

GOLF TOURNAMENT HONORS FOUNDATION PATRON

On April 5-6, 2002, the first Upledger Foundation Nancy Schaffer Memorial Golf Classic will hit the links at the famed PGA National Resort and Golf Club in Palm Beach Gardens, Florida. The event will help raise needed funds for the Foundation's many therapeutic and research programs.

The inspiration for this tournament was born with the passing of clinic patient and long-time Foundation supporter Nancy Schaffer.

In June 2001 she lost her battle with a rare blood disorder called myelofibrosis, which causes bone marrow to develop scar tissue.

For Nancy, the treatment she received at the UI HealthPlex clinic gave her the ability to cope with the effects of the disorder. "She often said it was the only relief she found," says Gayle "Mya" Breman, LMT, MSW, CST-D, who worked with her weekly for several months. The condition caused Nancy's body to become completely distended in her mid-section, rendering her virtually unable to eat or

function due to the pressure. "CST reduced that pressure and with it the pain," Mya says. "She could eat after her session." In addition, Mya says, "Somato-Emotional Release helped with the very emotional concerns that confronted her. Nancy gained a great deal of solace from her sessions."



Upledger Foundation Patron Nancy Schaffer

Nancy Schaffer believed strongly in CranioSacral Therapy. So much so that, in seeking to honor her memory, Nancy's family approached The Upledger Foundation with the idea for a memorial golf tournament that would benefit the organization's health-care programs, including patient care for those who may benefit from CranioSacral Therapy.

In addition to tournament play, the weekend includes a silent auction, contests and a series of prizes, such as a BMW for a hole-in-one and a raffle for a BMW. Tickets are \$225 per player. If you would like more information about participating in this tournament, call 1-800-233-5880, and ask for priority code N0402.

HELP US PAY TRIBUTE TO DR. JOHN UPLEDGER

On the evening of April 28, 2002, a once-in-a-lifetime tribute is taking place honoring the vision, passion and pioneering work of Dr. John E. Upledger, who celebrates his 70th birthday this year. All those whose lives have been touched by Dr. Upledger's work are invited to take part in this special celebration and fundraiser. All proceeds raised will go to aid the programs of The Upledger Foundation.

The event will take place at the Jupiter Beach Resort in Jupiter, Fla., and include personal testimonials, live jazz, Dr. Upledger on the baby grand piano, a Monte Carlo-style casino, dancing, and great food and wine. The cost for the semi-formal (black tie optional) event is \$125 per person.

Patients and supporters of Dr. Upledger may take an active role in our fundraising efforts through Ribbon of Touch and/or Tribute to Touch.

For Ribbon of Touch, simply send \$1 to the Foundation and your name will be written on a ribbon that will become part of a banner used to decorate the tribute site. For \$10 you can take part in Tribute to Touch, which gives you the opportunity to write a personal letter to Dr. Upledger that will be added to a memory book and presented to him at the end of the evening.

Learn how you can be a part of this special tribute to Dr. Upledger. Call Barb Richmond, Community Relations Director, at 561-622-4334 and ask for priority code N0402.

News From The Upledger Institute, Inc.®

UpClose

APRIL 2002

HealthPlex Clinical Services VOL. 15, No. 1

TRAUMA RELIEF PROGRAM HELPS NEW YORKER TURN CORNER IN HEALING PROCESS

Bob Anderson watched the world change in front of his eyes the morning of September 11th. Emerging from the Brooklyn Bridge subway, he saw fire and smoke billowing from the World Trade Center. Unknown to him at the time, Tower Two had just been hit.

With the passing of his initial shock came a frightening realization: His daughter-in-law, Julie, would already be at work at that hour on the 28th floor of Tower One. "I didn't know what to do, so I worked my way over to my office, but they wouldn't let me in the building," he says. "I stood there and watched the fire and objects dropping from the [WTC] buildings." Suddenly Tower Two collapsed and he had to run for it to avoid the heavy cloud of smoke and debris.

"I thought another plane had hit or we were being bombed, and that Julie and thousands of others were gone," Bob says. Finding a phone he called his wife. "I kept trying not to break down, but my feelings were getting overwhelming. I felt totally lost and very unsure what to do next and what to think." After a couple of hours, Bob called home again — this time to learn that Julie had made it out safely. "I was stunned and had a very emotional meeting with her," he says. "It was extremely difficult to express my emotions to her because

I guess I had been taught never to express them."

Months later, still trying to process the memories from that day, Bob heard about an upcoming therapy program from his sister-in-law, Sister Arleen Ketchum, who heads a women's center in NYC. A colleague of hers, Karen O'Brien, was taking part in the endeavor, and it sounded like something that might help. The therapists would be using CranioSacral Therapy.

