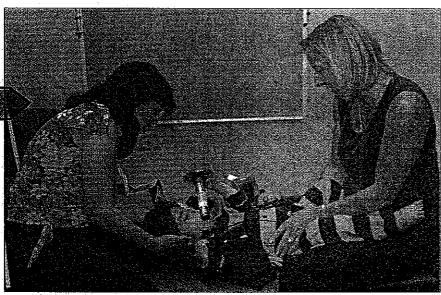
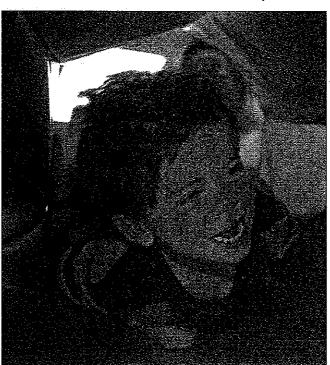
Craniosacral therapy: A gentle, powerful touch



Photos by STEVE REED

Above: Suzanne Aderholt, occupational therapist, administers craniosacral therapy to Tres Hanson with physical therapist Sally Fryer.

Right: By all outward appearances Tres is just another active 2-year-old. However, treatments of craniosacral therapy are believed to have helped bring him back from the brink of death when he was ill with spinal meningitis.



By Esther M. Bauer

THE EFFECTIVENESS of craniosacral therapy was never more apparent to physical therapist Sally Fryer than the day she applied it to her nephew after a summer rafting mishap. The 6-year-old had been underwater more than seven minutes. He was blue, unresponsive, had no heart rate and wasn't breathing. He had drowned.

While he was being resuscitated, she and her physician husband applied craniosacral therapy, which she believes led to the boy's rapid recovery and release from a hospital six hours later without any brain damage or other ill effects.

Ms. Fryer, who has been a physical therapist for 24 years and a craniosacral therapist for five years, owns Integrative Pediatric Therapy in Dallas, which combines physical and occupational therapy with sensory integration and craniosacral therapies. Although not every one of her clinic's 18 staff members is certified in the cranio method, most have a working knowledge of the concept.

While physical therapy involves manipulating the body's musculature to help restore range of motion and the healing and strengthening of ligaments and muscles, craniosacral therapy addresses the central nervous system. It is a gentle massage that helps the body restore the natural ebb and flow of the cerebrospinal fluid encased in membranes running from head to tailbone — cranium to sacrum.

"Of all the techniques I've learned throughout my professional career, this is one of the more exciting, because we can often see results more quickly," she says. "Whenever you can find something that makes a difference faster, it's worth looking at.

"You cannot hurt anybody doing this, because it is not a manipulation," Ms. Fryer says.

The technique involves trained fingers and a gentle touch, no heavier than the weight of a nickel, to find areas of tightness that disrupt the natural rhythm of fluid within the craniosacral system.

The day of her nephew's accident, Ms. Fryer and her husband, Andrew Fryer, a pediatric cardiologist who is also trained in the therapy, applied the gentle technique to the boy's head, while two river guides administered CPR. Even after the boy began breathing, they continued the cranio work to calm and prevent him from going into shock. The combination of immediate CPR and restoration of the cranio rhythm likely prevented the anoxic brain damage that typically occurs from swelling, she says.

As a therapy, craniosacral is considered a complement to traditional medicine, and patients are often referred to her clinic by schools, pediatricians and neurologists. Much of her pediatric practice addresses developmental delays, which typically call for a combination of therapies.

"We have found that kids who get craniosacral therapy along with developmental therapy go further and faster than any of the other kids we treat," she says. "So it is a great adjunct to regular therapy."

Her best-known referrals, Ahmed and Mohamed Ibrahim, the formerly conjoined Egyptian twins, received craniosacral therapy 14 months prior to their successful separation surgery. They now receive follow-up treatment, a combination of sensory integration therapy, which uses physical and occupational therapy to address the foundational aspects of child development.

"As long as they're getting their cranio work, they're continuing to show good, good gains," Ms. Fryer says of the twins.

She compares disruptions to the central nervous or craniosacral system to an automobile that is not running very well.

"It may get you from point A to point B, but it might be a rough ride," she says. "Your body is the same way. It's going to run smoother if it's in balance. The difference from the therapy that we did before, compared to the combination of therapies that we do now is better outcomes. The kids just do better."

