Applications of Upledger CranioSacral Therapy, Massage & Bodywork for Autism (CSMB-A)

Tami Goldstein, WLMT, CST

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I developed this course because I saw a number of professionals, massage therapists and bodyworkers uniquely trained to help a population that was struggling to find support and people willing to help. At the time my daughter was diagnosed with Autism almost 15 years ago, the statistics were one in 456 and we paid approximately $15,000.00 per year for supports. In 2013, statistics showed one in 50 children fall on the autism spectrum and the current cost for supports is approximately $60,000.00 per year. Families can wait months or years to access medical support and struggle to find the financial resources. Massage therapists and bodyworkers are more accessible and can be trained to work successfully with individuals with autism. Autism awareness is an ongoing issue.

Thank you to the Upledger Institute International, to the International Alliance of Healthcare Educators (IAHE) and to you for spreading awareness and being part of the solution.

Sincerely,
Tami A. Goldstein, WLMT, CST
Parent of a child with functioning recovery from autism

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This work is based on CranioSacral Therapy, developed by Dr. John Upledger. A full curriculum is available to healthcare professionals.
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  Tami Goldstein Biography
  Dr. John E. Upledger Biography
Applications of Upledger CranioSacral Therapy, Massage & Bodywork for Autism

Course Description

Massage therapists are in a position to provide hands-on work to children on the autism spectrum. The current prevalence is 1 in 50 children are on the Autism spectrum. To effectively work with children with Autism, you need to understand Autism. This course will provide education about Autism and tools for effective therapy; education on how different touch modalities address sensory systems in the body, and how understanding a particular child's presentation of their disability can lead to successful and beneficial therapy sessions. Tools for preparing the work environment and optional health intake questions will be shared. Learning and understanding Autism, its characteristics, and how SPD (Sensory Processing Disorder) impacts the child will prepare the massage therapist for success when working with this clientele. The course instructor should use his or her extensive background working with these individuals both personally and professionally and combine storytelling with role playing and group activities to aid in instructing the therapist.
Learning Outcomes

Upon completion of this course, the student will be able to:

- Define and demonstrate understanding of Autism and SPD.
- Define and demonstrate what simple changes may need to be made to the therapy environment to accommodate the needs of the focus clientele.
- Define Frontloading and how it can help prepare the client for bodywork.
- Define how different touch modalities specifically address the characteristics common for many individuals with Autism.
- Demonstrate basic understanding of the growth and developmental differences between the neurotypical normally developed brain and the brain of an individual with Autism.
- Identify strategies to create a sensory appropriate therapy environment specific for a child on the spectrum.
- Define and demonstrate the Upledger CranioSacral Therapy technique Still-Point and how it benefits the individual on the Autism spectrum.
Applications of Upledger CranioSacral Therapy, Massage & Bodywork for Autism

Schedule

Morning (9:00 – 12:30)

9:00 - 9:15 am  Instructor Introduction, Learning Objectives
9:15 - 11:15 am  Autism Spectrum Disorder (ASD) and Sensory Processing Disorders (SPD)
11:15 - 11:25 am  Break
11:25 - Noon  Activity Exhibiting ASD / SPD
Noon - 12:30 pm  Brain Anatomy
12:30 - 1:30 pm  Lunch

Afternoon (1:30 – 6:00)

1:30 - 1:45 pm  Questions & Answers
1:45 - 2:15 pm  Creating a Sensory Environment
2:15 - 2:45 pm  CSMB-A
2:45 - 3:00 pm  Break
3:00 - 5:45 pm  Upledger CranioSacral Therapy History, Anatomy and the Stillpoint Technique
5:45 - 6:00 pm  Conclusion
Signs of Autism

GENERAL
- Boys are 4 times more likely to have Autism than girls
- Boys show overt behaviors while girls implode, self-abuse, or have eating disorders
- Exhibits repetitive behaviors like rocking, twirling, tics, etc.
- Obsessive interest in certain things
- Can’t make eye contact
- Social Challenges (parallel play to no socialization as child/teen)

BABY
- Unresponsive to people
- Tendency to focus on 1 item for long periods of time
- Low sensitivity to pain (no response to painful sensations)
- High sensitivity to sound, touch, etc. (feed me, change me, put me down, response to fireworks may be to cry, immediately fall asleep or shutdown)
- Resistance to being hugged

INFANT / ONE YEAR-OLD / TODDLER
- Slow to start speaking
- Not responsive to name
- Lack happy expressions
- Lack of babbling
- Staring for a long time at items which aren’t moving
- Not waving by 12 mos.
- Can’t stand by 12 mos. or walk by 24 mos. (laxus joints)
- Can’t push a wheeled toy
- Does not know the function of simple household objects like phone, fork

CHILD
- Difficulty making friends
- Difficulty starting or carrying on conversation
- Lack of imaginative play
- Unusual or repetitive use of language
- Difficulties with social interactions
- Difficulties with communication, verbal or nonverbal
- Likes to adhere to routines
- Difficulties determining what others think
- Difficulties interpreting social cues (tone, voice or facial expressions)
- Lack of empathy
- Self-abusive (biting, head banging)
- Difficulties playing with other children
- Speaking in a sing song voice
- Often speaks on the same topics over and over again
- Beware of hidden curriculum
Sensory Processing Disorder (SPD)

Sensory Processing is the means by which the body takes in information about the world around it via the seven senses, integrates and filters the information so the body can react comfortably with the people and the world. Disorders occur when the body is not able to identify, integrate or process the information it receives.

Sensory Modulation Disorder (SMD)

Sensory Discrimination Disorder (SDD)

Sensory Based Motor Planning Disorder (SBMD)

The Eight Senses:

1. Vestibular
2. Proprioceptive
3. Tactile
4. Auditory
5. Visual
6. Olfactory
7. Gustatory
8. Interoception
Frontloading and Meltdowns

FRONTLOADING

Is an important support to reduce anxiety from a change in routine. It’s a heads up giving the child with autism adequate time to process changes in routine.

