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- Adv. I CranioSacral Therapy
- Clinical Application of CranioSacral Therapy & SomatoEmotional Release

Lymph Drainage Therapy: Brain Tissue, Nuclei, Fluid & the Autonomic Nervous System

Prerequisites include four years of clinical practice, a strong recognition of neuro-anatomy, a finely tuned sense of touch and *one* of these:

- Adv. 1 Lymph Drainage Therapy
- SomatoEmotional Release II
- Practical Integration of Visceral Manipulation
- Adv. Visceral Manipulation
- Manual Thermal Evaluation and VisceroEmotional 1
- Nervous System: Brain, Cranial and Thoracic Nerve

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UpD^{ate}

Fall 2006

CranioSacral Therapy and Sensory Integration Prove a Powerful Duo

One look at 3-year-old John Dewing and you know he has a lot on his mind. He doesn't share those thoughts in words just yet, but his sounds, gestures and facial expressions speak volumes.

This particular day he is lying on a treatment table at The Upledger Clinic. His big eyes, framed by long lashes, rarely break a gaze with CranioSacral Therapist Rebecca Flowers. John's mom Carol has put headphones on his ears, which deliver listening therapy that is helping to modulate communication between his left and right brain. A gentle, well-placed touch elicits a quick punch in the air, a squeal and a big, dimpled grin. John is clearly enjoying himself.

The CranioSacral Therapy and Sensory Integration Therapy John is receiving on a



Photo courtesy of Emily Carter

Rebecca Flowers works with John Dewing in The Upledger Clinic's new Sensory Integration room.

regular basis are breaking through barriers that once threatened to keep him on anti-seizure medication and functionally disabled for life.

Double Trouble

John was born with double brain hemispheres (two right and two left) along with a rare neurological condition called lissen-

cephaly. Symptoms can include difficulty swallowing, failure to thrive, muscle spasms and seizures. The National Institute of Neurological Disorders and Stroke classifies the condition as one that "most likely will not respond to treatment." Doctors treating John said that he would be on anti-seizure medication his entire life.

Searching for options to help their son, Carol and Jay Dewing followed the advice of their family massage therapist and turned to pediatric specialist Rebecca Flowers at The Upledger Clinic. Flowers is one of only a small number of therapists in the United States who is board-certified in CranioSacral Therapy, Sensory Integration and Pediatrics.

During John's first session, Rebecca focused largely on evaluating his deep thoracic fascia, thoracic dural tube, sternum, thoracic inlet, and the cranial base into the intracranial membrane system. "These are areas we work on a lot," she says. "In John's

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Resolving Misshapen Heads With Help From CranioSacral Therapy

by Rebecca Flowers, OTR, BCP, CST-D

By all appearances, the incidence of infant plagiocephaly or “misshapen heads” is on the rise in the United States. The causes vary: babies who are consistently placed on their backs to sleep, increased medical intervention in the birth process in the form of optional C-sections, even epidural and Pitocin use. Whatever the reasons, more cases than ever are being recorded of misshapen infant heads.

The good news is, CranioSacral Therapy (CST) has been shown to help restore symmetry and facilitate health and healing in many of these cases. CST gently and noninvasively releases abnormal tensions deep within the head, spine and body. This process makes it very effective at normalizing plagiocephaly and the torticollis (twist in the neck) that often accompanies it.

Too often plagiocephaly is viewed from its outward manifestations alone — flat skulls and uneven ears and eyes. Yet there is potential over time for more severe problems to arise, including headaches, scoliosis, visual disorders, TMJ problems, and sensorimotor- and sensory-processing dysfunction.

Fortunately, more practitioners are being educated on the seriousness and scope of the condition. The problem is, the primary recommended correction is still the “DOCband” helmet. This blanket approach can cause an infant’s head shape to change outwardly while the internal underlying causes of the problem are left uncorrected. Or worse, the approach could induce new internal problems.

It’s All a Matter of the Tissue-Bone Relationship

To better understand the consequence of leaving the underlying causes of plagiocephaly uncorrected, let’s examine the

Plagiocephaly is one of many ways CranioSacral Therapy can help infants and children alleviate potential long-term problems. Learn more in the CranioSacral Therapy for Pediatrics workshop being held at these locations:

- Calgary, Alberta (Can.) – Oct. 26-29, 2006
- Detroit, MI – March 3-6, 2007
- Los Angeles, CA – July 12-15, 2007
- Palm Beach, FL – August 2-5, 2007
- Dallas/Ft. Worth, TX – Nov. 15-18, 2007

Also check out Upledger’s first Pediatric Clinical Symposium presented by Rebecca Flowers. It’s being held in San Diego on Dec. 9-10, 2006. If you attend the symposium and you’re also a CST teaching assistant, plan to stay on for your FREE TA meeting on Dec. 10-11.

