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Freeing the Body

Bioaquatic craniosacral therapy can release restrictions to improve health.

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Rehabilitation has its challenges for clients with a single injury or diagnosis. Those challenges mount, however, when clients have multiple issues, such as TBI compounded by numerous fractures and other medical concerns.

In clients with multiple disabilities, different problems heal at different rates, and people experience different medical and rehabilitation needs as they journey through the rehab process. Progress in one area can depend on, or be integral to, progress made in another area.

All these issues need to be addressed simultaneously and in an integrated fashion. We must treat the whole person so clients can achieve functional goals. At our facility, we've found a method to help us do that—bioaquatic craniosacral therapy.

But first, background about craniosacral therapy can help you understand the basis for this technique. Developed in the 1970s by osteopathic physician and surgeon John E. Upledger, craniosacral therapy helps release restrictions in the craniosacral system—the membranes and fluid that surround and protect the brain and spinal cord. It extends from the bones of the skull, face and mouth, which make up the cranium, down to the sacrum, or tailbone area.

Practitioners use a soft touch—roughly the weight of a nickel—to evaluate the craniosacral system. Specific techniques are then used to release restrictions or imbalances to create the best possible environment for the brain and spinal cord. By improving the performance of the central nervous system, craniosacral therapy helps eliminate the negative effects of stress, strengthen resistance to disease and enhance overall health and well-being.

Thousands of practitioners use this technique to relieve a wide spectrum of pain and dysfunction. These include headaches, traumatic brain and spinal cord injuries, neck and back pain, central nervous system disorders, TMJ syndrome, orthopedic problems, chronic fatigue, scoliosis, neurovascular disorders, cerebral palsy, post-traumatic stress disorder, autism, post-surgical dysfunction, fibromyalgia and many other conditions.

Craniosacral therapy is contraindicated in cases in which concerns exist about slight changes in intracranial pressure. This would typically be acute situations when there's active intracranial hemorrhage or leakage of cerebrospinal fluid. Otherwise, this gentle treatment approach has wide and varied applications and benefits.

In our bodies, movement is essential for optimal health and function. Movement of bones, tissues, fluids and electrical impulses is fundamentally necessary for our bodies to perform their different functions.

Craniosacral therapy—whether in water or on land—enhances the mobility in all these areas. With a sensitive touch, skilled therapists can facilitate the body's self-correcting mechanisms and enhance mobility without engaging the body's defense mechanisms.

A light, gentle touch is also necessary for palpating the subtle structures and movements the therapist works with. There is a rhythmic movement of the craniosacral system that's expressed throughout the body in the fascia. This movement is also expressed in the bones these membranes are attached to, as cerebrospinal fluid circulates in the system. By using a gentle touch to palpate this craniosacral rhythm throughout the body, we can determine where mobility in different body structures is limited or restricted simply by feeling how the craniosacral rhythm is expressed.

Fascia runs continuously throughout the body, so directly or indirectly, all body parts are interconnected. Consequently, people may experience symptoms or limitations in an area that's remote from the causative site of restriction. By palpating the craniosacral rhythm, we can find the restrictions that originated or caused the symptoms. Treatment can then focus on the cause, leading to more permanent relief of symptoms and functional gains.

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At the beginning of each craniosacral therapy session, we use our palpation skills to assess where the body needs assistance. We palpate the craniosacral rhythm as well as other factors, such as fascial mobility, fluid and electromagnetic flow, structural and energetic alignment, and the mobility of the dural membrane system. We feel all the different layers of restrictions and compensatory patterns and observe which areas are most significantly involved. This tells us where to begin.

Let's consider the example of a client with a herniated disc in the neck. Even with this supposedly simple and very localized diagnosis, multiple layers of restriction and dysfunction may exist. For example, patterns of restriction and limitation of mobility can have their origin, or at least be contributing factors, in events from the past. There can be some compression and limited mobility at the articulation of the condyles of the occiput with the facets of the atlas. These could have existed from a complication during birth.

Then, later in life, this person may be in a high-tension job that results in high sympathetic tone in his nervous system and chronic tightness in the muscles of his neck and upper back. And then, one day, he's involved in a low-speed, low-impact car accident, after which he presents with symptoms of whiplash that, over time, progress to cervical disk herniation.

