



P O R T L A N D

CHIROPRACTIC · NEUROLOGY

Case Study 5: Neck pain, with Tourette's Syndrome in young male

Previous diagnosis: Tourette's

Previous suggested course of treatment: pharmaceutical

History:

Tourettes with head movement to the right, diagnosed a few years ago, and now has head jerking to the L as well. His neck bothers him on the lower left side and has headaches that start in his forehead and travel back to the base of his skull. Has difficulty falling asleep.

What was found during her examination:

- LPS occiput, C2-5 restricted, T1 LP, T1 L first rib.
- L suboccipital myospasm, L levator scapulae and trapezius myospasm.
- Tenderness to palpation of R anterior ribs T2-5.
- Right Rotation was 70 degrees with pain
- Left Rotation was 70 degrees with pain
- Right Lateral Flexion was 25 degrees with pain
- Orthopedic testing revealed positive findings in R lower cervical regions.
- Saccadic-pursuits horizontally to the R, diagonally down and to the right and left.
- Decreased Left cerebellum hemispheric function

Summary of presenting case:

The restriction at the C5-6 vertebra articulation was caused by repetitive ballistic head movements. The tic was caused by a reduction in the Central Integrated State of the Basal Ganglia (*an area that produces tics and tremors when unhealthy*) on the right side. By increasing the frequency of firing into the L cerebellum and right hemisphere, we were able to increase the C.I.S. of the right Basal Ganglia and thusly reduce the head movements and other tics. Patient's presenting pain was also diminished very quickly.

End Result- Patient no longer experiences repetitive tics/ballistic movements and no longer has pain in his neck.