Craniosacral Therapy

Introduction

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STRUCTURE & FUNCTION OF FASCIA:
Craniosacral Dura
- Compartmentalizes and surrounds everything!
- Maintains posture
- Supports vessels, organs, muscles, nerves, bones
- Defines muscle motion
- Aids circulation
- Influences cell metabolism
- Aligns with mechanical stresses
- Deposits collagen to rebuild and to heal injuries
- Relays and stores information
- Electromagnetic transmission agent
COMPOSITION OF FASCIA

- Proteins: collagen and elastin
- Ground Substance: lubricates and separates
CRANIOSACRAL ANATOMY

- 8 cranial
- 14 facial
- 6 auditory
CRANIIUM

- Frontal
- Parietal-2
- Occipital
- Temporal-2
- Sphenoid
- Ethmoid
FACIAL BONES

- Zygomatic-2
- Maxillae-2
- Mandible
- Nasal-2
- Lacrimal-2
- Palatine-2
- Vomer
- Inferior conchae-2
ANATOMICAL LINKS

- Cranial base
- Core link - spinal dura
- Sacrococcygeal complex, S2, filum terminale, S4
- Meninges, ventricles
CRANIAL BASE

- Frontal
- Sphenoid
- Ethmoid
- Temporals
- Occipital
MENINGES

- Dura
- Arachnoid
- Pia Mater
DURA MATER

- Falx Cerebri
- Falx Cerebelli
- Tentorium Cerebelli
RECIProCAL TENSION MEMBRANES

- Forces across a membrane are transmitted equally through CSF to other membranes, hydraulic system
CEREBROSPINAL FLUID

- Nourishing fluid produced by choroid plexus
- Circulates through 4 ventricles
- Fluid mechanics affect membrane tension
VENTRICLES

- 2 Lateral Ventrictles
- Third Ventricle
- Fourth Ventricle
- CSF travels through ducts in the system
EXAMINATION

- History
- Structural Assessment
- Motion Analysis
PALPATION

Craniosacral Rhythm

Cranial bones are anchors for dural membranes
THE WHOLE IS GREATER THAN THE SUM OF ITS PARTS!
PRINCIPLES OF CRANIOSACRAL MOTION

Craniosacral Rhythm (CSR)
Rhythmic inherent physiological motion of 6-12 cycles/minute
CRANIAL MOTION

- Flexion / external rotation (widening)
- Extension / internal rotation (narrowing)
FLEXION:
EXTERNAL ROTATION:

- Transverse diameter increases
- A-P diameter decreases
SPHENOBASILAR FLEXION:

External rotation of paired bones: widening
SPHENOID AND OCCIPUT ROTATE IN OPPOSITE DIRECTIONS:

Like a clamshell:

- Opening into flexion
- Closing in extension
As sphenoid rotates anteriorly, occiput rotates posteriorly
SPHENOBASILAR EXTENSION

- Internal rotation of paired bones
- Narrowing
Sacrum moves in synchrony with sphenoid.
DURING SPHENOIDAL FLEXION

- Sacrum moves:
  - Apex anteriorly
  - Base posteriorly
- Clamshell opens
FORAMEN MAGNUM

- Moves superiorly
- Elevates
- Tenses the dura
COUNTERNUTATION

- Craniosacral Flexion
- “Tail tucks in”
Sutures are not fused in normals!

Function as joints
Sutural Joints Contain:

Fascia, dural attachments, Sharpeys fibers, nerves, C fibers and blood vessels **NOT** FUSED!
RESPIRATION

- Inhalation enhances flexion
- Exhalation enhances extension
3 DIAPHRAGMS:

- Tentorium Cerebelli
- Respiratory Diaphragm
- Pelvic Diaphragm
- Depress and flatten during inhalation
CRANIOSACRAL ASSESSMENT
- Rate
- Amplitude
- Quality
- Symmetry of motion
ABNORMAL CSR: Low Rate

- Coma
- Decreased vitality
- Intracranial lesions
ABNORMAL HIGH RATE

- Denervation
- Drug use
- Hyperkinesis
- Fever
- Autism
- Meningeal restrictions
CRANIOSACRAL THERAPY GOALS

- Reduce membrane restrictions
- Increase mobility in articular restrictions
- Improve circulation
- Reduce neural entrapment
- Reduce abnormal sympathetic tone
PRECAUTION

- Appropriate diagnostic workup must be done prior to treatment
CONTRAINDICATIONS

- Acute intracranial bleeding
- Increased intracranial pressure
- Skull trauma or fracture
- Arnold-Chiari malformation
- ANY condition in which motion is contraindicated (Upledger)
PRECAUTIONS

- Seizures
- Internal hardware
- Psychiatric or psychological disorders
- Any history of brain trauma or stroke
  - (Upledger)
INDICATIONS

- Acute systemic or local infections
- Acute sprain and strain
- Chronic pain
- Visceral dysfunction
- Autonomic dysfunction
- Rheumatoid arthritis
- Emotional disorders
INDICATIONS

- Scoliosis
- Visual disturbances
- Auditory problems
- Cerebral ischemic episodes
- Potential use in autism, ADD, seizures, headaches, TMJ, chronic conditions
CRANIOSACRAL ASSESSMENT TECHNIQUES
CRANIOSACRAL RHYTHM

- Upledger: “Accept what you sense as real.”
- Rhythmic pulse 6-12/min. widening and narrowing
- Palpate 5 grams of pressure or less, weight of a nickel
PROPRIOCEPTION EXERCISES

- Enhance your sensitivity
- Rub hands briskly
- Separate slowly
- What do you feel?
CRANIOSACRAL TECHNIQUES

- Select clinical interventions:
  - Transverse Plane Release
  - Cranial & Sacral Release
  - Craniosacral Balancing
TRANSVERSE PLANE RELEASES

- Respiratory diaphragm
- Pelvic floor
- Thoracic outlet
RESPIRATORY DIAPHRAGAM

Respiratory Diaphragm Release
PELVIC FLOOR RELEASE

Pelvic Floor Release
THORACIC OUTLET RELEASE

T-O Release #2
superior sidelying
SELECT CRANIAL RELEASES

- Temporal Lift “Ear pull”
- Frontal Lift
- Mandibular decompression
- Craniosacral balancing
TEMPORAL RELEASE

Ear Pull Temporal Release
FRONTAL LIFT

Frontal Bone Lift
MANDIBULAR DECOMPRESSION

TMJ Decompression
CRANIOSACRAL BALANCING

Craniosacral Balancing
CRANIAL RELEASES

- CV4: Occiput
- Cochrane Database of Systematic Reviews study showed improvement in headaches
CV-4 RELEASE

CV - 4 Release
Integration of Techniques into a Treatment Plan
THANK YOU!

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