The key is to allow adequate front-loading time. Each child may require a different amount of time to process the change. Letting the child know right before the change may not allow their brains enough time to process.

As therapists we need to frontload the child about the therapy environment and what they can expect during a session.

HOW TO DIFFUSE A MELTDOWN

Remove demands and lower stimulation (lights, distraction, and unnecessary noise).
Slow down and lower your voice.
If the child allows touch and is receptive – calm with deep pressure or rhythmic patterns. If they are not receptive back off and allow the child ample space to rebound.
Try handing a weighted toy, to provide proprioception.
Rebounding will be gradual, immediately following a tantrum the child is still vulnerable to a meltdown.

SUGGESTED SENSORY SUPPORTS

A Visual timer, visual clues
Noise cancelling headphones, classical music
Natural lighting versus fluorescent
Fidget toys, vibrational toys, chew toys, breathing techniques
Sensory Environment Tools

1. Visual Timer
2. Visuals – picture communication
3. Weighted lap pad or blanket
4. Fiddle Toys
5. Vibrational Toys
6. Toys that promote deep breathing
Health Intake for ASD & SPD

1. What is your child's diagnosis? ____________________________________________
   (Classic Autism, Touretts/Rhett's, Pervasive Development Disorder (POD), Asperger's Syndrome (AS),
   ADHD, ADD, other neurodevelopmental delay)

2. Does your child have Sensory Processing Disorders? Diagnosed?
   What are the areas of involvement? _______________________________________
   (Vestibular, Proprioceptive, Ocular-Motor (visual) Tactile, Olfactory (smell), Gustatory (taste), auditory)

3. Is your child's SPD a modulation, discrimination, or sensory based motor-planning issue? ________________

4. Does your child have Sensory Dyspraxia that affects their speech or eating? ____________________________

5. Does your child have eating difficulties? ____________________________________________

6. Does your child have light sensitivity? __________________________________________
7. Does your child respond better to muted or bright lights? _______________________

8. Does your child make eye contact? ________________________________

9. Does music soothe or agitate your child? ________________________________
   ________________________________

10. Does your child have tough sensitivities? ______________________________
    Does he/she dislike being touched or does he/she respond well to deep pressure?
    ________________________________
    ________________________________

11. Is the feel of the sheets or blankets a factor for your child? ______________________
    If so, is soft cotton or flannel preferred? ________________________________

12. Does your child use a weighted blanket at home? ____________________________
    Could you bring it in for the appointment? ________________________________

13. Does your child have trouble modulating his/her body temperature? _______
    Is he/she frequently hot or chilled? Would your child respond well to heated towels?
    ________________________________
14. Does your child have motor-skills or motor-planning issues? _______________________
   Does he/she walk on his/her toes? ________________________________

15. Does your child have seizures or tics? ____________________________

16. Regarding Aromatherapy and Essential Oils, does your child like to smell everything?
   _____________________________________________________________

17. Regarding Aromatherapy and Essential Oils, does your child have an adverse response to
   smells and odors?
   _____________________________________________________________

18. Regarding Aromatherapy and Essential Oils, are there and smells your child finds
    calming or agitating?
   _____________________________________________________________

19. What triggers a meltdown or behavioral outburst?
   _____________________________________________________________
   _____________________________________________________________

20. What are the techniques or routines that calm your child? ________________
   _____________________________________________________________
21. Does your child benefit from fiddle toys or movement?

22. Does your child benefit from Frontloading?

23. Do you need picture of my office, the Therapist and/or the Therapy dog?

24. Would you like to come and see the office and meet the Therapist prior to the actual session?

25. When would you like to schedule the "meet, greet, and see" appointment?

Additional Comments or Concerns:
1. Less is more

2. Children on the spectrum can’t endure sitting or standing for long periods

3. Figure out how long the child can sustain.

4. Document what calms or triggers the client

5. Document signs of escalation

6. Allow for breaks in session

7. Allow for a variety of working areas

8. Remember they are literal people

9. Front load – prior, during and after session

10. Auditory Listening

11. Watch out for the hidden curriculum
Right-Brain/Left-Brain Learning

One of the most important insights into human learning has come as a result of leading-edge brain research conducted within the last 20 years. This research studied the change in function that occurred when the nerve pathways between the right and left hemispheres of the brain were surgically severed.

Although medical reasons existed for severing the hemispheric connections in the subjects studied, the resulting change in brain function was quite surprising. It appeared as though each hemisphere functioned in an independent and different manner. Each side of the brain was better than the other at a particular type of task. The researchers were further able to generalize which kinds of tasks were performed well by each side of the brain.

The left side of the brain appeared to be more specialized at performing analytical tasks: the addition of numbers, spoken and written languages, objective and critical thought, analytical reasoning, hard sciences and the like. This was in contrast to the right side of the brain, which fared well in more subjective and intuitive areas: creative music and arts, intangible thought, three-dimensional representation of objects, imagination and insight. This separation of function was experimentally verified in a number of split-brain subjects.

Other researchers suggested that, even in people with intact connections between the hemispheres, some separation of function took place. This led to the popularization of the phrases “left-brained” and “right-brained,” referring to individuals who functioned primarily on the basis of rationale and reason as compared to those who functioned more intuitively and in a “feeling” way.

In-depth research in this area has unearthed a more sophisticated view of hemispheric specialization. No task is purely analytical or objective, nor is it purely insightful or subjective. Each hemisphere contributes something to the performance of any task, whether that task is largely analytical/objective or largely insightful/subjective. Furthermore, even in surgically produced split-brain subjects, recent evidence suggests that one side of the brain can take over functions normally associated with the other side.