For details or reservations at any of these classes, contact The Upledger Institute toll-free at 1-800-233-5880 or visit our website at www.upledger.com.

relationship between bone and soft tissue. Soft tissue consists of the muscles, tendons, ligaments and connective tissue, which includes the lining of the skull (meninges), intracranial membranes, and the membrane sac that houses the spinal cord (dural tube).

Essentially, the bones are at the mercy of the soft tissue. They move and mold in whatever direction they’re pulled. That’s why tension in the connective tissue can so easily result in a twist in the neck (torticollis) and/or a misshapen skull. CST works to effectively remove and unwind these tensions.

In many instances, the use of CranioSacral Therapy on infants with plagiocephaly results in better-proportioned head shape. Perhaps more importantly, CST helps bolster the performance of their underlying systems. Results include greatly improved feeding, sleeping, and sensory and neuromotor development.

From my experience, the earlier the intervention with CranioSacral Therapy, the more rapid the outcomes. Yet this shouldn’t deter you from using this approach on older clients. I’ve seen the head shape and facial features of a 60-year-old woman change in less than six CST sessions!

The lesson is this: It’s never too late to make a difference in a client’s life. CranioSacral Therapy is a safe and proven method of effectively reversing the effects of plagiocephaly at any age.



Rebecca Flowers, OTR, BCP, CST-D

Rebecca Flowers, OTR, BCP, CST-D, is a certified CranioSacral Therapist on staff at The Upledger Clinic. She holds specialty certifications in the administration and interpretation of the Sensory Integration and Praxis tests by Sensory Integration International, and she has a Pediatric Specialty Certification from the American Occupational Therapy Association. Rebecca is also a certified Upledger Institute instructor.

Helping a Child Raise a Poor Self-Image: A CranioSacral Therapy Case Profile

by Janet Ferguson, RDMT, CST

Danny* was 10 years old and in the 6th grade when he first came to my office in February of 2000. He was diagnosed with dyslexia when he was in the 3rd grade. Although he was schooled in a regular classroom, he spent 50% of his time with Resource Assistance.

Emotionally, Danny had a poor self-image. He was bullied and teased on the school playground, and he often got punished for outbursts of anger and retaliation. His attention span was short, he had poor fine-motor skills, his balance and coordination were off, and he had eczema covering his knees, elbows, scalp and eyebrows.

Danny's mother had been in a motor-vehicle accident toward the end of her ninth month of pregnancy, which promoted false labor. Danny was stuck in the birth canal for two weeks. Later, when he was 4 years old, Danny had his adenoids removed due to continuous sinus and allergy problems. Neck pain was a common complaint.

The CranioSacral Evaluation

On exam I found Danny's body hiatus to be in external rotation. Temporal bones were bilaterally compressed. The right temporal bone was stuck in flexion with temporoparietal and occipitomastoid suture compression. The sphenoid presented as a right torsion sidebend with right convexity and left lateral shear.

The left side of Danny's cranium seemed just as restricted, with a left fronto-sphenoidal and sphenotemporal suture compression. The falx cerebelli tension was drawing the occiput anteriorly and cephalad. We used breathwork to facilitate the release of several compressed sutures.

Danny's dural tube had a strong pull superiorly with L5-S1 compression. The

sacrum torsioned toward the right, with the right ASIS anterior and superior. It was sometimes difficult for Danny to be in one position for long, but we were able to balance the maxilla with the sphenoid, which were in the opposite CSR range of motion. The maxilla also revealed a flexion lesion with right torsion and compression. I addressed the imbalance of the hyoid and the abnormal tension of the hyoidal musculature.



Janet Ferguson,
RDMT, CST

Therapy Produces Measurable Results

In January of 2001, Danny's mom happily informed me that he had gotten his best report card ever. His attention span had improved and his marks had risen dramatically. Upon arcing to the solar plexus and through therapeutic

imagery and dialogue, Danny changed the rough waves that he "saw" and felt to the stillness of a calm lake.

