

# Introduction to CranioSacral Therapy Study Guide



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# **Introduction to CranioSacral Therapy Study Guide**

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Revised 10/07

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# INTRODUCTION

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## A Message From Dr. John Upledger

Welcome to the Introduction to CranioSacral Therapy workshop. It is indeed our pleasure to share with you some basic concepts and techniques that you can use to help others and yourself during times of stress, pain and illness.

It is our desire to help you realize the healing potential that you possess as a part of your birthright. Many have surrendered their healing potential to advanced technology. It is easy to be intimidated and made to feel helpless by the scions of modern medicine. It is frustrating to feel dependent upon modern medical technology.

We want to help the pendulum swing back toward the middle. It has gone well into the zone of medical science in the past few decades. We do not want to discredit modern medicine and surgery. These sciences have worked wonders for many deserving patients. However, we should not lose sight of the healing that can be accomplished by each of us.

As you become more aware of your healing potential, and as you help accomplish healing results with your loved ones, your friends and yourself, you will begin to feel a little less dependent. With the recognition of your accomplishments also comes a feeling of increased self-esteem and worth. These feelings come automatically as you use the ideas and techniques we will share with you today. Once you and those with whom you have touched and shared the techniques begin to feel better about yourselves, frustration and anger will begin to dissipate. When the levels of frustration and anger begin to drop, the world will be a much healthier place in which to live.

So please learn the concepts and techniques we will present to you today. Then go out and use them. Share them with your friends. We will all live in a better place as the work spreads.

Thank you for participating.

A handwritten signature in black ink, reading "John E. Upledger, D.O., O.M.M." The signature is fluid and cursive, with the first name "John" being the most prominent.

John E. Upledger, D.O., O.M.M.

# Excerpt From:

“Alternative Medicine: Expanding Medical Horizons”  
*A Report to the National Institutes of Health on  
Alternative Medical Systems & Practices in the United States*  
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## CranioSacral Therapy

CranioSacral Therapy is a gentle, hands-on treatment method that focuses on alleviating restrictions to physiological motion of all the bones of the skull, including the face and mouth, as well as the vertebral column, sacrum, coccyx and pelvis. The craniosacral therapist also focuses on normalizing abnormal tensions and stresses in the meningeal membrane, with special attention to the outermost membrane, the dura mater, and its fascial connections. Attention is paid to alleviating any obstacles to free movement by the cerebrospinal fluid within its membrane compartment and to normalizing and balancing perceived related energy fields. This approach is derived from experiments of John Upledger, an osteopathic physician and researcher (for example, see Upledger, 1977a and 1977b, which are discussed below).

As usually practiced, this therapy is a noninvasive treatment process that requires an uninterrupted treatment session of at least 30 minutes; often the session is extended beyond an hour. Practitioners indicate that successful treatment relies largely on the therapist's ability to facilitate the patient's own self-corrective processes within the craniosacral system. Post-graduate training in CranioSacral Therapy has been undertaken by a wide variety of physicians, dentists and therapists. In the United States during 1993 alone, 2,738 healthcare professionals completed The Upledger Institute's introductory-level workshop and seminar; 1,827 received training at the intermediate level and 80 completed the advanced level. Training outside this country is available through The Upledger Institute Europe in the Netherlands and on a smaller scale in Japan, New Zealand, France and Norway by American Upledger Institute teachers.

The most powerful effects of craniosacral therapy are considered to be on the function of the central nervous system, the immune system, the endocrine system and the visceral organs via the autonomic nervous system. This therapy has been used with reported success in many cases of brain and spinal cord dysfunction. Although these successes have not been documented in formal studies, they have been observed subjectively or anecdotally by both patients and therapists. Most prominent among these success reports are cases of brain injury that resulted in symptoms of spastic paralysis and seizure. Other areas of claimed success include cerebral palsy, learning disabilities, seizure disorders, depressive reactions, menstrual dysfunction, motor dysfunction, strabismus (a vision disorder), temporomandibular joint problems, various headaches, chronic pain problems and chronic fatigue syndrome.

Research on tissues has documented the potential for movement between skull bones in adult humans, and pilot work with live primates has shown rhythmical movement of their skull bones. Interrater reliability studies, which look for correlations in the observations of two or more independent raters (see the “Osteopathic Medicine” section), have shown agreement amongst “blinded” therapists evaluating pre-school-aged children (Upledger, 1977a). (Blinding means that the therapists making the observations did not know which children had received CranioSacral Therapy, nor did they know the history or problems of the children.) Controlled studies have shown high correlation between schoolchildren with various brain dysfunctions and specific dysfunctions of the craniosacral system; that is, the craniosacral exam scores correlated with recorded schoolteacher and psychologist opinions of “not normal,” behavioral problems, motor coordination problems, learning disabilities and obstetrical complications (Upledger, 1977b). Moreover, Upledger reports that a few pilot studies by dentists have demonstrated significant changes in the transverse dimension of the hard palate as well as an occlusion in response to CranioSacral Therapy.