Regardless of the outcome of this scientific debate, the implications for human learning are clear. Learning is a complex task that requires the integration of both analytical/objective and intuitive/subjective skills.

A good example of this occurs in the playing of a musical instrument. There are many analytical tasks to be mastered in playing a musical instrument, like the placement of the fingers, music theory and metered rhythm. These are mostly left-brain functions. Yet these skills must be tempered by the artist’s attention to the mood, feeling, expression and creativity in performing the music. These are mostly right-brain functions. Without right-brain function, the performance might be technically perfect but rather lackluster and perhaps boring. Without the left-brain function, the performance might be a jumble of nonsensical sounds which perhaps express the artist’s feelings but are not musically comprehensible to the listener.

Most education in our society focuses on left-brain skills at the expense of right-brain skills. A premium is placed on analysis, deductive reasoning and logic. Intuition, insight and imagination
take a back seat or may even be denigrated and punishable. This is a somewhat paradoxical situation since most of the great scientific discoveries of modern times have occurred as a result of insight and imagination rather than analysis and deductive reasoning.

Einstein visualized himself riding on a beam of light and imagined what he would experience in order to discover the Theory of Relativity. Edison placed himself in a trance-like state called hypnagogia to bring forth his most important inventions. Crick and Watson played with Tinker Toys in their discovery of the structure of DNA. Imagination came first, analysis later.

As a beginning student, many of the skills you will need for CranioSacral Therapy are currently beneath the level of your ordinary awareness, residing more within the subjective or unconscious realm. Palpating the craniosacral rhythm is a good example. It is a subtle rhythm that requires a very light touch and an open mind to experience. With a little practice you will be able to elevate your sensation of the craniosacral rhythm to a level easily accessible to your ordinary consciousness.

If there is a danger in the process of learning CranioSacral therapeutic skills, it is that the beginning student focuses too heavily on the analytical left-brain side of learning: ‘Did I do it right? Did I really, really feel it? I had it, but then I lost it. Everyone else can feel it, why can’t I? I’ll never be able to feel it.’ These are just some of the obstructive questions that analytical thinking and the left brain throw into the learning situation.

As learners we are not used to relying on our intuitive, imaginative selves. We often let analysis intimidate us to the point that imagination has no room to express itself. Imagination does not mean that we are making something up that does not exist. What Einstein imagined actually existed and was later verified by analysis. But to get to it, he used his imagination to penetrate the obstacles imposed by ordinary awareness. What Einstein discovered was opposed to common sense.

Initially, you may find that many of the CranioSacral therapeutic skills go against your own common sense.

If you find yourself questioning what you feel or don’t feel, try the following steps:

1. Remind yourself that your analytical questioning can be a roadblock to your actual experience.
2. Remind yourself that there is a sound, scientific basis for all the techniques within CranioSacral Therapy. Even if you do not know all of this information now, you can read about it later. That should pacify the analytical needs of your left brain for awhile.
3. Remind yourself that many people just like you have been taught to use CranioSacral Therapy successfully, and that there is no reason why you cannot feel or experience all that these other people have. Trust yourself, and most importantly, GIVE YOURSELF PERMISSION TO EXPERIENCE WHATEVER COMES INTO YOUR AWARENESS.
4. If all else fails, just imagine that what you are feeling is absolutely true even if it does not seem to be at the time. Ultimately, it will be true in the same way that everything Einstein imagined about riding on a beam of light became true.
In CranioSacral Therapy, lighter forces produce better results. This is a paradoxical observation given the common sense wisdom that “if a little is good, a lot is better.” Applied to the Craniosacral System, this would mean that if a little force is useful in affecting the system, a larger force would be even more efficacious. *Wrong!*

The goal of the Craniosacral Therapist is to be as unobtrusive as possible in evaluating and treating the Craniosacral System. Given the fact that it is impossible to be totally unobtrusive, the therapist must use the lightest force possible in CranioSacral palpation and treatment. The closer to the ideal that the therapist can work, the better the results.

There seems to be a natural tendency toward heavy-handedness when working with the body. To counter this tendency, you may find it helpful to establish a mental discipline of continually asking yourself the question, “Can I do this with even less force?” If you practice this as you are beginning to learn the CranioSacral therapeutic skills, you will soon develop the habit of using only the minimum force necessary to do the technique.

The following three analogies may be of some help in this regard. They give a reference point for how much force should be used with the Craniosacral System.

1. Imagine a piece of thin cellophane (like that used to wrap food) floating on top of a bowl of water. The force needed to move the cellophane across the surface by touching the underside of the cellophane without deforming it is the amount of force used in the Craniosacral System.

2. Approximate the force needed to raise a nickel with one finger (about 5 grams).

3. Visualize the force used when you *comfortably* place pressure on closed eyelids. (No heroics here, please!)

You may wish to experiment with these examples to get a feel for the forces involved in CranioSacral Therapy.
A Brief Description of the Craniosacral System and its Discovery

The Craniosacral System is a recently discovered physiological system. It is a semi-closed hydraulic system contained within a tough waterproof membrane (the Dura Mater) which envelops the brain and the spinal cord. An important function of this system is the production, circulation and reabsorption of Cerebrospinal Fluid (CSF). CSF is produced within the Craniosacral System and maintains the physiological environment in which your brain and nervous system develop, live and function.

Normally, the production and reabsorption of CSF within the Dura Mater produces a continuous rise and fall of fluid pressure within the Craniosacral System. The semi-closed hydraulic system expands and contracts to some extent with this rhythmic pressure fluctuation. This volumetric accommodation prevents pressure from building up too much within the Craniosacral System. If for some reason your body is unable to accommodate these pressure changes, the subsequent buildup of pressure can contribute to dysfunction and ill health, especially in the Central Nervous System which is enclosed within the boundaries of the Craniosacral System.