His resulting behavioral changes were noticeable. He no longer let the teasing on the playground affect him, and he was better able to avoid confrontational situations.

During one visit I arced to the parietal bones just posterior to the right coronal suture. It was here that we dialogued with "Thaffle" who said that he wasn't in the right place. Thaffle said that he had to move over to let "Prickly" reroute. After we finished rerouting Prickly, there was tissue softening and a feeling of reorganization.

I didn't attempt to analyze what had occurred, but when talking to Danny's mother at the next visit, she mentioned how much Danny's small motor control movement had improved, and that his handwriting was more legible.

Danny's visits averaged out to be once a month, and by February 2002 he had received 19 CranioSacral Therapy sessions at a total cost of \$1,112.50. Danny also visited a chiropractor for regular treatments, which OHIP (Ontario Ministry of Health) paid for.

His mom saved money on antibiotics as Danny no longer needed them for continuous colds and sinus congestion. The Claritin that he generally took for six months every year was also no longer needed.

June of 2003 was Danny's last visit for CranioSacral Therapy. He has since begun playing the guitar and he reads music. He also belongs to a rock-and-roll band with some friends.

I think it is safe to say that CranioSacral Therapy has changed Danny's life.

*Name changed in order to protect confidentiality.

Janet Ferguson is an Upledger Institute certified presenter for CranioSacral Therapy and a certified practitioner. She is in a private practice near Chatham, Ontario, and since reaching the Advanced level in 1998 she practices CranioSacral Therapy exclusively.

Janet will be presenting an overview of CranioSacral Therapy at the Massage Therapy Canada Expo 2006 being held Nov. 4-5 at the Holiday Inn and Conference Center in Burlington, Ontario. For more information visit the website at www.massagetherapycanada.com.

Find out how to save up to \$200 on a CranioSacral Therapy I workshop. Call Educational Services at 1-800-233-5880. Make sure to ask for priority code NL-SNEWS. For class dates and locations, see the Course Calendar on pages 6 and 7. Or visit our website www.upledger.com.

Stopping the Spins: A Lymph Drainage Therapy Case Profile on Vertigo

by Jodi Ryerson, PT, LTC

Meredith*, a 48-year-old farmer, presented with vertigo and headache that began insidiously one morning about seven months before starting physical therapy. Her vertigo symptoms were accompanied by facial tingling, left posterior orbital pain and intermittent tinnitus.

At first these symptoms were initiated by movement, but later they began presenting even when Meredith was still. Episodes that had initially lasted for two to three days every three weeks or so were also increasing in frequency. She denied hearing loss and her health history was non-contributory.

Meredith's physician had diagnosed her with benign paroxysmal positional vertigo (BPPV) and chronic muscular headaches. She had also seen an ENT specialist who ordered CT and MRI scans, both of which were negative.

When Meredith came to see me she wasn't on any medication and hadn't undergone any surgeries. Indeed, there was no other therapeutic intervention at all before her initial Lymph Drainage Therapy (LDT) session.

One of the therapists in my clinic tested Meredith for BPPV and the findings were negative. However, she instructed Meredith in a modified Brandt-Daroff Maneuver home-exercise program. When she noted no improvement in symptoms, she referred Meredith to me for consultation.

Manual Lymphatic Mapping Evaluation

Using Manual Lymphatic Mapping I found significant congestion of Meredith's left parotid nodes, jugulodigastric nodes, and superior portions of the anterior and

posterior cervical chains. Heart wave and cosmic stroke both demonstrated restriction at the levels of the left cranium and cervical regions.



Jodi Ryerson,
PT, LTC

Meredith also demonstrated moderate postural asymmetry in standing, upper cervical (OA-C3) vertebral positional faults, and left cervical artery involvement (as evaluated with Mechanical Link). Cervical and shoulder girdle ROM was normal.

Objective and Subjective Results of Therapy

Objective results: My first session with Meredith consisted of Lymph Drainage Therapy to the head and neck, Muscle Energy techniques to OA, C1 and C2, targeted Mechanical Link to the cranium, and CranioSacral Therapy release of the hyoid and cranial base. Immediately afterwards she demonstrated full resolution of the lymphatic stagnation in the left side of her head and neck. Her upper cervical joint restriction and arterial restrictions had also resolved.

Subjective results: After the session Meredith reported a reduction in the vertigo frequency, intensity and duration. She also noted no facial pain or tingling in the eight days between the first two LDT sessions. The cranial pressure when in the supine position had also fully resolved.

