

Cranio-Sacral Therapy



Learning Objective:

This article describes how alternative therapies may be integrated into the practice of occupational therapy to provide patients with a better chance at a functional life. It also talks about the importance of the fascial system and its involvement in many types of dysfunction within the body.

Key Words: Fascia, Occupational Therapy, CranioSacral

Pain is something experienced by every person at one time or another in their lifetime. While it is very real to the patient, healthcare practitioners cannot feel it, test it or quantify it. They must rely solely upon the patient's description. In many cases, despite using every medical test, treatment, and therapy available, the patient continues to report the same or increased levels of pain, which frustrates the practitioner. After experiencing this in my practice, I began to believe that it was not the patients who were imagining the pain, but the medical profession that was missing a vital link in the cause of their pain.

After completing my degree in Occupational Therapy and going into practice, I found that the traditional methods did not seem to be working for patients. People either came back for treatment forever without getting any improvement or they finished their course of therapy and were no better than when they had begun. I had a feeling that a piece of the puzzle was missing and I began to look for that piece.

The more I learned about fascia, the more I began to believe that this was the missing link. Fascia is the connective tissue that surrounds every cell in the body and goes through every muscle, organ, and system

of the body. Without fascia to hold everything together and hold the body upright, a person would be no more than a shapeless form of blood, bones and skin in a puddle on the ground.

Fascia has a tensile strength of 2000 pounds per square inch, meaning it is as tough as a radial tire. Studies on nerve conductivity showed that when you measured the normal conductivity of a healthy nerve and then simply laid a human hair on top of that nerve with no additional pressure, the conductivity was reduced by 80%. I realized that if that nerve were being squeezed by something as strong as fascia, it could have some serious consequences in the body. The nature of fascia means that in addition to restricting nerves, it could be restricting organs, muscles, joints, and other tissue in any area of the body, including the brain.

Standard medical practices have dismissed fascia as “the white stuff that covers the muscles”. They have not looked at it as an important body system. They have not considered the role fascia may play in pain and dysfunction within the body.

However, fascia is a web-like structure made up of tiny tubules filled with fluid that interacts with the other structures of the body, such as veins, nerves, other body systems (lymphatic system, endocrine system, etc.), bones, arteries, etc., that goes from the top of the head to the tips of the toes. It is a system because of that interaction within the body. It does not just exist in one place. It penetrates every cell from brain to bone to skin.

The CranioSacral System has a natural rhythm that is separate from the respiratory and circulatory systems. Restrictions in the fascia may disrupt that rhythm and put pressure on the brain. This may have far reaching consequences in the body. It may disrupt every other body system and create a wide variety of symptoms.

Restrictions or adhesions in the fascial system may result in pain anywhere in the body. I began looking at how the fascial system might be involved in the various diagnoses of the patients I was treating. I took many classes and studied everything I could about the body. The nature of fascia is such that force causes it to tighten even further just like a Chinese Finger Trap, the harder you pull, the less able you are to release yourself. I learned that a very light touch and gentle technique release fascial restrictions that may be causing pain, dysfunction, or problems in the immune, nervous, digestive, endocrine or other body systems. I saw the results in my patients. Patients began to get relief from their pain and gain function. They were able to come off their pain medications and lead more productive lives.

This study led me to develop CranioFascial Integrative Therapy, which recognizes the importance of the fascial system in the body and brain. It looks at the body as a whole. It considers posture and balance, the brain, the body, all of the body systems, including the fascial system, as well as the bones and muscles in order to discover the root cause of a patient's symptoms. It seeks to bring the body back into balance, resulting in pain relief and increased function.

Many practitioners and therapy do not look at the posture and balance of the body. A person who is slumped over is putting pressure on the digestive system and the fascia is pulling and binding down in an attempt to keep the body upright during movement. A person with an extremely forward head is again being thrown off balance structurally and the fascia tightens in an attempt to bring it back into line.

Consider the experience of one of my patients, a 50 year-old male jazz pianist in overall good general health with no other history of problems. In 1980, he was diagnosed with tendonitis of the right wrist that only bothered him when playing the piano. He needed to practice the piano 8-10 hours daily. Has had part-time position as delivery driver for 9 years.

He underwent 2 months of Alexander technique with minimal effect. He tried two treatments of acupuncture one year apart, which provided minimal relief. He also had standard physical therapy of strengthening and modalities with no improvement. He said all previous therapies were only done to his hand and wrist, even when he reported stabbing pain in his arm they never looked past his wrist.

Symptoms in the right wrist are rated on a pain scale of 10 at 3 during rest. When playing it increased to a 9 or 10. Initially he had shooting pains up the arm and was diagnosed with carpal dystonia and it was recommended that he stop playing. He stopped playing professionally for 14 years. When he began playing again he again experienced pain and tingling. The physicians wanted to do steroid injections, but he never had them. He was told that he would need surgery or he would have to quit playing the piano entirely. Since he is a professional jazz pianist and this is his life's ambition, he did not consider giving up the piano.