Investigation in this field was begun in the second decade of the twentieth century by William G. Sutherland, DO. Initially, attention was given only to the cranial bones and their movement at the cranial sutures, which are the interfacing connections between the cranial bones. Areas of aberrant cranial bone motion were induced and corrected by manual techniques. Soon therapeutic techniques were devised to correct abnormal cranial bone motion.

Early exploration of cranial manipulation was performed primarily by osteopaths and chiropractors who formed societies to investigate and teach cranial methods. These pioneers were at odds with the larger scientific community, and often with their own peers, over one central aspect of the cranial system: the movement of the cranial bones.

Conventional anatomical wisdom taught that cranial bones were movable only in young infants, and were solidly fused in adulthood. The controversy raged on until quite recently.

In the mid-1970s, the College of Osteopathic Medicine at Michigan State University sought to resolve this controversy. It brought together a team of researchers led by Dr. John Upledger. Their objective was to prove or disprove the basic tenets of cranial manipulative techniques. The major premise involved the movement of cranial bones.

By studying fresh cranial bone specimens rather than the chemically preserved specimens that were studied by previous researchers, the Michigan State University team demonstrated the potential for cranial bone movement. Optical and electron microscopy showed the existence of blood vessels, nerve fibers, collagen and elastic fibers within cranial sutures. There was little evidence of sutural ossification, which would prevent movement of cranial bones in relation to each other.
Further studies conducted by the Michigan State University team utilized radio wave broadcasts between antennae affixed to the exposed surfaces of cranial bones in adult living primates. This work yielded precise measurements of the frequency and amplitude of cranial bone movement.

With the existence of cranial bone motion established, elucidating the mechanisms behind this motion became the next task of the Michigan State University team. It was here that the role of the Craniosacral Dura Mater and Cerebrospinal Fluid were integrated into a comprehensive model of the Craniosacral System. They called it the “Pressurestat Model.” This model is fully described in the section entitled “The Semi-Closed Hydraulic Craniosacral System” in this study guide.

The results from the Michigan State University research influenced the therapeutic application of cranial techniques. Previous techniques were primarily based on the movement of cranial bones. It was now known that the Dura Mater plays a key role in cranial bone movement. Techniques for evaluating and treating the dural membranes were developed largely by Dr. John Upledger.

It is this central role of the dural membranes in the evaluation and treatment of the Craniosacral System that differentiates CranioSacral Therapy, as taught by Upledger Institute International, from other cranial techniques. Therefore, in your study of CranioSacral Therapy you will continually find this interplay between osseous and membranous aspects of the Craniosacral System.

Notes:
Sample List of Problems Correlated to Brain Scan Findings

LIMBIC SYSTEM NEUROANATOMY
• moodiness, irritability, clinical depression
• increased negative thinking
• perceive events in a negative way
• decreased motivation
• flood of negative emotions
• appetite and sleep problems
• decreased or increased sexual responsiveness
• social isolation

BASAL GANGLIA NEUROANATOMY
• anxiety, nervousness
• panic attacks
• physical sensations of anxiety
• tendency to predict the worst
• conflict avoidance
• Gilles de la Tourette’s Syndrome/tics
• muscle tension, soreness
• tremors
• fine motor problems
• headaches
• low or excessive motivation

PREFRONTAL CORTEX NEUROANATOMY
• short attention span
• distractibility
• lack of perseverance
• impulse control problems
• hyperactivity
• chronic lateness, poor time management
• disorganization
• procrastination
• unavailability of emotions
• misperceptions
• poor judgment
• trouble learning from experience
• short term memory problems
• social and test anxiety
CINGULATE GYRUS NEUROANATOMY

• worrying
• holds onto hurts from the past
• stuck on thoughts (obsessions)
• stuck on behaviors (compulsions)
• oppositional behavior, argumentative
• uncooperative, tendency to say no
• addictive behaviors (alcohol or drug abuse, eating disorders, chronic pain)
• cognitive inflexibility
• obsessive compulsive disorder
• OCD spectrum disorders
• eating disorders, road rage

Temporal Lobe Neuroanatomy

THE DOMINANT TEMPORAL LOBE

• aggression, internally or externally driven
• dark or violent thoughts
• sensitivity to slights, mild paranoia
• word finding problems
• auditory processing problems
• reading difficulties
• emotional instability

PROBLEMS OF THE NON-DOMINANT SIDE (USUALLY THE RIGHT)

• difficulty recognizing facial expression
• difficulty decoding vocal intonation
• implicated in social skill struggles
• empathy

EITHER/BOTH TEMPORAL LOBE PROBLEMS

• memory problems, amnesia
• headaches or abdominal pain without a clear explanation
• anxiety or fear for no particular reason
• abnormal sensory perceptions, visual or auditory distortions
• feelings of deja vu or jamais vu
• periods of spaciness or confusion
• religious or moral preoccupation
• hypergraphia, excessive writing
• seizures
Palpating the Craniosacral Rhythm

The craniosacral rhythm, like the cardiac and respiratory pulse, can be felt throughout the body. Also, like the other pulses, the craniosacral rhythm has a distinctive character at different locations in the body. You will learn to use palpation of the craniosacral rhythm as a means of monitoring the function of the Craniosacral System. The craniosacral rhythm will tell you where the system is operating normally or abnormally. It will also indicate the success of your therapeutic efforts to reestablish normal function. Learning to palpate the craniosacral rhythm is the foundation of successful CranioSacral Therapy.

The craniosacral rhythm is reflected throughout the body. However, the actual movement at various body locations differs slightly. Perceiving the response of the body to the craniosacral rhythm is the first step in successful CranioSacral Therapy.

The expansion phase of the Craniosacral System is termed flexion, while the contraction phase is termed extension. Thus it is said that the cranium expands during flexion and contracts during extension.

What are the movements made by the other parts? Fill the answers in as you discover them by the use of palpation.