Lymph Drainage Therapy Outcome

Objective results: Meredith had three Lymph Drainage Therapy sessions of 30 minutes each over the course of 18 days. At the end of that period her superficial, intermediate and deep Manual

Lymphatic Mapping of the head and neck had normalized. The cosmic stroke and heart wave restrictions I initially noted had also cleared.

Upon discharge, Meredith's upper cervical mobility, craniosacral rhythm testing and Mechanical Link arterial testing were all within normal limits, and her postural asymmetry had resolved. I instructed Meredith in self-drainage exercises for clavicular and jugulodigastric node regions.

Subjective results: Meredith reported a complete absence of the vertigo, facial paresthesia and cranial pressure that she initially presented. She reported a 75% improvement following two LDT sessions.

The approximate cost of therapy before applying Lymph Drainage Therapy was: Evaluation and Brandt-Daroff Maneuver instruction - \$120, ENT visit - \$200, CT scan - \$1,200, MRI - \$1,500.

The total cost of her Lymph Drainage Therapy sessions: \$220.

* Name changed in order to protect confidentiality

With a master's degree in physical therapy, Jodi Ryerson enjoys providing patients with holistic physical therapy alternatives in hospital-based outpatient and private-practice settings. Jodi has incorporated LDT into patient protocols since 2001. She recently earned her Lymph Drainage Therapy Techniques certification and is completing her Doctorate in physical therapy at Des Moines University.

Find out how to save up to \$200 on a Lymph Drainage Therapy 1 workshop. Please call Educational Services toll-free at 1-800-233-5880. Make sure to ask for priority code NL-SNEWS. You're also welcome to visit us at www.upledger.com.

Healing From the Core: A Special Thanks to a Very Special Instructor

Here at The Upledger Institute, we're blessed with thousands of students, friends and supporters who express their gratitude to us in a million different ways. Once in a while we get a letter of thanks that is so touching, we just have to share it.

This one is a gift to Kathy Burns, a certified Upledger instructor for our Healing From the Core curriculum. Kathy brings 30 years of diverse training and development to her work as an instructor. In public school settings, corporate boardrooms and private classrooms, she has helped people reach individual and group goals by enhancing their communication skills and improving their performance.

Kathy is also a business manager and co-owner of a successful massage therapy and CranoSacral Therapy practice in Arizona where she helps manage eight licensed therapists. Her professional goal is to help people live joyfully through a daily commitment to Healing From the Core energy habits. And her warm, compassionate heart and humor form the foundation through which she creates a safe healing environment.

Thank you, Kathy, for making such a profound impact on our students' lives.

Dear Kathy,

I can't believe that it has already been almost four weeks since we began the Healing From the Core workshop in Lynnwood near Seattle. I wish to thank you with all my heart for your absolute presence, and the extension of love that you so miraculously had all of us actually feel emanating from your heart as the facilitator and instructor of this wonderful experience.

You were terrific. I extend to you my respect. Job well done! A true teacher.

After taking 11 Upledger courses since 1998, this is the first time that I have actually wanted to thank an instructor in this unlimited way. Not that there have not been other great ones, but your ability to make every single one of us feel as though we were individually truly budding in your heart was extraordinary.

Kathy, you gave your all in such a loving, kind and compassionate manner to each and every one of us that I think it most important that you know that you are recognized and appreciated for this ability and characteristic in your own maturity as a human being and teacher.

Thank you,

*Francine Burg
OTR/L, MLD/CDT, CST/P, LMT*



Kathy Burns

Find out how to tap into the same energy habits Kathy uses to support her practice and students – and save up to \$200 in the process. Call Educational Services toll-free at 1-800-233-5880. Be sure to ask for

priority code NL-SNEWS.

For course dates and locations, see the Course Calendar on pages 6 and 7. You're also welcome visit us online at www.upledger.com.



Advanced I CranioSacral Therapy

Sedona, AZ — March 13-17, 2006

Back row (l-r): Brigid Meagher, CMP (teaching assistant); Laurel Boggs, CMT; Reva Bloom; Cathy Rothert, PT; Patrick Callahan, CMT, CST; Emily R. Heed; Miranda Warburton, PhD (teaching assistant); Shivadasini Merritt, CMT, TBA; Kim C. Painter, PT. Front row (l-r): Gloria Chen, DDS; Pamela Yenawine, CST (teaching assistant); Susan Pinto, MA, CFT, CST-D (instructor); Yoko Macahilas, PT; Kimberly June, LSW, CMTPT.