During our assessment, we find he has restrictions in the dural tube (the part of the membrane that surrounds the spinal cord), fascial restrictions in the upper thoracic region and compression of the cranial base—where the occiput articulates with the first cervical vertebra.

Making Gains in Water

While the client is floating on his back in the water, one therapist places a hand on the sacrum, while the other clinician gently cradles the occiput. Because the dural tube has attachments to these bones, we use these bones as handles to treat this deep membrane. We then apply very gentle traction (5 grams) to the dural tube. As we do this, the body and the dural tube gently twist or turn or lengthen—moving in whatever way it needs to move to allow these restrictions to release, soften and change.

Ultimately, this allows the dural tube to move freely within the vertebral canal, enhancing circulation of cerebrospinal fluid and central nervous function, and alleviating pain. This also may help the cranial base and cervical vertebra to decompress.

While one of us continues to cradle the occiput, the other therapist may now move to place the hands anterior and posterior to the thoracic outlet area, and gently release fascial restrictions in that area—again using light touch and allowing and assisting the self-correcting movements of the tissues. Floating in the water promotes varied movements. Moreover, the client doesn't have to use muscles actively to hold himself upright against gravity. Therefore, there's more potential for movement and more softening of these tissues. Floating in the warm water also allows the sympathetic nervous system to relax, resulting in an overall decrease in muscle tension.

Because these areas now have increased mobility and decreased restriction, there is now more potential for movement at the cranial base because the soft tissues are no longer maintaining the compression. I can now place my fingers gently behind the atlas, which is the first cervical vertebra. I can then gently support the atlas while letting the occiput float posteriorly, disengaging those condyles from the facets of the atlas that have been compressed since birth.

This decompresses all of the cervical vertebra and decreases impingement of the spinal accessory nerve that innervates and contributes to tightness in some of the cervical musculature. This illustrates how one craniosacral treatment session in the water could potentially alleviate the restrictions and tensions in the body that have caused the herniated disc. And the client will typically report a marked decrease in symptomatic complaints.

Unraveling Restrictions

The client with multiple disabilities has many more different layers and patterns of restriction, as you can well imagine. There may be several areas of restriction in different areas of the body that produce limited mobility of a particular structure. The body may also develop compensatory patterns, or move differently to accommodate restrictions, which then creates structural and functional changes elsewhere, such as weakness or postural imbalances. What's more, a restriction in one area may prevent the release of a restriction in another.

Now let's look at the following case. A client of mine, a middle-aged man I'll call Rick, had sustained multiple injuries in a severe fall with numerous impacts. His injuries ran the gamut, from a fractured wrist, lacerated liver, avulsion and subsequent removal of a kidney, to multiple fractures of the cranium. As a result, he experienced frontal-lobe injuries and severe visual impairment. On top of that, he had a great deal of soft-tissue trauma.

After Rick had gone through hospitalization and rehabilitation, he returned home to live with his family. Although he was physically independent in mobility and self-care, he experienced cognitive and visual impairments, back and neck pain, and vomiting after eating.

We had used regular craniosacral therapy on Rick in the clinic, and he responded well to the technique. But because he had so many restrictions in his craniosacral and fascial systems, it was difficult for him to move into certain positions on the treatment table. It also was difficult for us to assist the self-corrective moves his body was trying to make. The water could give his body more opportunity to move gently and effectively to release the restrictions.

When we began working with him in the water, he made great progress. Being able to move freely in a gravity-eliminated, fluid environment allowed him to make more rapid changes in mobility with ease. Consequently, his rate of functional improvement increased, with longer lasting benefits.

Over time, Rick experienced relief from the vomiting, slight improvement in vision and improved mobility with less pain. We saw Rick one to two times a month for about a year before we began the bioaquatic sessions. We then saw him for six, one-hour bioaquatic sessions, scheduled two to three weeks apart. He still actively receives treatment since he continues to make cognitive gains and experience improvements in physical function.

For clients with multiple disabilities, the gentle touch of craniosacral therapy facilitates the body's self-correcting mechanism and enhances mobility. These benefits are amplified when working in the water. And they can have a profound effect on rehabilitation on many different levels.

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