<table>
<thead>
<tr>
<th>BODY PART</th>
<th>FLEXION MOVEMENT</th>
<th>EXTENSION MOVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEAD</td>
<td>🫖- escreet ל-ף</td>
<td>🫖- escreet ל-ף</td>
</tr>
<tr>
<td>BODY</td>
<td>Exterior Rotation</td>
<td>Interior Rotation</td>
</tr>
<tr>
<td>CSF</td>
<td>Produced (fills and empties)</td>
<td>Not Produced (empties)</td>
</tr>
<tr>
<td>SACRUM</td>
<td>🦐- escreet ל-ף</td>
<td>🦐- escreet ל-ף</td>
</tr>
</tbody>
</table>

Begin by palpating your own craniosacral rhythm. Start palpating at your head by interlacing your fingers and placing your palms lightly around your parietal and temporal bones. It will help if you rest your elbows comfortably on a table. It is important that your body be comfortable and relaxed during palpation. This will assist you in receiving as much information as possible from your efforts.

Since you are familiar with the cardiac and respiratory pulses, palpate them first. Then remove them from your awareness and feel the craniosacral rhythm, which is slower than either the cardiac or respiratory pulse. The craniosacral rhythm occurs with a frequency of about six to twelve cycles per minute. This means that flexion takes place to a slow count of 1-2-3. There is a slight pause between flexion and extension, then extension occurs at a slow count of 1-2-3.
Do not force the experience of palpating your craniosacral rhythm. Rest your hands gently on the head and allow the rhythm to come to you. Once you are able to feel it, go through the five steps that we initially used to palpate the cardiac pulse. Gradually lighten the pressure until you are using the bare minimum necessary. It is even possible to sense the craniosacral rhythm from inches off the body surface!

Having gone through these five steps, next apply the additional steps we used to palpate the cardiac and respiratory pulses together. Only this time move back and forth between all three rhythms. Finally, superimpose all three rhythms on each other. What sensations did you receive?

A concert pianist was once asked how he could remember the involved musical passages of a piece he was playing. “Very easy,” he said. “I try not to let my mind distract my hands while they are playing.”

The more you practice palpating the craniosacral rhythm, your hands will develop skills and wisdom of their own. Try not to let your mind distract your hands. Let your hands play a beautiful concerto, and through palpation you will learn to hear the music and communicate with the intelligence of the body.

As your skills develop, you will want to feel for the different aspects of the craniosacral rhythm:

- Symmetry
- Quality
- Amplitude
- Rate

When feeling for symmetry in the Craniosacral System, you evaluate how even the flexion and extension movements are in relation to each other. Symmetry also can be evaluated bilaterally in either flexion or extension.

When evaluating quality, you feel how smooth the motion is during the flexion and extension phases. Quality can also be determined by how much vitality the system exhibits during its motion.

Amplitude is the measurement of how far the body moves in flexion and/or extension.
Still-Point Induction

Objectives:

1. To gain a working knowledge of what the Still Point represents and how it occurs.
2. To understand the indications, uses and contraindications for the Still Point.
3. To develop the skill to induce a Still Point from anywhere in the body.

This is the first time during the course of this workshop that you, the CranioSacral Therapy practitioner, will actually intrude upon and alter the function of the Craniosacral System.

For therapeutic reasons, we are going to intentionally interrupt the workings of the Craniosacral System. To review, the flexion phase of the craniosacral rhythm is the time when the whole body externally rotates. The extension phase of the craniosacral rhythm is when the whole body internally rotates. During flexion the head widens and the base of the Sacrum moves posteriorly. We theorize that the flexion phase of the rhythmical cycle is created when the input of Cerebrospinal Fluid (CSF) into the semi-closed hydraulic system formed by the Dura Mater exceeds the outflow. During the extension phase of the rhythm, the input of CSF is either shut off completely or is significantly less than the outflow. Thus, we might say that the flexion phase is one of filling and the extension phase is one of emptying.

We can induce a Still Point by either resisting the flexion or extension phase. It is easier and more efficient to resist the filling (flexion) than the emptying (extension). Remember, flexion is bodily external rotation and widening of the head. Extension is bodily internal rotation and narrowing of the head.

Core Intent: To bring the CSR to a (gradual) therapeutic stop, facilitating greater homeostasis.
CV-4 Still-Point Induction

Core Intent: To bring the CSR to a therapeutic stop, specifically through the occiput.

Hand Placement: With the palms facing up (toward the ceiling), place one hand over the other with the thumbs touching each other. Leaving the thenar eminences apart (approx. 1.5-2.5”), center the occiput on the soft tissue of the thenars.

Notes:
CV-4 Still-Point Induction

Arrows indicate direction
Thenar Eminences follow
Occiput to induce Still Point.

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Still-Point Induction through the Sacrum

Core Intent: To bring the CSR to a therapeutic stop, specifically through the sacrum.

Hand Placement: One hand centered under posterior sacrum (between the legs).

Notes:
Still-Point Induction through the Sacrum

Arrows indicate direction of “following” into extension. Dotted lines indicate “new” position of Sacrum after each extension phase.

Figure S-2

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Still-Point Induction through the Legs

Notes:

**Core Intent:** To bring the CSR to a therapeutic stop through the legs.

**Hand Placement:** Any bilateral location on the legs.
Still-Point Induction through the Legs

Arrows indicate direction followed into internal rotation of the lower extremities.
The Still Point is used as a balancing technique for the Craniosacral System. It will also remove transient and minor restrictions with only a few serial applications. Theoretically, its use could remove most intradural restrictions because, if you redirect and change fluid forces within the system repeatedly, most restrictions will succumb and release.

The Still Point is used to release accumulated stress. It has a profound relaxing effect on the autonomic nervous system. Thus, it is beneficial with most hyperautonomic problems, from high blood pressure to peptic ulcer.

The Still Point also improves fluid exchange between the various physiological compartments of the body, as well as improving blood flow by reducing sympathetic nervous tone.

