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Treatment Methods

Manual therapy of the cervical spine

Manual therapy in infants is not comparable to the thrust-type manipulation conventionally used in adults. Treatment of infants involves **gentle impulse manipulation**, without rotation or sudden application of force.

Two commonly used methods are **Atlas Therapy according to Arlen**, and **Therapy according to Drs. Gutmann and Biedermann**.

Techniques vary, and the results achieved by an individual doctor are more closely related to their individual style of treatment than to the certificates that they hold.

1. **Atlas Therapy according to Arlen** involves the atlas alone, and is effective in a single direction only. Treatment often needs to be repeated.
2. **Therapy according to Dr. Gutmann**, as modified by **Dr. Biedermann**, involves the entire head joint between the base of the skull and C3, and the impulse is applied in three directions (ie. left/right, forwards/backwards and in the direction of possible rotational malpositioning of the vertebra).

This second technique as applied to adults is called "**HIO**", as in **Hole In One**, therapy, since one impulse addresses the complete 3-dimensional picture.

Adults and children are not physically manipulated in the same way, but although the therapy technique differs, analysis of the problem is similar (patient history, physical examination, x-ray analysis).

The technique: A moderate lateral pressure is applied to the upper neck, just below the back of the head.

Improvement in the range of movement of the head and neck is demonstrable directly after treatment. Various other functions can also be affected via the reflex centre in this area, which influences muscle control and, for example, sleep patterns.

An immediate improvement of balance and a relatively rapid relaxation of the muscles involved in maintaining posture are often a consequence of treatment. It is thought that manipulation alters the stimulation of the numerous sensory receptors in the neck which are important for posture.

The treatment is fundamentally pain-free, but babies don't particularly like it, even during the diagnosis stage. However, it is obvious that no great pain is involved as babies rapidly calm down afterwards (mostly the moment they are given back to their mother/father).

In contrast to older techniques, these modern therapeutic methods do not result in significant movements of the vertebrae involved.

This type of treatment is consequently low-risk, assuming that it is performed properly, and can be used even for young infants. Because perception and control are significantly affected, however, treatment should not be performed too often.

In most cases, babies only need a single treatment. According to Dr. Biedermann, a maximum of 15% of infants require a second treatment within the first year. In order to allow the body time to adjust after therapy, other "stimulating" treatments should be avoided for a period of 2-3 weeks, such as vaccinations, other intensive medical investigations, osteopathy or physiotherapy. This adjustment period varies from patient to patient, and is partly dependant on the extent of the problem and the age of the patient.

After this pause, physiotherapy needs can be evaluated, and where necessary adjusted to suit the current developmental stage of the patient.

A routine check-up is advisable when the child reaches three years of age, and again before starting school. This allows for early identification of poor motor skills or perception problems, avoiding the risk of oversight during normal medical checkups.

Brief relapses, for example during an infection or a growth spurt, do not require a new visit to the specialist. It may be that a child falls back into old habits for a short period.

Once freedom of movement has been established, the child's body is usually able to cope with minor challenges. After major falls or anaesthesia it may be sensible to have a checkup, if symptoms recur and persist for longer than 1-2 weeks.

Babies from families with a history of spinal problems such as scoliosis should be regularly monitored. This can usually be achieved via a physiotherapist and general practitioner, so that visits to the specialist can be restricted to 1-2 times per year.

Manual therapy does not replace other forms of therapy, but provides a starting point from which occupational therapy (Ergotherapie), physiotherapy, INPP therapy or psychomotor therapy can be provided more efficiently. *Manual therapy optimizes biomechanics (joint and muscle function) and central control.*

Manual therapy of the head and neck for adults

Treatment of older children and adults takes longer, because the vertebrae are usually fixed into their positions and not so open to re-setting. Again, it is again important to avoid using manual therapy too frequently, since the body's response to an improved head joint position needs time and patience. Daily treatments have now been abandoned by most atlas therapists. Depending on the diagnosis, the time between treatments may be several weeks to months.

In addition to corrections to the head joint, the pelvic joint and the rest of the spinal column are assessed and treated as necessary. Various techniques may be used, for example osteopathy, particularly "soft tissue techniques" such as myofascial release or muscle energy technique.

Manual therapy of the cervical spine can help with:

- Neck pain
- Whiplash
- Dizziness
- Balance problems
- Movement difficulties (spasticity, Parkinsons)
- Chronic backache
- Slipped discs
- Ringing in the ears (tinnitus)

A **routine** examination of the head joint in babies (as is carried out for the hip joint) could potentially help very many people in reducing headaches, back pain and even certain behavioural problems in later life.

The time-consuming nature of investigation and treatment means that many doctors working in this area only treat private patients. Whether public health insurers cover treatment, and to what extent, is often a question of negotiation.