

Dynamic Brain Healing™ for Persistent Post-Concussive Symptoms: A Multi-Practitioner Case Series

Abstract

Background:

Persistent post-concussive symptoms (PPCS)—a multifactorial and often disabling sequela of mild traumatic brain injury (mTBI)—may persist due to neurochemical insufficiencies and systemic dysregulation. Emerging evidence suggests that neurodivergent individuals, including those with ADHD, may be particularly vulnerable to prolonged recovery. The Dynamic Brain Healing (DBH) protocol is designed to reduce intracranial compression, thereby facilitating improved cerebrovascular flow and nutrient uptake, which promotes the recovery of cognitive, emotional, and somatic functions. [24, 25] To date, few interventions have demonstrated consistent, reproducible outcomes in the treatment of chronic PPCS. [6, 16, 35]

DBH is a fascia-based, non-invasive manual therapy system developed by Simone Fortier, Founder of the Fascia Training Institute. With origins in osteopathic medicine, DBH—a standardized, cranial-fascial release for PPCS [26, 27, 32] — applies a structured sequence of fascial, osseous, lymphatic, and neuroregulatory protocols to restore brain-body integration. The method is informed by advances in cranial decompression, vagal stimulation, and neuro-lymphatic mobilization, offering a new paradigm for treating unresolved neurological symptoms. [7, 14, 20, 21, 15]

Objective: To evaluate the clinical efficacy, symptom reduction, and practitioner independence of the DBH protocol.

Methods: A prospective case series of 29 individuals with persistent post-concussive symptoms (PPCS) lasting over one year was conducted. Participants ranged in age from 10 to 96 (mean = 33.9 years). Each participant received two DBH treatments over a three-week period, administered by Level 1-certified practitioners. Assessments included the 114-item Brain Health Assessment (BHA), which measures neurotransmitter function (dopamine, acetylcholine, GABA, serotonin) [5, 18], and a symptom inventory adapted from the Defense and Veterans Pain Rating Scale (DVPRS) [30]. Pre- and post-intervention data were analyzed using paired t-tests and regression models.

Results: Significant reductions were observed in all mean core PPCS symptoms: memory difficulty ($p = 0.0015$), fatigue ($p = 0.0022$), waking unrested ($p = 0.0031$), feeling in a fog ($p = 0.0145$), headaches ($p = 0.0475$), and pressure in the head ($p = 0.0238$). The mean neurotransmitter scores also improved significantly: dopamine (+32.1%, $p = 0.0003$), acetylcholine (+19.4%, $p = 0.0021$) [12], GABA (+14.7%, $p = 0.0135$), and serotonin (+18.2%, $p = 0.0079$). Regression analysis indicated that outcomes were independent of practitioner experience, age, or sex. Further analysis showed that fatigue was the most

commonly reported baseline symptom (93%), followed by memory difficulty (89%), waking unrested (74%), and head pressure (76%). Post-treatment improvements were strongest for memory difficulty (78% of cases improved), fatigue (72%), and waking unrested (74%).

Conclusion: The DBH protocol is an effective, practitioner-independent intervention for PPCS with significant improvements in both symptoms and neurotransmitter profiles. Its integration of fascial therapy and autonomic regulation offers a novel, systemic approach to neurorehabilitation [14, 26, 31, 33, 34].