CranioSacral Therapy and Sensory Integration

Continued from front cover

case, working a bit on the respiratory diaphragm and vagus nerve brought an immediate calming.”

By the next visit she learned that an apparent constipation problem of John’s had also been alleviated. “That kind of thing happens a lot,” Rebecca says. Parents come in with their primary concerns and then these secondary issues resolve. “That’s why we’re taught not to focus on the symptoms; it can interfere with what we’re looking for. We evaluate and treat what we find.”

Through weekly sessions John continued to show improvements that were both subtle and profound: more receptive in play time, more control of his legs, rolling over on his own, more head and trunk control, greater ocular function, and a decrease in tongue-extension fixation.

For Carol and Jay, one of the greatest days came when John was finally weaned off all the anti-seizure drugs. “For 14 months it was like he was in a cloud,” Carol says. “After all the medication got out of his body he never seized again.”

Integrating Therapies Yields Dramatic Results

John’s biggest physical obstacles continue to be in the area of motor control and planning. “He’s very low tone,” Rebecca says. “This condition [known as hypotonia] is one of the most challenging we deal with because it’s very difficult for the individual to move against gravity.”

This is where Sensory Integration has played a key role. “Children with neurological problems who are unable to move through the environment in the normal way often deal with vestibular issues,” Rebecca says. “If they don’t get it, the brain doesn’t develop normally. So oftentimes they seek that input.”

This has certainly proven to be true with John. Carol remembers the first time they put him in a baby swing to test

this out. “We didn’t think he could do it,” she admits. “But he just held on and sat up straight. He absolutely loves motion. The more tactile the experience you give him, the more he thrives. He started to gain trunk control and it has really improved his coordination.”

Sensory Integration (SI) has proven to be a helpful adjunct to CranioSacral Therapy (CST) in many ways. When John displayed a problem with torticollis, for example, Rebecca used CST to eliminate a torque in his membrane system. The resulting gains were supplemented by SI techniques used at home, which worked to further improve his eye-hand control and postural muscle tone.

After months of combining these therapies and seeing consistent results, the idea was born to create a Sensory Integration room at The Upledger Clinic.



Photo courtesy of Emily Carter

The Upledger Clinic’s new Sensory Integration room incorporates a range of kid-friendly devices designed to stimulate the senses. They include a rock-climbing wall, glider, platform swing, tire swing, basketball hoop and zip line.

Sensory Integration Room Delivers Playtime With a Purpose

“We talked to Rebecca about doing this kind of room for a long time,” Carol says. “It seemed like it would be valuable for the clinic to have the space to help

kids. I think it’s something that’s been missing in the community.”

That’s when the Dewings, with a matching donation from John’s great-grandmother, seeded the funding for the creation of a Sensory Integration room. Designed and constructed under Rebecca’s

supervising eye, it includes an array of equipment that on the surface looks like the makings for a really great playground. But at a deeper level it offers remarkable benefits toward a child’s development.

A rock-climbing wall works muscles and develops balance. A glider swing filled with balls gives tactile and vestibular input. A platform swing builds standing and balancing skills while promoting bilateral integration and motor planning. A tire swing positioned vertically on the floor helps children learn how to balance on one foot, straddle, sit down and bounce. A basketball hoop brings in hand-eye coordination along with ocular control and bilateral integration of the brain. A zip line gives kids proprioceptive and vestibular input as they push off with their feet. The list goes on and on.

“All the equipment is geared to developing the neurological skills necessary to perform everyday functions. Things like buttoning buttons, tying shoes, zipping zippers, riding bikes, handwriting and eating,” Rebecca says. “For John we’re hoping to increase the neural connections between his vestibular mechanism,

“It is my belief... that putting CranioSacral Therapy and Sensory Integration together exponentially increases the potential for results.”

cerebellum and cortex to improve his motor planning and postural background tone so that he'll be able to crawl, walk, feed himself, chew and speak."

An Integrative Solution to a Common Problem

"I'd say that more than 80% of the children I see have a problem integrating what the senses bring in to the brain, and knowing how to respond appropriately," Rebecca says. "Yet so many children are not getting any Sensory Integration Therapy because therapists may believe it's only for cases involving learning disabilities, autism, attention deficit and those types of conditions.

