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# Coaching Children in Developmental Progress

**Upledger CranioSacral Therapy offers a base of knowledge and clinical practice to help infants and children at their primary levels of impairment**

**By Liza Katz, MSPT**



uring that rare, languid moment observing a child, have you ever asked yourself, "How does the body learn, anyway?"

There is little time in a busy practice for speculation, yet many of our pediatric clinical protocols have been derived from assumptions imbedded in natural development theories of children's motor control and motor learning. Many textbooks for pediatric physical therapy list the home, school and playground as natural settings for planning and implementing therapeutic care. Curiously, the body is omitted from this list.

While function and outcome are key concepts in all physical therapy treatment plans, it is understood that natural development of the child plays a role. But how does a physical therapist access the natural maturational processes in the child's body that occur in the early stages of motor development and are the basis for the motor milestones of the first year of life?

All physical therapy interventions have as their ultimate goal the reduction of disability as defined in the model of the disabling process developed at the National Center for Medical Rehabilitation Research of the U.S. National Institutes of Health.<sup>1</sup> Further, this source recognizes the need for knowledge to help therapists coach children more effectively in their own self-initiated attempts to drive developmental progress. Upledger CranioSacral Therapy offers that base of knowledge and clinical practice to help infants and children at their primary levels of impairment.

Motor development theories reflect different opinions about the influences of the various neural components of movement. Some theories stress the role of reflexes, others a hierarchical model of the central nervous system.

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## IT'S A FACT

Communication disorders affect approximately 42 million Americans. Of these, 28 million have a hearing loss and 14 million have a speech or language disorder.

— Courtesy of the American Speech-Language-Hearing Association

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functional demands, using devices such as standing frames and posterior walkers. In some cases, parents resort to medical interventions such as rhizotomies and tenotomies to help their children keep up in school or for ease of care.

CranioSacral Therapy seeks to influence children at the most basic levels, before impairment and disability are factors.

### STARTING AT THE SOURCE

This therapeutic method involves a light, hands-on touch that focuses on bringing the craniocervical system into balance by facilitating the flow of cerebrospinal fluid. The craniocervical system consists of the membranes (dura) in the skull and spinal column, the bones to which the membranes attach, as well as the tissues that produce and reabsorb the cerebrospinal fluid. The membranes are evaluated and mobilized by light touch on the bones of the skull, face, and mouth, down to the sacrum along the dural tube, which encloses the spinal cord and nerve roots.

Since this system influences the development and function of the brain and spinal cord, an imbalance or lesion in the craniocervical system can influence all systems affected by the central nervous system, the musculoskeletal, vascular, lymphatic, respiratory and endocrine systems. CranioSacral Therapy is particularly effective in balancing the components of the autonomic nervous system.

Practicing upon the recumbent body removes the constraints of gravity, which can be considerable when working with a body whose musculoskeletal maturation is within normal parameters.

Fourteen-month-old Ann came to the Intensive Therapy Program at The Upledger Institute, Inc. HealthPlex Clinical Services in Palm Beach Gardens, Fla. in September, 1997, five months after a fall that resulted in multiple cerebrovascular lesions in both parietal lobes, and frontal and right occipital lobes. She was unable to chew, swallow or vocalize, was on anti-seizure medications, and presented with left side athetoid movement and inability to hold her head in extension.

With Ann supine upon the treatment table, evaluation by non-intrusive palpa-