# LEFT-BRAIN VS. RIGHT-BRAIN MODEL

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## Learning With the Right Side of Your Brain

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 in referring to individuals who functioned primarily on the basis of rationale and reason, as compared to those who functioned more intuitively 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 the task, whether that task is largely analytical/objective or 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, 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 boring. Without the left-brain function, the performance might be a jumble of nonsensical sounds that perhaps express the artist's feelings, but may not be 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.

Albert Einstein visualized himself riding on a beam of light and imagined what he would experience in order to discover the Theory of Relativity. Thomas 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? Could that really be it? I think I felt 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 it 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 if you even feel anything at all, 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 Cranio-Sacral Therapy successfully, and 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.

## Notes:

# Our Two Brains

## The Left Side

Connected to the right side of the body and the right side of each eye's vision.

Deals with input one item at a time.

Processes information in a linear manner.

Has a linear and sequential mode of operation.

Deals with time.

Responsible for the faculty of verbal expression, or language.

Responsible for verbal and mathematical functions.

Specializes in memory and recognition of words or numbers.

Normally tends to specialize in logic and analytical reasoning or thinking.

The seat of reason.

The crucial side of the brain for wordsmiths, mathematicians and scientists.

## The Right Side

Connected to the left side of the body and the left side of each eye's vision.

Demands ready integration of much input at once.

Processes information more diffusely.

Has a nonlinear and simultaneous mode of operation.

Deals with space.

Responsible for gestures, facial and body movements (or body language), tone of voice, etc.

Responsible for spatial and relational functions, awareness of one's own body for sports and dancing, our orientation in space, recognition of faces, crafts and artistic endeavors, musical ability and recognition of pitch.

Specializes in memory and recognition of objects, people, places, music, etc.

Normally tends to specialize in intuition and holistic perception or thinking.

The seat of passion and dreams.

The crucial side of the brain for artists, craftspeople and musicians.

*Note: Our Two Brains model written by Russell A. Bourne, Jr., Ph.D.*

**Notes:**

# ENERGY

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Energy is the fundamental source that drives and allows people to move through life. The more energy one has available, the greater one's tendency toward health.

In CranioSacral Therapy, we try to optimize the energy within a person's body so that the body's own ability to heal itself can shine through. When a person gets sick, his or her energy either gets stuck or diminishes, much like the energy from a battery gets depleted. The body then reflects this depletion by an inability to handle the daily stresses of life. Our goal is to get people back in touch with their abilities to recharge those batteries, and to access this energy to help themselves and others.

## Notes:

# THE CRANIOSACRAL SYSTEM AND ITS DISCOVERY

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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) that envelopes the brain and the spinal cord. An important function of this system is the production, circulation and reabsorption of cerebrospinal fluid (CSF). Cerebrospinal fluid 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 rhythmical 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 began in the 1920s with William G. Sutherland, D.O. 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 treatment 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 until quite recently.

In the early 1970s, the College of Osteopathic Medicine at Michigan State University sought to resolve this controversy. It brought together a team of researchers with the objective of proving or disproving the basic tenets of cranial manipulative techniques. Of course, 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 adult living primate cranial bones. 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*.

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 E. Upledger, a member of the Michigan State University team.

## **Notes:**



# INNER PHYSICIAN (BIOLOGICAL WISDOM)

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CranioSacral Therapy is based on the concept that the body has the power to heal itself, and that this ability is driven by a “mind,” a nonconscious intelligence that we call the “Inner Physician.” By getting to know this aspect of ourselves, we can develop a source of guidance to help us direct our energy toward optimal wellness.

The Inner Physician is the name that (for convenience sake) we have applied to that part of the unconscious that knows all about our bodily functions and conditions. It also knows why things are as they are, and what must be done to enhance/improve these functions and conditions. The Inner Physician knows about the messages from the psychoemotional and spiritual selves that these bodily conditions may be trying to represent. The Inner Physician is usually most willing to assist in the interpretation of these messages, and to assist by providing the necessary wisdom to resolve deep problems within the self. Once a dialogue has been established with the Inner Physician, the process of deep self-healing can begin.

The dialogue with the Inner Physician is often best begun in the presence of a helping, caring person who will assist in the achievement of a proper receptive state of mind, and the establishment of dialogue between the conscious awareness of the subject and the Inner Physician (unconscious mind) of the person. The helping person is therefore assisting in the establishment of lines of vertical communication between the subject’s various levels of conscious and unconscious awareness.

It is also our feeling that, when two persons touch in a caring/helping way, the Inner Physicians (unconscious) of these two persons are automatically in communication. The task is then to develop vertical communication for each of these persons between their Inner Physicians and their conscious awareness. It is well for the helping person to simply request of his/her own Inner Physician that generic, unconditional energy be provided to the subject’s Inner Physician to be used as the recipient’s Inner Physician sees fit. Too often, the helping person tries to impose his/her opinion of what is best upon the subject/recipient. This may not be best in the judgment of the subject’s Inner Physician. This specifically tagged, well-intentioned, supposedly healing energy may then be rejected. This rejection may then be misinterpreted as a failure. Not so. It represents an improper use by intrusion of the natural healing ability that we all possess.