"We need to look at each child individually, no matter what the diagnosis, to determine how he or she is processing and integrating information, and where any difficulties may lie. It is my belief from experience that putting CranioSacral Therapy and Sensory Integration together exponentially increases the potential for results."

This has certainly been true for John Dewing. Ask Carol the differences she's seeing in her son and her face lights up. "He's sitting beautifully. He's standing [with the help of a standing device]. He's starting to take steps with us holding his hands. He's pulling up.

"And he's vocalizing a lot, especially when he's angry!" she adds with a laugh. "He starts stringing all these sounds together and then just looks at you. His favorite words are 'all done' and 'no,'" she states with a mother's certainty.

John Dewing definitely has a lot on his mind. And it seems that every day is opening up a new capability for him to express those thoughts.

The Upledger Clinic offers a range of complementary approaches and intensive therapy programs. For an individual appointment or to reserve space in a one- or two-week Intensive Program, call the Clinic at (561) 622-4706. To learn more about CranioSacral Therapy, please visit our website at www.upledger.com.

The Upledger Clinic Corner

Roy Desjarlais Named VP of Clinical Services and International Affiliates

The Upledger Institute has named Roy Desjarlais, LMT, CST-D, Vice President of Clinical Services and International Affiliates. A certified instructor and staff clinician since 1994, Roy now manages all aspects of operations for The Upledger Clinic. He also works closely with satellites and affiliates in more than 20 other countries to create consistent policies for practicing and teaching CranioSacral Therapy worldwide.



A 1981 graduate of the University of Central Florida, Roy spent six years as an advertising art director before attending the Reese Institute School of Massage Therapy in Central Florida. After graduating in 1989 he went on to serve as Reese's Director of Career Development while running a successful CST practice. He also taught Swedish massage, tissue mobilization and palpation skills at Reese and the Florida School of Acupuncture.

Since joining The Upledger Institute (UI), Roy has taught more than 100 continuing-education workshops. As CranioSacral Therapy I Program Director he has managed UI's rigorous instructor-certification program. Plus, he's a certified examiner for the CST Certification Program.

As a UI staff clinician, Roy's caseload included a majority of children and end-range patients with serious medical conditions. He has also been an ongoing participant in the Clinic's intensive-therapy programs, which has drawn patients from as far away as Russia and Egypt.

Now in his new position, Roy says he hopes to help the Clinic "gain greater exposure in our local market" while continuing to strengthen the services it's become known for worldwide.

David Halfon Is Appointed Director of Clinical Intensive Programs

David Halfon, LMT, CST-D, has been appointed Director of Intensive Programs for The Upledger Clinic. A staff therapist since 1998, he now directs the therapeutic teams that conduct one- and two-week outpatient programs that address serious medical challenges.



Long before joining the Clinic, David relished working with his hands. He was a carpenter and guitarist before becoming a CranioSacral Therapist. After earning his massage therapy certificate he went on to study a number of other complementary modalities.

David was also one of a select team of therapists who participated in Upledger's landmark program for Vietnam veterans. They received hands-on therapy designed to ease the disabling symptoms of post-traumatic stress disorder. Independent studies demonstrated dramatic improvements with the application of CranioSacral Therapy.

Now David enjoys offering therapy in a format that's especially helpful for people with chronic conditions who have hit a plateau in their recovery.

To learn more about The Upledger Clinic and its Intensive Programs call (561) 622-4706 or visit www.upledger.com.

A Visceral Look at Pain From the Outside In

Imagine an avid gardener in his late 30s. One afternoon he's weeding his flower bed when he bends down to pick up a garden hose. By the time he stands up he has so wrenched his back that he can do nothing but lie on the floor for the next two days.

Therapists see this all too often: the musculoskeletal problems that appear from out of the blue, and are just as puzzling to release. Are they simply accidents? More like accidents waiting to happen, says French osteopath Jean-Pierre Barral. He believes the answer to painful problems like these often lies well below the surface in the visceral system and its connective tissues.

What seems to be a muscle injury may actually be a flair up of a long-held adhesion in a vital organ, which in turn sends out stress patterns that pull the body out of synch. "Our bodies compensate and compensate until suddenly something throws us over the edge and we call that an injury," Barral says. "But to

fully release the problem we have to backtrack, and you'll often find an organ at the source."

Barral became interested in these concepts while serving as a registered physical therapist at the Lung Disease Hospital at Grenoble, France, in the early '70s. Working primarily with articular and structural manipulation, he found himself one day in an unusual session with a patient he'd been treating with spinal adjustments.

