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CranioSacrally Speaking

## Understanding the Contraindications

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As you've probably read many times over the years, the CranioSacral Therapy (CST) evaluation generally involves no more than five grams of pressure – roughly the weight of a nickel. This gentle touch is one of the primary reasons CST is such a viable health care option for people of all ages and conditions.

That being said, there are a few contraindications for CranioSacral Therapy. Specifically, they are acute intracranial hemorrhage, intracranial aneurysm, recent skull fracture, and herniation of the medulla oblongata – in essence, any physiological condition in which slight changes in intracranial pressure could negatively affect your client.

How do you know when this is the case? If you're not sure, my best advice is to ask. Is there something in your client's history, or even from your own intuition, that is troubling you? If so, I recommend holding off on therapy and consulting with your client's physician. Ask if there is any concern about slight changes in intracranial pressure affecting your mutual client.

There also are some specific situations in which you might want to refer your client to a more experienced CranioSacral Therapist who has gone through advanced training (The Upledger Institute's Advanced I CranioSacral Therapy workshop or higher):

- **Recent brain hemorrhage or stroke.** Refer to an advanced therapist, or proceed after the client's physician verifies there is no more bleeding and gives you the go-ahead.
- **Recent spinal tap or puncture in the Craniosacral system.** Refer to an advanced therapist, or proceed after the client's physician verifies there is no more leaking of spinal fluid and gives you the go-ahead.

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- **Arnold Chiari Malformation.** This is an incomplete foramen magnum in which the inferior poles of the cerebellar hemispheres and the medulla protrude and may herniate through the foramen magnum. Refer to an advanced therapist, or proceed after the client's physician gives the go-ahead. If you do proceed, do so with the lightest pressure possible. If you do any dural tube work, set the intention to work in a way that causes no inferior strain. In other words, don't do anything that places more strain -- or shifts the fluid pressure to place more strain -- on the foramen magnum, brainstem and dural tube. You might even choose to avoid certain techniques altogether that directly engage the area of the malformation, such as occipital cranial base techniques.
- **Recent fracture of skull bones, vertebral column or ribs.** Just proceed cautiously and refer to an advanced therapist if you have any concern.

Remember, CranioSacral Therapy relies on a blend of training, technique, intent, intuition and good old-fashioned common sense. Call on all of these qualities when you work, and you'll know precisely how to proceed.

To easily locate an advanced CranioSacral Therapy practitioner, visit [www.iahp.com](http://www.iahp.com) and look under "Search Practitioners" using three or all five digits of your zip code. Search for therapists with five to six CranioSacral Therapy class bullets filled in, which indicates an advanced level of training.

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