The program turned out to be The Upledger Foundation's first CranioSacral Therapy for Trauma Relief, held December 17-22 in New York City. The effort brought together an international team of 36 volunteer therapists, who treated 130 patients free of charge over the course of the six days.



Bob Anderson watched the collapse of Tower Two from outside his office building, located just four and a half blocks from the World Trade Center site.

PRACTITIONERS

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UI HealthPlex Hours

8 AM - 7 PM, MON - THURS

8 AM - 6 PM, FRI

9 AM - 1PM, SAT



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NOTHING IS IMPOSSIBLE - TRY

Anselmo Trevino was born on August 10, 1980. He manifested no complications or problems. His growth and development were excellent, and everything looked rosy for his future — until he was 9 years old. He was riding in the family minivan when a serious collision occurred. Anselmo immediately went into a coma and was hospitalized in intensive care. CT scans revealed a fracture of the skull base that involved the mid brain and brain stem — a closed head injury. More importantly, he had suffered a hemorrhage of the brain stem.



John E. Upledger
DO, OMM

Anselmo spent two months in the hospital, then another two in a rehabilitation facility. When he left he was completely quadriplegic with a spastic condition of his muscular system. It involved most severely his lower limbs, and somewhat less severely his upper limbs and the musculature of his trunk, neck and face. He was unable to speak or even blink his eyes to communicate. Clearly the injuries had interfered with the brain's ability to modulate the spinal cord's influence on the peripheral motor control system.

Over the next 11 years, Anselmo's parents made sure he received every therapy recommended and available to him. Yet his life seemed to be a chain of unfortunate physical events. In 1991 his left femur was fractured during a therapy session. In 1993 he underwent Achilles-tendon-release surgery on both ankles, after which he succumbed to pneumonia. In 1995 he had oral surgery to extract eight molars. And in 1997 he suffered an aspiration pneumonia.

When not hospitalized, Anselmo lived at home. Still dependent on doctor and nursing care, he received daily occupational and physical therapy, as well as massage, reflexology, acupressure and acupuncture. The primary goal was to combat the ever-increasing spasticity.

Parents Seek Alternative to Radical Procedure

I first saw Anselmo in April of 2001. He

came to participate in one of our clinic's two-week intensive programs. Prior to that, neuro and orthopedic surgeons were pressuring his parents to perform lumbar rhizotomy, a procedure intended to stop the spasticity of the lower body. Doctors could see no way to relieve the spasticity other than to cut the nerve roots. But Anselmo's parents had different ideas.

One of their major goals in coming to us was to reduce or stop their son's spasticity.

Our initial evaluation of Anselmo included a finding of quadriplegic spastic paralysis. It was severe throughout his whole body below the cranium, but especially so in his trunk, pelvis and lower limbs.

He was unable to communicate either verbally or with eye blinks or controlled body motions. Yet it was obvious he could comprehend what was going on around him. His spasticity noticeably increased when he was upset by certain events or conversations that took place around him. He was fed through a gastric tube — a necessity since the accident 11 years earlier.

A craniocervical system evaluation revealed a rhythm of 5-6 cycles per minute. The cranial vault mobility was restricted in all major vault bones, in the dural tube, and in related spinal structures. There was also a marked thoracic "humpback" deformity that had progressed steadily since the accident. Anselmo's parents reported that the most recent x-rays taken before coming to the intensive program showed a 63° thoracic scoliosis with apex to the left. Bone density studies also revealed marked, generalized osteoporosis.

Anselmo's treatment program included five to six hours of CranioSacral Therapy every day in both single- and multiple-therapist sessions. Acupuncture was used at least once a week, as was therapeutic massage. Spinal release treatment was often integrated with the CranioSacral Therapy along with Myofascial Release and Visceral Manipulation.

On day three of the program I focused on mobilizing Anselmo's spinal vertebrae, one at a time, using position and hold techniques applied to the spinous processes. While I was doing this, two other therapists, one on the

occiput and one on the sacrum, focused on moving the dural tube toward the head and then toward the sacrum in harmony with the craniocervical rhythm. As the dural tube released within the spinal canal, I could feel the dural sleeves that sheathed the spinal nerve roots relax and begin to move more easily. We could also see the spasticity of Anselmo's body relax in response to the work we were doing.

Soon more therapists joined in. One was positioned on the head to decompress and mobilize the anterior-posterior intracranial meningeal membrane (dura mater) system. Another therapist was at the feet holding the calcanei (heel bone) in the palms of her hands. She applied light, intermittent traction in a pedad direction (toward the feet) in synchrony with the dural tube movements in the same direction. The therapist on the head used frontal lift and sphenoid mobilization techniques to offer more space to the motor cortex.