Ms. Fryer admits she was skeptical about craniosacral therapy until a respected colleague started practicing the technique.

"I couldn't imagine how a light touch could make such a difference, but seeing is believing," she says. "It's more relaxing than massage, because you get underneath the body's defense mechanisms to trigger the relaxation response. It makes such a difference."

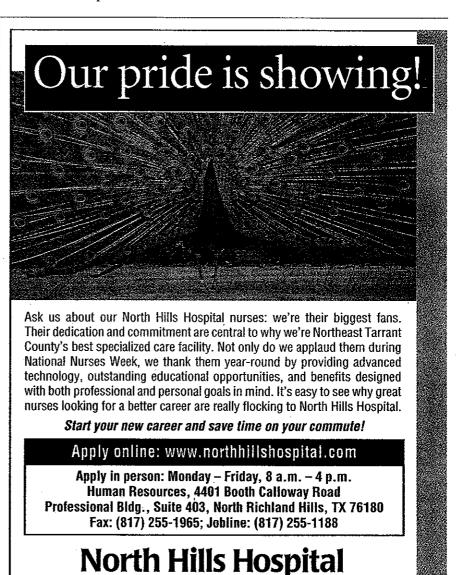
Like any skill, the therapy requires years of practice to perfect and acknowledgment that "you're not imposing your touch on the patients. You're working with their body. That's the big difference," Ms. Fryer says.

A testament to the technique's effectiveness is the response of autistic chil-

dren, who are calmed immediately by the therapy, she says. "Their parents say their children sleep better at night after treatment.

"When you're dealing with kids who come in with severe diagnosis, and they get better, and you can really maximize function, well, that's something worth doing," she says.

"Anybody who touches another humanbeing or individual, especially in the medical field, should know the power of touch. There are some very basic things that you can do to enhance any treatment that you do through touch."



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Craniosacral therapy certification

Esther M. Bauer

practitioners worldwide have been trained in craniosacral therapy through the Upledger Institute, www.upledger.com/know/ui_cert.htm, a Palm Beach Gardens, Fla.-based facility offering a curriculum in the technique developed by John E. Upledger, D.O., OMM.

While the practice of craniosacral therapy is not licensed in and of itself, practitioners must maintain a health-care license that allows them to work with patients or clients, says institute spokeswoman Sharon Desjarlais.

The institute offers two certification levels: CranioSacral Techniques (CST) Certification and CranioSacral Diplomate Certification. Maintaining the certification requires 12 hours annually of instituteapproved continuing education units.

Any licensed health-care provider can be trained in the techniques, according to the institute's roster of traditional and non-traditional trainees.

The Institute boasts a practitioner list that includes both osteopathic and allopathic physicians, as well as doctors of Oriental medicine, naturopathic physicians, doctors of chiropractic, nurses, psychiatric specialists, psychologists, dentists, occupational therapists, physical therapists, speech-language pathologists, massage therapists and other health-care providers.

Advocates consider its application virtually limitless, including dental medicine. It is said to help eliminate temporal

mandibular jaw pain and to help expand the palates of children who otherwise would have to wear palate-expander dental appliances. Therapists or dentists wearing flavored rubber gloves use one or two fingers to lightly touch the child's palate to expand the maxilla and the mandible, which causes the palate to expand on its own.

Craniosacral therapy is considered by most insurance plans to be a soft-tissue therapy that is covered under the heading of either physical or occupational therapy — provided the therapy is provided by a licensed health-care practitioner and not a massage therapist. Also key to insurance coverage is that the therapy be ordered by a physician.

Sally Fryer, a physical therapist and owner of Dallas-based Pediatric Integrative Therapy, has taken more than 24 Upledger Institute courses in craniosacral therapy and is now certified to help teach it. Ms. Fryer says every health-care practitioner should know the techniques.



Photo by STEVE REED

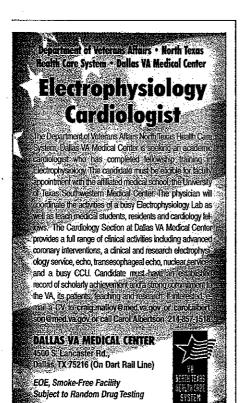
Ms. Fryer, with Tres, is a physical therapist who is certified to teach craniosacral therapy and uses it in her practice.