**DO NOT** use the Still Point in cases of acute stroke, cerebral aneurysm, or any condition in which fluid pressure changes within the skull could be detrimental.

Occasionally, the Still-Point induction will dredge up old pains that had “gone away.” This is good. The old pains had not disappeared, they were simply dormant and waiting to reappear at another time. The dredging up offers opportunity for total correction of the problem at that time.
Notes:
Skeletal and Articular Systems

Bones of the Skull

8 Cranial Bones

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1 – Occipital (A)</td>
<td>2 – Parietal (B)</td>
</tr>
<tr>
<td>1 – Frontal (C)</td>
<td>2 – Temporal (D)</td>
</tr>
<tr>
<td>1 – Ethmoid (E)</td>
<td>1 – Sphenoid (F)</td>
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</tbody>
</table>

14 Facial Bones

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>2 – Nasal (G)</td>
<td>1 – Vomer (H)</td>
</tr>
<tr>
<td>2 – Lacrimal (I)</td>
<td>2 – Zygomatic (J)</td>
</tr>
<tr>
<td>2 – Palatine (K)</td>
<td>2 – Maxilla (L)</td>
</tr>
<tr>
<td>1 – Mandible (M)</td>
<td>2 – Inferior Nasal Concha (N)</td>
</tr>
</tbody>
</table>

CN: Save the brightest colors for the smallest bones and the lightest colors for the largest.

(1) Color one bone in as many views as it appears before going on to the next. (2) There are some very small bones to color in the orbits and in the lower part of the posterior view of the skull. Study these areas carefully before coloring to determine the color boundaries. (3) Do not color the darkened areas in the orbits and nasal cavity in the anterior view.

The skull is composed of cranial bones (forming a vault for the brain) and facial bones (giving origin to the muscles of facial expression and providing buttresses protecting the brain). Except for the temporomandibular joint (a synovial joint), all bones are connected by generally immovable fibrous sutures.

The orbit is composed of seven bones, has three significant fissures/canal, and is home to the eye and related muscles, nerves, and vessels. The most delicate of the skull bones is at the medial orbit al wall. The external nose is largely cartilaginous and is therefore not part of the bony skull.
Information Credit

Right-Brain/Left-Brain Learning
  CranioSacral Therapy 1 Study Guide, 2007, Page 3-4

Light Forces

A Brief Description of the Craniosacral System and its Discovery
  CranioSacral Therapy 1, Study Guide, 2007, Page 6-7

Palpating the Craniosacral Rhythm
  CranioSacral Therapy 1 Study Guide, 2007

Still-Point Induction
  Upledger CranioSacral Therapy 1 Study Guide, 2007, Page 113-114, 117, 119, 121, 123

Functional Neuroanatomy
  http://www.amenclinics.com/the-science/spect-gallery/item/functional-neuroanatomy

Bones of the Skull

Posterior Aspect of the Skull
Special Tuition Discounts for Applications of Upledger CranioSacral Therapy, Massage & Bodywork for Autism Alumni

Save up to $150* off your tuition to a CranioSacral Therapy 1 (CS1), Lymph Drainage Therapy 1: Lymphatic Pathways; Anatomical Integrity (LDT1) or Visceral Manipulation: Abdomen 1 (VM1) class when you register within 30 days of completing Applications of Upledger CranioSacral Therapy, Massage & Bodywork for Autism.

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IAHE is recognized worldwide for groundbreaking continuing-education programs, clinical research and therapeutic services. We have trained more than 100,000 therapists in gentle, effective methods of complementary care. We offer CEUs in nearly every U.S. state for many different professions and provides international networking opportunities.

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Lymph Drainage Therapy 1 (LDT1) takes traditional lymph drainage techniques and adds a level of precision. LDT is the first technique that enables practitioners to detect and palpate the specific rhythm, direction, depth and quality of the lymph flow anywhere in the body. Skilled practitioners with developed listening skills can practice Manual Lymphatic Mapping (MLM) of the lymphatic vessels.

Visceral Manipulation (VM1) was developed by world-renowned French Osteopath and Physical Therapist Jean-Pierre Barral. Comparative studies found Visceral Manipulation beneficial for various disorders, including digestive disorders, men's and women's health issues, pediatric issues, emotional and musculoskeletal issues.

*Discount is based on the tuition paid for the Applications of Upledger CranioSacral Therapy, Massage & Bodywork for Autism course. Applicable to CS1, LDT1 or VM1 tuition only. This offer may not be combined with any other discounts and is not valid at conventions. Tuition fees may be subject to local taxes.

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Recommended Reading / Products

All these products are available: IAHE.com

Coming Through the Fog
By: Tami A. Goldstein, WLMT, CST

Tami's daughter, Heather, was diagnosed a month shy of her 13th birthday with High-Functioning Autism, Asperger's Syndrome. She watched her daughter spiral out of control medically and educationally until she found an occupational therapist (OT) who explained how Heather's Sensory Processing Disorder impacted the Autism.

Together mother and daughter learned from this OT how a Sensory Diet, CranioSacral Therapy, and Bio-Medical Therapies can lead to Functioning Recovery. Tami navigated the public school environment and the medical community to get the right support for Heather, who succeeded in spite of the educational discrimination.

"Coming Through the Fog" is an in-depth, valuable and quite serious book on how parents or caregivers should proceed, how they should network when they receive a diagnosis of any of the Autism spectrum such as Asperger's, Pervasive Developmental Disorder, or ADHD. Tami Goldstein is certified in CranioSacral Therapy and specializes in the Autism Spectrum and Sensory Processing Disorders and is knowledgeable in the information and tips that she provides. The appendixes at the end are invaluable as are the books and lists of social networking resources.

Tami Goldstein won a Reader's Favorite International Book Award in the Non-fiction Biography Category. She was recently presented in Miami with her award.

