

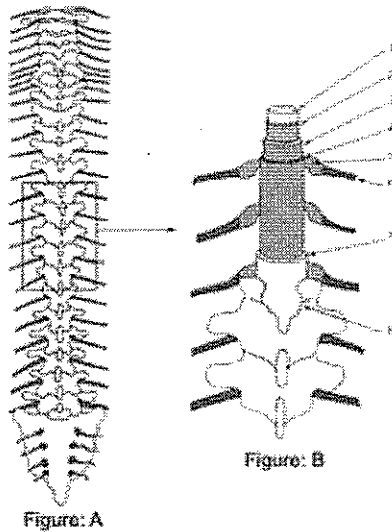
Scoliosis and CranioSacral Therapy

By Tad Wanveer, LMT, CST-D; guest author for John Upledger, DO, OMM

Editor's note: Dr. John Upledger has asked Tad Wanveer, LMT, CST-D, to share his insights in this month's column. Tad has been the guest author for previous "CranioSacrally Speaking" columns.

Most cases of scoliosis are considered to be of unknown origin (idiopathic). CranioSacral Therapy helps unravel the mystery by seeking the cause within the craniosacral and fascial systems of the body. Compromising strain patterns of those systems can be major contributors to the creation and persistence of scoliosis.

The craniosacral system surrounds, protects, nourishes and cleanses the brain and spinal cord. The spinal portion of the system is a tube-like structure within the spinal canal that envelops the spinal cord and spinal nerve roots. This is called the dural tube. (See Figures A and B.) The membrane layers that form the dural tube are continuous with the membrane layers within the cranium. The outermost layer is the dura mater membrane. Within the cranium, it's attached directly to the bones and folds inward to form intracranial separations. In the spinal canal, however, it's normally attached to bone at only a few sites.



The spinal cord is a longitudinal cord of delicate and intricate nervous system tissue requiring protection, while at the same time possessing a degree of mobility. Therefore, it's surrounded by numerous tissue tubes within tubes: three layers of membrane (the dural tube), a cerebrospinal fluid tube, an adipose tissue tube, the spinal column bony segmental tube, as well as tubes and layers of fascia and tissue. The spinal cord communicates with the body by way of horizontal projections (nerve roots) that send and receive information. The nerve roots travel through the intervertebral foramina of the spinal column. The dura mater membrane surrounds the nerve roots and creates a seal with the peripheral fascia before the nerve roots exit the foramina. This can create an avenue by which abnormal strain patterns may travel from the body and spinal column into the dural tube or from the dural tube into the spinal column and body.

Therefore, dural tube strain patterns, such as lack of mobility, compression, side-bending, torsion and stretching, can migrate into the spinal column, surrounding fascia and tissue, causing the structures to reorganize into abnormal shapes. This can lead to some of the common issues encountered in the clinical practice, such as nerve root compression, cranial base compromise, spinal stenosis, facet compression, herniated disc, coccyx pain, bone spurs and scoliosis. Dural tube distortion can be the primary cause of scoliosis. When this is the case, mobilizing the dural tube, as well as the spinal column, fascia and surrounding tissue, is essential in aiding the body to correct the condition.

Yet the primary cause may lie elsewhere. Actually, it might be found anywhere in the body. Perhaps intracranial membrane strain, scar tissue or imbalance within the musculature of the torso has formed, causing the spinal column to curve abnormally. Usually, all of the structural "tubes" surrounding the spinal

cord can be involved to some degree. It's important to address the scar tissue, tissue imbalance or other primary cause that is acting as the anchor, holding the scoliosis in place. It's equally important to mobilize the dural tube even after the soft-tissue and bony patterns have been mobilized. If adverse dural tube patterns are not addressed, a tendency to maintain the scoliosis will remain deep within the body as a powerful mold, actively forging abnormal tissue shape.

CranioSacral Therapy gently addresses compromised tissue patterns surrounding and within the spinal column, adipose tissue and the dural tube through techniques such as mobilization of fascia, gentle traction and enhancing the mobility of the body tissue in response to the motion of the craniosacral system. The craniosacral system normally moves the entire body in a rhythmic motion. The practitioner uses the tissue response to this movement to assess areas of compromise and localize core restrictive patterns. Tissue response to the craniosacral rhythm also is used during therapy as a tool for dynamic change by assisting the body in moving more fully and freely, in synchrony with the vital rhythmic current of the craniosacral system.

Structural interconnections, interactions and dysfunction within the body can be baffling at times.

CranioSacral Therapy embraces the infinite possibilities of interrelationships that can occur and uses the craniosacral and fascial systems as precise and powerful tools in identifying and facilitating the correction of compromising tissue patterns. In this way, scoliosis and many other conditions relating to the spinal column can be efficiently assessed and effectively addressed.



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