



# ENCINITAS

## PHYSICAL THERAPY

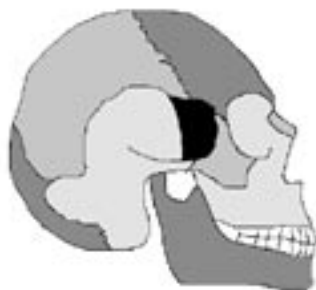
*Effective Hands-On Treatment*



## Craniosacral Therapy

### What is Craniosacral Therapy?

Craniosacral Therapy is a gentle manipulative technique that improves the mechanical functioning of the brain and spinal cord. It consists of slow, gentle manipulations of the bones of the cranium, spine and sacrum to release abnormal tensions in the cranial membranes, eliminate excessive compression between cranial bones and harmonize the cranial motion. In a normal state, there is a continuous, small amplitude rhythmic motion of the cranial membranes and bones. This normal rhythmic motion can be adversely altered as a result of injuries or strains. This can cause impairments in body functioning related to nerve compression, circulatory compromise, adverse mechanical neural tension or joint (sutural) dysfunction. We are trained to sense this subtle motion and to correct any malfunctioning.



### What is the Craniosacral System?

The Craniosacral System is a physiological system in the body consisting of the brain, spinal cord and surrounding bones, tissues and fluids. Its name is derived from the bones of the skull, face and mouth, which make up the “cranium,” and the other end of the spine, the “sacrum.” There are strong connective tissues running throughout the system called the dural membranes. The portion in the spinal column is called the dura mater and is continuous with the membranes within the skull. Because of this continuity, a restriction or tension in one area is transmitted to other areas. Cerebrospinal fluid is contained within this system and plays a role in nutrition and support of the brain and spinal cord. This fluid is continuously produced and circulated throughout the system. Part of the mechanism of this circulation is a rhythmic motion of the bones of the cranium and sacrum, at a rate of six to twelve cycles per minute.

### What problems does it help?

Craniosacral therapy is effective with a wide range of problems, including:

- ⊙ headaches
- ⊙ pain and numbness in the face
- ⊙ facial asymmetry following trauma
- ⊙ TMJ disorders
- ⊙ sinus problems
- ⊙ decreased energy and vitality
- ⊙ spinal pain and muscle tension
- ⊙ developmental problems in infants and children related to cranial trauma at birth
- ⊙ many mental, emotional and physical difficulties following traumatic injuries, such as car accidents

## History

Dr. William Garner Sutherland (1873-1954), an American osteopathic physician, was the first individual to discover the small movements present between the bones of the cranium and work out a system of evaluation and treatment. In 1900, he first became intrigued by a series of ridges on the temporal bone that looked like the gills of a fish. He thought the shapes looked like they were designed for a gliding motion. Over the next several decades, he developed an understanding of the mechanism of the Craniosacral System through studying bones, working on patients and performing experiments on his own skull. He would apply pressure to different parts of his cranium using helmets and belts, and have his wife record the effects. In this way, he directly observed the relationship of symptoms to specific cranial mechanical lesions.

Dr. Sutherland began teaching his colleagues in the 1940s. Since then, continued research and development has led to further advances in knowledge and technique. By the 1980s, other professional groups including physical therapists were using Craniosacral Therapy. Every year there is increasing awareness and acceptance of this approach as the public learns of its effectiveness.

## How is it done?

The therapist evaluates the nature of the cranial problem by taking a history of cranial-related traumas, observing the symmetry of the head and face (is the forehead more prominent on one side, is one eye deeper, are the cheeks symmetrical?) and gently palpating the cranium. In this palpation, we feel the contours of each bone and ridge, as well as the subtle rhythmic motion that is normally present. It is possible to sense areas of restriction in the skull where adjacent bones have become compressed, or where the membranes within the skull are strained or twisted. These are reflected in the asymmetries of cranial motion and positioning. Tensions from the spine and other areas of the body are also reflected here.

Craniosacral Therapy uses precise, gentle pressures to affect change in the delicate cranial structures. **Direct mobilization** is often used when two bones are compressed together or if there is bony asymmetry. It is a disengagement of adjacent cranial bones, performed in conjunction with the expansion phase of the cranial rhythm. **Membranous release** is performed when there are torsional strains within the cranial membranes. A small stretch is placed on a membrane through a hold on the adjacent bone. As the stretch is maintained, the tighter parts of the membrane gradually release until it is balanced. **Dural mobilization** is used to restore the normal gliding motion of the dura mater. It is performed using hand placements along the spine to gently reinforce and enhance the craniosacral rhythm.

## Case Studies

A 2 year-old boy who had not yet started to walk or talk was brought to us by his mother. He had a severe torsion in his skull, as if the top of his head was twisted to the left, which was also reflected in the rest of his body. Treatment involved bringing him into greater symmetry. He responded well, with beginning of verbalization and improved balance.

A 28 year-old woman was in a severe rear-end collision and developed multiple problems, including pain in her neck, head, right shoulder and low back, and marked reduction in mental and emotional abilities, resulting in loss of her job. She came to us nearly two years after the accident. We found a severe compression between the front and back of her cranium, greater on the right side, as well as many other restrictions throughout her body. There was a dramatic improvement in all areas over three months of treatment as we decompressed the cranium, reestablished normal rhythmic motion and addressed her joint and soft tissue problems.

A 17 year-old boy was in a car accident in which he was thrown through a windshield. He came to us one month after the accident because of jaw pain and muscle spasm in the neck. Several of his left cranial bones (frontal, maxilla, zygomatic) had been pushed to the right, creating compression and distortion throughout his head. Because of this, his jaw bone (mandible) couldn't articulate normally, causing jaw pain. Five sessions of treatment were sufficient to correct the asymmetry and relieve symptoms.

## Integration with other modalities

It is often necessary to address related restrictions in other systems of the body to effectively resolve craniosacral problems. The body works as a whole, with ongoing interaction and communication between each system. Craniosacral problems are often associated with loss of mobility in the spine and pelvis, which are helped by **soft tissue and joint mobilization**. Involuntary muscle spasm responds well to **counterstrain** techniques. Layers of fascia connecting the cranium to the neck,

rib cage and organs may need to be released to allow independent mobility of each part. Our evaluation and your body's responses determine which techniques will most effectively bring about healing.

Neil Sturman, PT, OCS and Michelle J. Sturman, MPT are registered physical therapists using advanced manual therapy as a primary treatment approach. They have studied Craniosacral Therapy with many teachers, including Drs. Paul Kimberly, John Upledger, Jean-Pierre Barral and Alain Gehin. They are instructors in a professional course in "Cranial Mobilization."



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