He found us via our website and read about what we do and wanted to try our techniques because he "felt fascia was the problem" despite what he had been told or what had been diagnosed as carpal tunnel or carpal dystonia.

He came into our office for an evaluation. We found his basic grip strength and range of motion to be within functional limits. However, he had several other postural abnormalities. He has tightness in the carpal bones of both wrists, right greater than left and tightness in both arms, right greater than left. Specifically, I noted that he had a significant forward head and shoulder position posture. He slumps causing decreased scapular glide bilaterally, more so on the left. Tightness across his chest and pecs was evident. He also had a pelvic imbalance.

At his first treatment, after the evaluation, I mobilized the carpal bones in both wrists. I released the fascial restrictions throughout the right extremity, because that was his symptomatic side in order to give him relief of the tingling in his hand and pain in right wrist.

After the first treatment, he came in one week later. He stated he had about a 50% improvement in the symptoms of the right extremity. The second treatment I did basically the same steps as the first treatment. However, I began to balance the pelvis and allow more freedom for normal movement. He was instructed in postural awareness.

When he came for the third visit, prior to treatment, he said he can play “normally” what he had been playing, totally asymptomatic, however, when he tried more of the advanced jazz techniques, he experienced pain after about three hours of playing. His pain level was now at about a 2 – 3 level while playing.

After the third treatment, he reported the pain between his shoulder blades, neck and back pain that he had previously failed to mention, was completely gone. He felt he had a significant improvement in his whole neck and shoulder girdle area and more movement than he had had in at least 10 years. He said he had a practice scheduled for that evening where he would be challenging the work we had done. He said this type of work would normally raise his pain levels up to the 9 – 10 range after approx. 3 hours.

He called the morning after the practice and said he had a minimal amount of soreness from the mobilization done around his shoulder blades. He had not had increased pain during or after practice. He had experienced no pain. He has not had to take any pain medications and he felt wonderful. He did not have any fatigue in his hand, wrist, back or neck that he had normally experienced after a practice session. He said he felt he had increased flexibility and mobility overall. He has scheduled future appointments to keep him balanced.

CranioFascial Integrative Therapy uses a very light touch to correct the origin of the pain and bring balance to the body. It has been used to successfully correct infertility, scoliosis, plantar fasciitis, ADD/ADHD, carpal tunnel, sports injuries, arthritis, and pain in any area of the body, including migraines. I have used it on people from the time of birth through advanced age.

Adding CranioFascial Integrative Therapy to my practice has increased my patient load considerably. Patients have found the relief they were seeking from a wide variety of diagnoses. They tell others and refer their friends. Many physicians are impressed by the relief their patients have received and have begun referring their difficult cases for evaluation and treatment. I receive intense satisfaction from my practice and love my job because my patients are improving and experiencing reduced pain and increased function regardless of their previous diagnosis.

References

- Curatolo, Michele, MD, PHD, J., New Perspectives in Pharmacological Intervention of Musculoskeletal Disorders, Pain in Europe III, EFIC 2000, Nice, France, September 26-29, 2000.
- Gallagher, R. Sources of Late-Life Pain and Risk Factors for Disability. *Future Geriatrics*, 55(9):40-47, 2000.
- Bradley, L.A., Al Sotolongo, K.R. Alberts, G.S. Alarcon, J.M.Mountz, H-G Liu, et al. 1999. Abnormal regional cerebral blood flow in the caudate nucleus among fibromyalgia patients and non-patients is associated with insidious symptom onset. *Journal of Musculoskeletal Pain*, 7(1-2):285-292.
- Schultz, R. Louis, PHD, and Rosemary Feitis, DO, *The Endless Web: Fascial Anatomy and Physical Reality*, Berkeley, North Atlantic Books, 1996.
- Speece, Conrad A., DO, and William Thomas Crow, DO, *Ligamentous Articular Strain: Osteopathic Manipulative Techniques for the Body*, Seattle, Eastland Press, 2001.
- Gorman, Christine, and Alice Park, *The Age of Arthritis*, Time 160 (24):70-79, 2002.
- Kern, M. What is craniosacral therapy? Information accessed from craniosacraltherapy.org
- Davis, C.M. (1997). *Complementary therapies in rehabilitation*. Thorofare, NJ: Slack. *Alternative medicine: The definitive guide* (1993). Puyallup, WA: Future Medicine Publishing.
- Upledger, J.E., & Vredevoogd, J.D. (1983). *Craniosacral therapy*. Seattle, WA: Eastland Press.
- Upledger, J. (1987). *Craniosacral therapy: Beyond the dura*. Seattle, WA: Eastland Press.
- Barnes, J. (1990). *Myofascial release: The search for excellence*. Paoli, PA: MFR Seminars.

Juhan, D. (1987). *Job's Body: A handbook for bodywork*. Barrytown, NY: Station Hill Press.

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