As we finished that particular session Anselmo appeared happier, more comfortable in his body and much less spastic. That's when I decided that a session on a Stress Buster machine might be helpful. The fitted moldings of the Stress Buster moved the ankles, feet and legs rhythmically from side to side, about three inches from one extreme to the other. The rate of movement was adjustable.

As I monitored Anselmo's spinal column with the Stress Buster in action, I could feel the increasing motions of the spinal vertebrae in relation to each other. The Stress Buster appeared to be offering a positive therapeutic effect. From then on we used it to treat Anselmo for about 10 minutes at least three times a day in conjunction with other treatment processes.

Post-Treatment Analysis Reveals Marked Improvement

At the end of the two weeks Anselmo was much less spastic. Cranial bone and spinal mobility were greatly improved and nerve-root surgeries were no longer indicated. The "humpback" deformity had reduced significantly in size. And Anselmo's total body, including face, jaw, tongue and throat, was

much more relaxed. His respiratory diaphragm was more active and moving easier. He was able to breathe much more deeply.

About two months later I spoke with Anselmo's mother on the telephone. She said Anselmo has continued to use the Stress Buster three to five times every day. Both his parents and physical therapists feel it's helping to further reduce the "humpback" problem. What's more, an x-ray recheck for bone density showed a 400% improvement in Anselmo's osteoporosis. The doctor said that was impossible, so he repeated the study. Sure enough, the 400% improvement was confirmed.

I believe this case offers solid confirmation of just what is possible when you help restore motion at all levels, restore the trophic influence of motor nerves, establish dural membrane release within the cranial vault and spinal vertebral canal, and enhance motor cortex and brainstem function. Yes, you can help reverse problems as serious as scoliosis, osteoporosis and hyperspasticity — even after they have been present for up to 11 years in the patient's body.

INTENSIVE THERAPY PROGRAMS

One- and two-week programs address such conditions as:

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- Central Nervous System Disorders
- Motor-Coordination Impairments
- TMJ Syndrome
- Orthopedic Problems
- Chronic Fatigue
- Scoliosis
- Neurovascular or Immune Disorders
- Infantile Disorders
- Colic
- Post-Surgical Dysfunction
- Fibromyalgia
- Connective-Tissue Disorders

SHARECARE® WORKSHOPS

This one-day workshop explains CranioSacral Therapy in everyday terms and teaches a few simple techniques you can use to help yourself or family members.

May 11, 2002 – London, Ont.
June 15, 2002 – Ossining, N.Y.
June 22, 2002 – Palm Beach Gardens, Fla.
Aug. 3, 2002 – Ossining, N.Y.
Oct. 26, 2002 – Palm Beach Gardens, Fla.

Call for more information and
to make an appointment:
561-622-4706
Please ask for priority code N0402.

TRAUMA RELIEF PROGRAM HELPS NEW YORKER

Continued from cover

"Each session had a lead therapist and at least one co-therapist, and lasted roughly two hours," says Tad Wanveer, LMT, CST-D, staff clinician at the UI HealthPlex clinic.

Modeled after the clinic's intensive programs, Trauma Relief was developed by Tad and fellow staff clinician Sheryl McGavin, MBA, OTR/L.

"This was the first time I had ever heard about CranioSacral Therapy," Bob says. "The light massage and different body positions created a very relaxing situation, enabling me to talk freely about my

feelings." As the therapists applied light pressure down his breastbone and gently mobilized his spine and head, Bob recalls, "I was able to feel the nervous energy leave me."

And as another therapist applied a stretch to his legs at the ankles, "I experienced feelings moving down my legs and out of my body," he says.

Bob admits feeling a little guilty going into the program. "There are many more people more in need of this than I was," he says. "My problems as a result of 9-11 were small compared to the experiences of people who actually worked [at the WTC] and were able to get out." People like daughter-in-law Julie, who was scheduled to take part in the program but was

unable to attend at the last minute. "She will go if they are offered again," he adds.

Still, Bob is glad to have had the opportunity to take part in a CranioSacral Therapy

session. "The major discovery for me was learning how to focus on body feelings as I experience them and then to visualize softening and releasing them from my body."

He concludes, "I only hope The Upledger Foundation can find enough funds to continue the sessions in New York to help others who have suffered tragic losses or trauma from this horrible event."

Programs such as December's Trauma Relief are made possible through donations to The Upledger Foundation's September 11 Healing Touch Fund: Providing CranioSacral Therapy to Trauma Victims. To make a contribution, please make your check payable to The Upledger Foundation (reference 9-11 Healing Touch Fund on the bottom) and mail to: The Upledger Foundation, 11211 Prosperity Farms Rd., Suite D-223, Palm Beach Gardens, FL 33410-3487.

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