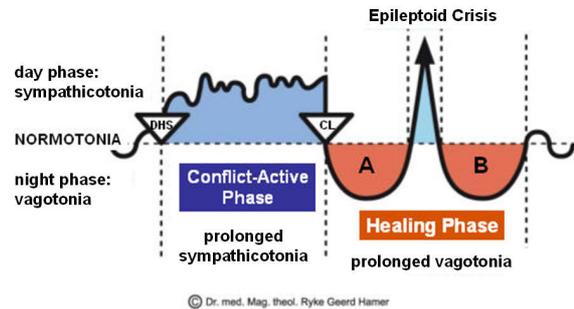




CASE STUDY # 52

DATE: December 2016

CLIENT: 41 year old right-handed female



Subjective Complaint: The client presented with **left ankle pain**. She reports that the pain started around June while on a vacation trip in Europe with her mother and her 9 month old daughter. She states that there was no mechanism of injury and that she didn't fall or twist her ankle while on the trip. She describes the pain as a sharp pain around the outside of her left ankle. She admits that the pain started to feel better when she arrived back from vacation, and that for most of the summer there wasn't much pain. However, she indicates that the ankle pain started to come back again in the last few months and actually feels worse in the last few weeks as she rates the pain now as an 8/10 (with 10 being severe pain). She admits that she is perplexed because she doesn't seem to have any pain in the ankle when she works out in the gym. She also realizes that she can't really reproduce the pain herself, except for when she goes up and down the stairs carrying her daughter, who she admits is heavier than most babies her age.

Observation: Client was not observed to be limping. Knee and ankle ranges of motion were within normal range and pain free bilaterally. All other orthopedic tests for the ankle and knee were negative. Palpation revealed mild tenderness on the ligaments located on the outside of her left ankle (left anterior talofibular ligament and left calcaneofibular ligament).

Organs Affected: **Left ankle ligaments:**

Embryonic Germ Layer: new mesoderm

Brain Control Centre: cerebral medulla

GNM Explanation: **Left ankle ligaments: a light self-devaluation conflict regarding performance, in relation to her mother/child**, causing tissue loss (necrosis) of the soft tissues/ligaments in the ankle during the Conflict Active Phase. During the **Healing Phase**, the tissue loss is replenished leading to **inflammation and pain**. The biological purpose of this Biological Special Program (SBS) is to strengthen the ligaments of the ankle to improve future physical performance. The client is currently in **a hanging healing with tracks/ triggers**. Her original conflict (DHS) must be identified and brought to her awareness in order for the SBS to be completed.

GNM Understanding: The client understood the explanation and recognized that the conflict must be related to her trip to Europe and her ability to make it to her connecting flight at the airport. She reports that on the way to Europe, they had to switch planes and catch a connecting flight. However, they arrived at the airport late and she had to run to catch her connecting flight at another terminal. She was

especially stressed because she did not have access to the baby stroller anymore and had to carry her daughter (who she claims is very heavy) the entire way. **She feared that she would not be fast enough** (her performance devaluation) to get to the other terminal and that they would miss her connecting flight (**her DHS**). She indicates that they ended up catching her flight. However, she may have subconsciously associated anxiety around being able to carry and travel with her daughter. She may have gone into healing during the trip to Europe, which caused her original ankle pain. But she conceded that anytime she could not bring the stroller while sightseeing caused her to worry that she would not be able to carry her daughter and walk around with her for long periods. This may have created a track/trigger for her, which continues to this day. She admits that perhaps her symptoms subsided upon returning home for the summer because her spouse was available to help carry her daughter if she was not able to use the stroller. Her recent flare up may have come about because she just registered her daughter for a local community program to interact with other children. She realized that her daughter was the only one not crawling or walking yet, despite her size. This may have caused another track/trigger which could explain why her ankle symptoms have been worse in the last few weeks. She admits she is now worrying that she can't carry her daughter anymore because of her size, and also now that she is suffering from ankle pain, she doesn't have the strength or mobility (possibly causing a second self-devaluation conflict, prolonging her symptoms).

She was asked to make the connection that her ankle pain is originally related to the incident at the airport. She was also reminded that as the child's mother, her strength develops as her child's weight develops. Therefore, she is technically very strong and capable of carrying her child due to her body's adaptation to her growing child's weight. It was also important for her to not continue to devalue herself by thinking she has a "bad ankle/foot". She needed to tell herself that she can work out in the gym with no pain and that if she is not carrying her daughter she has no symptoms. Finally it was important to address her concerns about her daughter's delayed mobility. She was asked to change her perspective about it, and to see that she has a healthy child, developing at her own pace and that it was only a matter of time before she was no longer asking to be carried. General balancing techniques and chiropractic adjustments were also provided. She was asked to do a follow-up visit in one week's time.

Results: Two weeks later, on her follow-up visit, she reported significant improvement in her ankle pain. She admits she was surprised that it is about 90% improved. She recognizes that she still gets occasional, mild pain when she starts to get anxious (more out of habit), about carrying her daughter up the stairs. However, she catches herself and reminds herself that she is strong and that her ankle is fine.

She did not return for a third visit and reported, through a friend she referred to the clinic one month later, that she no longer has any issues with her ankle.

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

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