Your Inner Physician and You
By: John E. Upledger, DO

This lively book describes the discovery and therapeutic value of the craniosacral system in easy, understandable terms healthcare professionals and laypeople alike can understand.

Dr. Upledger's colorful case histories explain the path that led to his discovery of this exciting medical modality. The book contains a play-by-play account of the development of CranioSacral Therapy, SomatoEmotional Release, and other concepts and techniques. It's recommended reading for therapists, patients, caregivers, and anyone interested in understanding how therapy performed on the craniosacral system can improve the quality of life.

Still Point Inducer

Simply lying in a relaxed position on the Still Point Inducer for 10 to 20 minutes a day can bring about comforting results:
* Helps relieve headaches
* Eases chronic musculoskeletal pain
* Enhances immune system efficiency
* Facilitates your body's self-correcting abilities
* Provides deep relaxation and helps reduce stress
* Promotes an overall sense of well-being
## Recommended Articles

All these articles are available here: [http://iahe.com/html/support/articles.php](http://iahe.com/html/support/articles.php)

<table>
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<tr>
<th>Article Title</th>
<th>Author(s)</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Autism – Observations, Experience and Concepts</td>
<td>John Upledger, DO, OMM</td>
<td>This is the transcript of Dr. Upledger’s testimony before the Government Reform Committee of the U.S. House of Representatives, 106th Congress (1999-2000). The day-long session featured testimonies from leaders in autism research and treatment, as well as from the parents of autistic children.</td>
</tr>
<tr>
<td>New Body-Based Therapies for Autism, ADD, and Other Childhood Disorders</td>
<td>Maya Muir</td>
<td>Explores the use of two natural therapies — Sensory Integration and CranioSacral Therapy — on children with challenges such as autism and attention deficit disorder.</td>
</tr>
<tr>
<td>A Thermographic View of Autism</td>
<td>John E. Upledger, DO</td>
<td>At a center for autism, 26 children and 2 teachers were studied by thermography. Many unexplained findings, and the questions they raised were discussed. Vasoconstriction and vasodilation of the fingers were observed in response to the application of craniosacral therapy.</td>
</tr>
<tr>
<td>Childhood Behavior Problems</td>
<td>John E. Upledger, DO</td>
<td>The author has spent approximately six months of each of three consecutive years searching for etiologic factors at the Genesee Intermediate School District Center for Autism in Flint, Michigan. The investigation has involved physical examinations of all the children. Hair analysis and blood electrophoretic studies have been done on a large portion of the group under study. The effects of various therapeutic modalities and of changes in the physical environment upon behavior are reported in overview. In this article the results of the analysis for the mineral content of hair for a sample of forty-one children are reviewed in depth.</td>
</tr>
<tr>
<td>Autism Spectrum Disorder: How CranioSacral Therapy Can Help</td>
<td>Tad Wanveer, LMT, CST-D</td>
<td>Dr. John Upledger has asked Tad Wanveer to share his insights in this month’s ‘CranioSacrally Speaking’ column. Wanveer discusses how CranioSacral Therapy has been shown to help the autistic individual find greater ease, both within themselves and in the world around them, by decreasing structural stress and strain on their central nervous system.</td>
</tr>
</tbody>
</table>
Craniosacral Bibliography


Tami Goldstein, WLMT, CST

Biography

This journey begins with a mother’s love for her daughter. After learning she was on the autism spectrum, Tami began to tirelessly educate herself in supports and interventions.

In 2004, Tami was state and nationally licensed in Therapeutic Massage and Bodywork. She opened A Therapeutic Touch by Tami LLC in 2004 where she facilitates CranioSacral Therapy. Approximately 40% of her clientele are individuals on the autism spectrum.

In 2005, Tami founded the Rock County Autism Support Group and became a community resource liaison for the SPD (Sensory Processing Disorders) Parent Connections Support Group. Ms. Goldstein continues to advocate and speak at the local, state and national levels about issues regarding autism and CranioSacral Therapy. In 2013, she received an award from the WOTA (Wisconsin Occupation Therapy Association) at their state conference for her advocacy efforts.

In January of 2013, Tami completed the challenging process and was certified in CranioSacral Therapy. She is also a certified as a CranioSacral Therapy Presenter and Share Care Provider. Tami wrote and developed Applications of Upledger CranioSacral Therapy Massage & Bodywork for Autism, a continuing education course, to continue her efforts to spread awareness.

Ms. Goldstein is the international award winning author of Coming Through the Fog, an autism recovery story. Coming Through the Fog was a 2013 recipient of a Reader’s Favorite International Book Award. Tami is also a contributing author of the 2014 edition of Cutting Edge Therapy & Treatments for Autism. Her chapter is titled, CranioSacral Therapy & Autism.

Ms. Goldstein lives in the Midwest with her husband, Stan. She has 2 children and 1 grandchild. She continues to advocate on behalf of children with autism.
Dr. John Upledger
1932-2012
Developer, CranioSacral Therapy

Dr. Upledger gained global recognition for his pioneering advancements in the field of manual therapy, in particular, CranioSacral Therapy. His development of CranioSacral Therapy and the work of Upledger Institute International led to Dr. Upledger serving on the Alternative Medicine Program Advisory Council for the Office of Alternative Medicine at the National Institutes of Health in Washington, D.C., and his being named in TIME magazine as one of America’s "Next Wave of Innovators" for his proven clinical applications of this therapy.

Trained as a surgeon and clinical researcher, Dr. Upledger's in-depth investigation into the field of cranial manipulation was prompted by an observation of a dural membrane rhythmic motion during a patient's neck surgery in the early 1970s. After much research, Dr. Upledger theorized that cranial bones allowed for movement into adulthood - a concept previously accepted only for infants.

