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Craniosacral Therapy May Help Lessen Symptoms of Post-Concussion Syndrome

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Created 01/21/2012 - 20:59

When my daughter, Heidi, [suffered a serious concussion](#) ^[1] playing hockey at prep school, one of the therapies she found helpful in dealing with her [post-concussion syndrome](#) ^[2] was craniosacral therapy (CST), which I discovered doing research on the Internet.

CST is a 20th century offshoot of cranial osteopathic medicine, a philosophy and system of healing first proposed by Dr. A. T. Still in 1874. Osteopathic medicine emphasizes the interrelationship between structure and function of the body and recognizes the body's ability to heal itself. It is the role of the osteopathic practitioner to facilitate that process.

Two basic principles of osteopathy are that (1) Our bodies function as an integrated whole, where structure and function are interrelated; and (2) A body's self-healing and self-regulating processes are continually at work to maintain our health and function. Of particular importance are the subtle physiologic motions and mobility inherent in all body tissues which are essential to organizing the body and maintaining health and function in all body systems.

Within the central nervous system, this motion is referred to as the primary respiratory system. Any disturbance or restriction to these motions can adversely impact the entire body and implicate a wide variety of systems including neurologic, sensory/motor, orthopedic, organ, musculoskeletal, cognitive and behavioral.

These subtle motions and dynamic processes can be perceived, palpated and worked with therapeutically to support the body's own dynamic processes for healing. (Note: Craniosacral therapy currently has several main branches which differ somewhat by both philosophy and technical approach; for a video by a health care practitioner talking about craniosacral therapy, click [here](#) ^[3]).

Concussion effects on craniosacral system

Among the many elements of CST, the one which caught my untrained eye, was the CST view that the normal cranial system of plates, sutures and membranes in the skull should have mobility, i.e. the capacity to "breathe." I later learned that head injuries and concussion can affect multiple components of the craniosacral system, including abnormal membranous tensions (a common clinical presentation), bone articulations (e.g. cranial sutures) and sutural immobility. These adversely affect the free flow and stable pressure of cerebro-spinal fluid (CSF), blood flow, neural conduction and numerous other physiologic functions.

As Heidi's other non-invasive treatments proceeded, I also learned that CST is a very comprehensive therapeutic approach, and that it treats each patient as an individual (in the same way that each concussion is unique). Because of the structural continuity of the body, CST diagnostics and treatment extend beyond the craniosacral system for an integrative approach to pain and dysfunction as it presents anywhere in the body.

Not a quick fix

CST is fundamentally an approach that encourages the body to heal itself, but it is not a quick fix. Just like every other aspect of concussion, the body and brain need time to do the work of healing in response to CST. Although CST is considered somewhat outside the mainstream, some leading sports physicians treating concussion (and the various symptoms that appear with concussion such as vertigo, headache, musculoskeletal pain, vision and hearing changes to name a few) now refer patients to CST, sometimes with impressive results.

Heidi found that CST helped. After three sessions her physical symptoms were less severe, but, unfortunately, the therapist she was seeing was moving her practice to Canada, so Heidi had to temporarily discontinue treatment. Eventually, we found a new CST practitioner and Heidi was able to resume therapy. In the practice philosophy of the new therapist, differential whole-body evaluation techniques addressing all body systems were invaluable in both identifying the most important areas where Heidi's body was most stressed and identifying the specific structures that were involved. These diagnostic tools enabled the practitioner to understand and discern how dysfunctions in one area were affecting the whole system, and how broader anatomical patterns of dysfunction were presenting.

This approach allowed her to determine the most effective sequence of treatment in a way that didn't overwhelm but naturally strengthened the whole system's own self-corrective mechanisms. A closely targeted sequence of treatment is invaluable in order for the body to be able to make corrections that occur locally as well as globally throughout the body and brain.

Heidi's therapist discovered that she had many levels of dysfunction from her previous concussions and some riding accidents, too. Each session was specific to the most important dysfunctions presenting that day (as indicated by differential diagnosis), until the whole

eventually began to function more harmoniously. Those CST sessions had to be carefully synchronized with the chiropractic neurologist, allowing Heidi's system enough time between sessions to adapt and respond to the different therapeutic stimuli and integrate each correction being introduced.

Dorothy Bedford is a mother of three from Princeton, New Jersey. For her series of articles on her journey with her daughter Heidi towards recovery from post-concussion syndrome, click [here](#) [4]. For a series of companion videos, click [here](#) [5].

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