During the exam he was surprised to find appreciable movement in the patient, who confirmed he was relieved of back pain after going to an "old man who pushed something in his abdomen."

Barral Ties Concepts Together to Create His Visceral Approach

That incident piqued Barral's interest in the relationship between the viscera and the spine. He went on to conduct years of research and achieve successful

results, which led him to develop the therapy he named "Visceral Manipulation." It's based on a simple premise: When one organ cannot move in harmony with its neighboring viscera due to displacement, adhesions or abnormal tone, the chronic irritation that arises can pave the way for disease and dysfunction.

"Imagine an adhesion around the lungs," Barral says. "It creates a modified axis that then demands accommodations from nearby body structures. The adhesion might alter rib motion, for instance, which in turn could create imbalanced forces up and down the vertebral column and, with time, develop dysfunctional relationships with other structures."

This highlights the potential ramifications of just one small dysfunction magnified by thousands of repetitions every day. Chronic lung problems often play out as neck pain. Hip pain can easily be traced back to inflammation in the intestines. And a garden-variety backache may indeed be related to kidney adhesions that caused so much binding, the symptoms finally showed up on the surface.

Fortunately, as Barral says, "Our hands possess the unparalleled privilege of being able to bring direct relief." Following the principles he developed, many therapists the world over now use his visceral system approach to help relieve the negative effects of stress, strengthen resistance to disease and enhance overall health.

So next time you see a patient who complains of a nagging backache, neck pain or sore leg, consider the value of Visceral Manipulation — and look inside for the answers.

Find out how to save up to \$200 on a Visceral Manipulation: Abdomen 1 workshop for a limited time. Call Educational Services toll-free at 1-800-233-5880. Make sure to ask for priority code NL-SNEWS. You're also welcome to visit us online at www.upledger.com.

New Website Caters to CranioSacral Therapists Who Want Full and Prosperous Practices

Twenty-year marketing veteran Sharon Desjarlais has launched a new website designed to help CranioSacral Therapists fill their practices. Your True-Calling Coach™ caters to practitioners who feel called to practice CranioSacral Therapy, yet cringe at the thought of having to market and promote their practices.

"This is much more than run-of-the-mill marketing," says Sharon, a certified professional coach. "It's about



Sharon Desjarlais,
Certified
Professional
Coach

learning how to tap your own wellspring of gifts, aligning your vision with clients who light you up, then taking simple, systematic steps that not only feel natural but exhilarating. That's when you begin magnetically attracting clients rather than having to pursue them."

Sharon offers a free e-mail newsletter full of unconventional tips for CranioSacral Therapists who want to tap their direction of ease to grow their practices. It's easy to subscribe. Simply visit www.yourtruecallingcoach.com.

Milestones

Congratulations and Well Wishes

- Lymph Drainage Therapy developer Bruno Chikly, MD, DO (hon.), has just celebrated his 10-year anniversary with The Upledger Institute. Thank you, Dr. Chikly, for your continued research, development, generous spirit and warm heart. We look forward to presenting your workshops around the world for decades to come!
- Mariann Sisco, PT, CST, is now certified to teach CranioSacral Therapy I for The Upledger Institute.
- Annabel MacKenzie, RST, is now certified to teach Visceral Manipulation: Abdomen 1 for The Upledger Institute.
- Ken Frey, PT, CST-D, is now certified to teach Visceral Manipulation: Abdomen 1 for The Upledger Institute.
- Amy Beaupre, OT, has joined The Upledger Clinic as a full-time staff clinician.

Recently Certified

CranioSacral Therapy

Diplomate Level

- John Hoernemann, CST-D
- Susan Pinto, MA, CFT, CST-D

Techniques Level

- Sun Hee Bae, LMT, CST
- Laura Benavides, PT, GCFP, CST
- Lothar Bressemer, MD, CST
- Gretchen Rose Brown, MSW, CMT, CST
- Patricia Churavy, PT, CST
- Eduardo Cortina, LMT, CST
- Gloria Flores, LMT, CST
- Randall Gibson, MEd, LMT, RPP, CST
- Susan Hall, MA, CMT, CST
- Pat Lee, CST
- Raven-Light, LMT, CST
- Renee Lutz-Delaney, RPT, CST
- Susan Hall, MA, CMT, CST
- Mark MacNeil, CST
- Michelle A. Perkoski, LMT, OTR, CST
- Jie Roche, PT, CST
- Ute Rosenbauer, Naturopath, CST (photo right)



