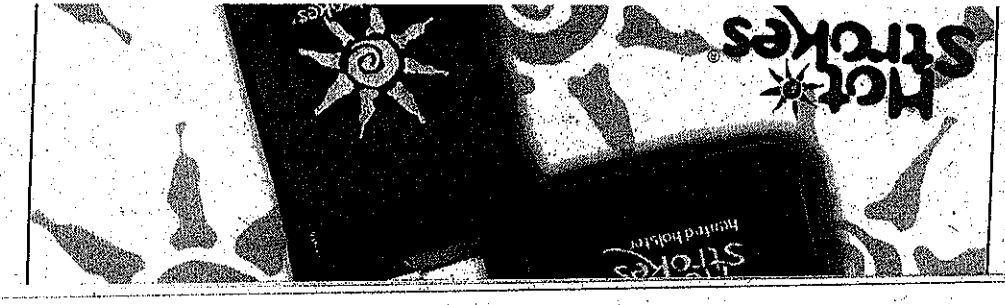

Look for the winner of the 2004 Best Spa Massage in the February 2005 issue.

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...are interested in volunteering to rate spa massages for **SpaTherapy.com**. Volunteers can choose to rate any spa in the United States, but cannot currently work for a spa in any capacity. Spa massages will be rated on a 100-point scale and include the following criteria:

#2004.12

MT CranioSacrally Speaking

Performing the Initial CranioSacral Evaluation

John E. Upledger, DO, OMM

In my last few columns, I've discussed several specific CranioSacral Therapy (CST) techniques. Now I'd like to venture into the "anatomy" of an initial CST evaluation, which is often conducted before a more complete and thorough examination takes place.

In the initial evaluation, the therapist gently palpates the body to sense subtle motions while looking for any restrictions impeding the free motion of the craniosacral system and other body regions, tissues, organs and energies. Similar evaluations are conducted on the vascular and respiratory systems. This evaluation is vital, as the whole body responds to the rhythmical activity of the craniosacral system, which is evaluated for symmetry, quality, amplitude and rate of response. The bodily responses to these systemic activities are significant factors in the search for the patient's primary dysfunction.

Another integral part of the initial CST evaluation involves the myofascial system. Fascia runs like a continuous web of tissue throughout the body and remains somewhat mobile under normal circumstances. Gentle traction applied on the fascia in arbitrary directions from various positions helps localize restricted areas. These areas of restricted mobility are then interpreted to be sites of current problems or residue from previous lesions. Active lesions/problems are differentiated from inactive residual effects by a technique known as "arcing" (pronounced "ark-ing"), which I developed along with biophysicist Zvi Karni at Michigan State University. Through using mechano-electrical monitoring, we discovered that energies both within and off the body are palpable to the skilled therapist. Arcing requires the therapist to sense the energetic waves of interference produced by an active lesion, which tend to be superimposed over the normal subtle physiological motions of the body, organs, tissues and energies. Practitioners then trace these waves to their source by manually sensing the arcs they form.

When arcing is used, the source of the waves is considered to be the core site of the underlying problem or lesion, which may actually be some distance from the location of the patient's symptoms. Usually the active lesion is disruptive to gross physiological activities, as well as to more subtle energy functions and patterns, such as acupuncture meridians. As sites of dysfunction and disruption are discovered in this way, the therapist may attempt to restore mobility to the involved tissues and energy fields. More often than not, these attempts will be partially, if not completely, successful. In either case, the result is often the appearance of a deeper problem or lesion for which the dysfunction just treated has served as an adaptation.

The therapist then follows these clues, layer by layer, until the primary problem is disclosed. This may occur during the first evaluation, or it may require more than one visit to bring the deepest underlying problems to the surface. The ultimate goal is to clear the entire body of mobility restrictions to achieve the highest level of craniosacral system function.

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MT We Get Letters and E-ma Cont'd from page 4