Osteopathic Treatment in Acute Traumatic Brain Injury with Intracranial Bleed

Christopher Brown, DO, Hugh Ettlinger, DO

Category: Case Report

St. Barnabas Hospital, 3rd Ave, Bronx, NY 10457

Introduction: The use of osteopathic manipulative treatment (OMT) in the setting of acute traumatic brain injury (TBI) with intracranial bleed is generally considered an absolute contraindication to OMT. This case is one example in which the careful application of OMT in acute TBI was well tolerated and was associated with improvement of somatic dysfunction and clinical symptoms.

Case description: The subject is a 54-year-old male who was a pedestrian struck by a car, admitted and discharged from a local hospital with a diagnosis of stable subdural hematoma. He presented to St. Barnabas Hospital two weeks later after falling at home, and was found to have an expanding subdural hematoma with midline shift, and a subarachnoid hemorrhage. OMT began the day after his craniotomy. His structural exam found significant somatic dysfunction especially in his upper thoracic and cervical spine, and cranial dural membranes. Over the course of five days and three treatments, these somatic dysfunctions evolved and improved, mirroring the patient’s clinical improvement and significant reduction in his subdural collection. His dizziness and headache resolved and he was able to ambulate to the bathroom on his own. We suspect the dizziness which led to the second fall was caused by unresolved somatic dysfunction produced by the original injury.

Discussion: This case raises questions as to the helpful role OMT could play in the setting of acute TBI with intracranial bleed, particularly in terms of the resolution of dizziness and the improvement of fluid drainage from the head. Further research is recommended.