons at the above address or to Dr. Sweat, 3274 Buckeye Road, N.E., Atlanta, Georgia 30341.*