"You can see the effects of the techniques," she says. "You can see the heart rate and blood pressure come down. You can see the effects of decreasing stress on the body from surgery and other invasive procedures. Children get extubated faster; it has a really valuable place in mainstream medicine. There is no downside to it," Ms. Fryer says.

Therapists trained in the craniosacral method also may be more employable.

When Ms. Fryer wants to add to her staff of 18 physical and occupational therapists, she looks for those with "good cranio skills," she says. "I'll snap them up in a second. For those of us in mainstream practices, anybody with good skills in this area is certainly valuable.

"Certification in the technique shows you are well-trained and have lots of experience to be proficient," she says. "It's similar to going to a physician who is board-certified — you prefer going to somebody who takes it seriously enough to go through the certification process."



Most memorable patient: A walking, talking miracle

By Esther M. Bauer

THE EXTENT of his developmental problems and the continuing pace of recovery make 2-year-old Tres Hanson among physical and craniosacral therapist Sally Fryer's most memorable patients.

Tres was referred to her a year ago, following a 95-day hospital stay. He had contracted meningitis, an inflammation of the tissue lining of the brain and spinal cord, and encephalitis, inflammation of the brain itself.

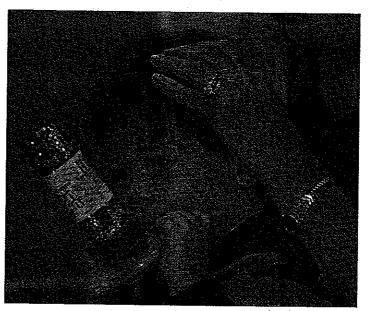
Today he has a "pretty good shot" at being normal, Ms. Fryer says.

"They thought this child would be blind and not walking, but he is very much walking, opening doors, and asserting himself," she says. "He's got some issues we still have to overcome, but he is a far cry from being vegetative," Ms. Fryer says, crediting the therapy as "opening the pathways so that all the other therapy he receives has a greater impact."

The illness left Tres blind and suffering near-continuous seizures. In the hospital he contracted sepsis and twice suffered brain hemorrhages. Pictures were taken of him for a prayer service in the hospital chapel. He was on life support, in the throes of death, and swollen more than twice his size, Ms. Fryer says.

It was only at the urging of the Tres' grandmother, whose friend had been treated by Ms. Fryer, that craniosacral therapy was considered. Ms. Fryer's husband, Andrew Fryer, M.D., a pediatric cardiologist also trained in craniosacral, was called in as a consulting physician to apply the techniques.

"We saw immediate improvement,"



Tres has a "good shot" at having a normal life, says Ms. Fryer, a physical therapist who is trained in craniosacral therapy.

Photo by STEVE REED

says Bridget Hanson, Tres' mother. "My husband just fell down and said oh my God,' and at that point we totally believed in craniosacral.

"When my mom presented craniosacral to me, I thought 'you are
whacked.' I thought, 'that's mumbo
jumbo, hocus pocus," Ms. Hanson says.
"I have now become such a believer,
because something worked for my son. In
the hospital he was considered very close
to what's called neuro-devastated, which
means, basically, you're a vegetable.

"Tres still has significant developmental problems, but he is walking, he feeds himself, his vision has returned, and he is beginning to talk," she says.

"I cannot say that craniosacral has done it all, but I truly believe it had a hand in it; we were given such prospects of gloom and doom about his future, and he really has just become a complete miracle," Ms. Hanson says.

"His doctors are mystified by how much progress he has made.

"His physical therapist says he may need treatment until he is 5, but at a reduced level. He is doing so well that the cranio therapy has been reduced in half to twice a month," she says.

"We always had hope, but we didn't have a lot reason to be optimistic that in one year he would be where he is now.

"We went from wanting him to just know what happiness and joy was to wanting him to walk, then to wanting him to feed himself, then to wanting him to be able to run around in the back yard," Ms. Hanson says. "All those things are coming true, so now my hope is that he goes to kindergarten with all the other little kids in the neighborhood and that he's going to play soccer or do ballet; I don't care what he does, as long as he is happy."