Dr. Upledger's curiosity on this controversial position led to his work with a team of anatomists, physiologists, biophysicists and bioengineers at the College of Osteopathic Medicine at Michigan State University where he served as a Professor of Biomechanics and clinical researcher from 1975 – 1983. They were tasked with proving or disproving the basic tenets of cranial manipulative techniques: the movement of cranial bones.

By studying fresh cranial bone specimens and employing various testing means, Dr. Upledger's team confirmed the existence of cranial bone motion and attained precise measurements of the frequency and amplitude of cranial bone movement.

Further investigation by Dr. Upledger lead to the hypothesis of the craniosacral dura mater and cerebrospinal fluid being integrated into a comprehensive model of the craniosacral system he termed the "Pressurestat Model."

Techniques for evaluating and treating the dural membranes were developed largely by Dr. Upledger and distinguish CranioSacral Therapy from other cranial techniques. Dr. Upledger actually coined the now common title "CranioSacral" Therapy.

Dr. Upledger's success with alleviating pain and dysfunction through the use of CranioSacral Therapy fueled his dream to help
vast numbers of people. In 1985, he founded The Upledger Institute, to continue advancing and spreading the word of this effective, light-touch modality to healthcare providers worldwide.

During the past 30 years Dr. Upledger also authored eight books detailing the application of CranioSacral Therapy and SomatoEmotional Release and offering case studies on its effectiveness. His books include CranioSacral Therapy, CranioSacral Therapy II – Beyond The Dura; SomatoEmotional Release and Beyond; Your Inner Physician and You; A Brain is Born; CranioSacral Therapy, Touchstone for Natural Healing; Working Wonders, Changing Lives with CranioSacral Therapy; CranioSacral Therapy, What it is, How it Works.

Working by his side for 25 years has been his son, John Matthew Upledger, who holds the position of President and CEO of Upledger Institute International. John Matthew has been actively engaged in all aspects of the organization - from education to clinical services. His strict adherence to delivering high quality continuing education has solidly positioned Upledger as the leading provider in manual therapy education.

John Matthew Upledger also has been largely credited with expanding the Institute's teachings worldwide. As of 2013, over 100,000 healthcare practitioners residing in more than 100 countries have received Upledger CranioSacral Therapy training. Workshops are held in over 400 cities, in more than 60 countries. The popularity of Upledger's CranioSacral Therapy curriculum stems from its comprehensive instruction, wide variety of related courses including more than 40 unique course titles, and a Certification program that is recognized globally.

Dr. John and John Matthew Upledger used the prominence and infrastructure of Upledger Institute International to introduce and support other leading-edge alternative and complementary healthcare modalities and promote the general acceptance of hands-on work.

Together they formed The International Alliance of Healthcare Educators (IAHE) as well as the International Association of Healthcare Practitioners (IAHP). Today, among the members of IAHE are Jean Pierre Barral, D.O., developer of Visceral Manipulation, and in collaboration with his colleague Alain Crobier, D.O., Neural Manipulation and Global Joint Articulation; Bruno Chikly, M.D., D.O., developer of Lymph Drainage Therapy; Kerry D'Ambrogio, D.O.M., A.P., B.Sc., P.T., developer of Total Body Balancing; Suzanne Scurlock-Durana, CMT, CST-D, founder of Healing From the Core; Fritz Smith, MD, founder of Zero Balancing, Aminah Raheem, Ph.D., founder of Process Acupressure, Judith Walker-Delany, M.T., developer of NeuroMuscular Therapy, and Ann Harman, D.O., The Feldenkrais Method. IAHP has more than 125,000 members.

As Dr. Upledger's reputation garnered attention worldwide and the benefits of CranioSacral Therapy became widely accepted, the Upledger clinic attracted patients from celebrities like Brooke Shields to professional athletes such as multiple Olympic medalist Mary Ellen Clark to high profile cases such as the 2-year-old Egyptian twin boys who were born joined at the top of their heads.

Dr. Upledger also implemented multi-hands and one - and two-week Intensive Therapy Programs for difficult cases. Patients’ therapists and visiting CranioSacral Therapy practitioners from around the world would enjoy the opportunity to work in the Palm Beach Gardens clinic with "Dr. John," as he was affectionately known by his students and colleagues.
While devoted to patient care, Dr. Upledger, who played the piano and accordion, originally wanted to be a jazz musician. He decided on a medical career after a stint in the U.S. Coast Guard during the 1950s. In the eye of a hurricane, he performed an appendectomy with instructions from a surgeon on the other end of a ship-to-shore radio. He later graduated from Kirksville College of Osteopathic Medicine in Missouri and became a general practitioner and surgeon.

A light touch, noninvasive technique, CranioSacral Therapy can be safely used on patients of all ages, from newborns to senior citizens – and on those with varying degrees of pain. It complements the body's natural healing processes and patients report improvement for a wide range of medical problems including headaches, neck and back pain, Temporomandibular Joint Syndrome (TMJ), central nervous system disorders, motor-coordination impairments, orthopedic problems, neurovascular or immune disorders, fibromyalgia and other connective-tissue disorders, learning challenges such as ADD and ADHD, emotional difficulties, as well as other ailments.

Patients also find the technique extremely relaxing. It is very effective for reducing stress and is increasingly being used as a preventive health measure to bolster resistance to disease.

Practitioners of CranioSacral Therapy represent many disciplines including massage, physical, and occupational therapists, chiropractors, medical doctors and osteopathic physicians, doctors of acupuncture, psychologists, psychiatrists, social workers, dentists, animal caregivers and others.

Among Dr. Upledger's outreach programs were work with military veterans coping with PTSD and the use of dolphins in conjunction with CranioSacral Therapy.

The Upledger Institute International and CranioSacral Therapy continue to grow and evolve using Dr. Upledger's principles and under the direction of its extensive and dedicated faculty and staff.
Upledger Institute International

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To find details on international classes, group studies and other events, visit Upledger.com.

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