LDT's Lymphedema/CDP

Level 1

- Cheryl Cook, RMT, LLCC
- Jennifer Chenevey, LMT, LLCC
- Dina Delgado, PT, LLCC
- Karen Gilbert, RPT, LLCC
- Piper Jones, LMT, LLCC
- Joan M. Kipp, LMT, NCTMB, LLCC
- Yolanda Lipari, LMT, LLCC
- Janet Lucas, NCTMB, LLCC
- Amali Mahoney-Martin, OTR, LLCC
- Celler O'Toole, LPT, LLCC
- Gail Preston, PT, LLCC
- Fe S. Tubio, LMT, NCTMB, LLCC

Lymph Drainage Therapy Techniques

- Jodi Reyerson, PT, LTC

Learn to Create a Strong Therapeutic Presence Directly From Suzanne Scurlock-Durana

Healing From the Core developer Suzanne Scurlock-Durana, CMT, CST-D, will present "Coming Home to Our Bodies – Creating a Strong Therapeutic Presence" at the American Massage Therapy Association National Convention 2006. It's being held Oct. 11-14 at the Hilton Atlanta & Towers in Atlanta, Georgia.



"We need full access to our inner and outer resources to survive and thrive with life's daily demands," Suzanne says. "This course teaches the process of allowing the deep wisdom of the body to inform and navigate our living, working, healing and relating in the world. Come discover how to respect and listen to this body wisdom to rediscover your innate spirituality and to develop your emotional intelligence."

To register or for more information, visit www.amtamassage.org. For a complete list of speaking engagements across the U.S., visit us online at www.upledger.com.

CST Teaching Assistants

- Alice D. Lindsey, MS, LMT, CST-D
- Kim Loiacono, LMT, CST

LDT Teaching Assistants

- Julie Strassburger, LMT, HHP, LLCC

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New Book Shares the Little-Known Life Stories of Dr. John E. Upledger

Now for the first time, a brand new book is pulling back the curtains and showing you the very human being behind the birth of CranioSacral Therapy.

Discover the true stories of the man who had the courage to see beyond the limits of what science said was even possible — and the nerve to take on the medical establishment to defend your right to practice and receive CranioSacral Therapy.

Lessons Out of School delivers all the intimate life stories you ever wanted to know about Dr. John. This is a man who has never avoided risks, whether he was performing an appendectomy in the eye of a hurricane as he did in the '50s, or sharing the memories of his life as he does right here in this book.

The stories are touching, surprising, funny, heartbreaking — but above all, very real.

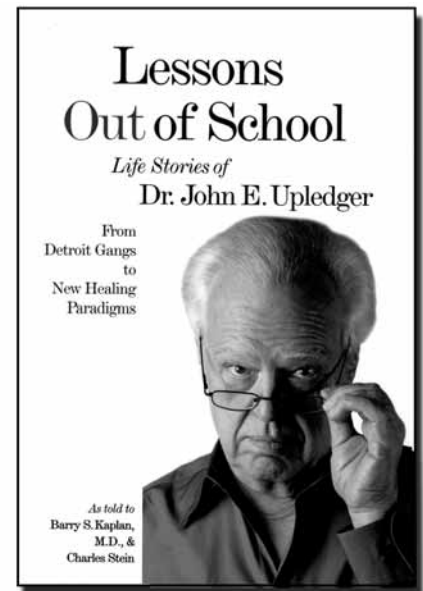
Raised in a volatile environment,

Dr. John learned at an early age not to see himself as a victim. The proof is right here in these inspiring tales of survival — in his childhood home, on the gang-riddled streets of Detroit, and in the confines of the conservative medical establishment.

Along with toughness he learned to follow his curiosity, his creative impulses and his love of learning. Which all shaped the man who is responsible for making Cranio-Sacral Therapy the gentle, effective and sought-after modality that it is today.

These are surprising stories you haven't seen anywhere else. Dr. John's professional accomplishments are legendary. Yet this is the first time he has bared his entire life so you can understand in a more personal way the stories that shaped his convictions.

Take a journey with him through this powerful blend of autobiography, inspirational guide, and the spiritual lessons he discovered along the way.



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The logo for Upledger Institute, featuring a stylized, cursive 'Ui' in a dark color.

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