The Inner Physician manufactures combatants to fight viruses, cancer and AIDS. Endorphins are manufactured to fight pain — they create the “runner’s high.” For the Inner Physician to function, it needs food, water, vitamins, minerals, psychological and physical space. (Not enough physical space causes restriction in the flow of nutrients and blood.) Minor aches and pains can be a signal, so you should pay attention to them.

It only takes a few minutes every day to benefit yourself and others around you.

# PALPATION

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## Objectives:

1. To develop an appreciation of palpation potential.
2. To be able to palpate cardiac pulse, breathing movement and craniosacral rhythm anywhere on the body — singularly and in concert.
3. To familiarize yourself with the three “vault holds” or hand positions.
4. To become familiar with the terms “flexion” and “extension” in relationship to the craniosacral system.
5. To become familiar with the movements induced by flexion and extension anywhere in the body.

# Palpation

Palpation is the art of using touch to examine the body. Through palpation you can explore the structures beneath the skin — their forms, movements and relationships to each other. The normal or abnormal function of an organ can be discovered. The mobility of a joint with its muscular, ligamentous and tendinous attachments can be evaluated. The flow of body fluids can be sensed. The motion of one bone in relation to another can be felt. Even the electromagnetic field surrounding the body can be monitored by palpation.

There are a wide array of palpatory skills available to the practitioner. Placed on a continuum, these skills range from intrusive to nonintrusive, from active to passive, from firm contact to little or no contact at all.

At one end of this continuum is intrusive or invasive palpation, which uses firm, heavy force to probe beneath the skin's surface. Often the use of a heavy palpatory force evokes an equally strong response from the area of the body being examined. Muscles tighten, pain reflexes are initiated and the body defends against the palpator's hand. The information gained from such palpation may tell more about the body's defensive mechanisms than about the underlying condition which may be the subject of the palpatory search.

At the other end of this continuum is nonintrusive palpation, which permits examination without evoking resistance. It is this method of palpation which is most useful to the CranioSacral Therapy practitioner. Nonintrusive palpation allows the therapist to experience a sense of “melding” with the client. Like a dry sponge placed in a pool of water, information seems to be absorbed through the practitioner's hand. In this situation, it is important that the therapist accept whatever information is received. As we mentioned earlier, this information will often seem paradoxical to your analytical, rational mind. Even if you are not sure, accept what you experience as true.

The remainder of this chapter is devoted to helping you develop your skills in palpation. You will palpate the cardiac, respiratory and craniosacral pulses at various locations on the body.

# Palpation Types and Styles

Gross

Subtle

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Active

Passive

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# Palpating the Cardiac Pulse

Almost everyone has taken his or her pulse at some time (palpated the cardiac pulse). The cardiac pulse is created by the rhythmic surge of blood from the heart through the arterial system. It is a pulse that is easily felt at many locations throughout the body. Ordinarily, this pulse is taken at the wrist.

Palpate your cardiac pulse using the following steps as a guide:

1. Lightly place your middle three fingers along the radial border of the wrist.
2. Pressing very gently, see exactly how much pressure you actually need to feel the cardiac pulse.
3. When you have determined the pressure needed to palpate your cardiac pulse, lighten your pressure even further and see if you can still feel the pulse.
4. Repeat step 3 several times until you have reached the absolute minimum force needed to feel the pulse.
5. Make some observations:
  - Timing or beat of the pulse – fast or slow?
  - Amplitude of the pulse – large or small?
  - Quality of the pulse – robust or weak?
  - Morphology of the curve of the rise and fall of pressure
  - Other sensations about the pulse that you receive

The cardiac pulse is easily palpated in other locations. Repeat steps 1 through 5 above, on yourself first, in at least two additional areas:

- Midline abdomen about 2 centimeters above the navel
- Femoral artery on the inside of the thigh where it joins the pelvis
- 1 centimeter directly posterior to the medial or lateral malleolus
- Anywhere along the carotid artery in the neck
- Any other location on the body

# Palpating the Respiratory Pulse (Breathing Motion)

The respiratory pulse is produced by the movement of the rib cage and the diaphragm as they assist in the constant filling and emptying of the lungs during breathing. It is conveniently palpated almost anywhere on the anterior chest surface. Palpate your own respiratory pulse by placing your hands lightly on your chest. Follow the same five steps used in palpating the cardiac pulse.

Once you have become familiar with your respiratory pulse at the chest, move your hands to another station. Just like the cardiac pulse, the respiratory pulse can be palpated almost anywhere on the body. This is not the ordinary way of palpating the respiratory pulse, but it can be done.

Some suggested locations for palpating the respiratory pulse are:

- Abdomen
- Anterior thigh or calf
- Ankles
- Shoulders

As you palpate the respiratory pulse in these different areas, ask yourself how the tissue underneath your hands is moving in response to the respiratory pulse. Is it rotating, expanding and contracting, or moving up and down? Allow the answer to come through your hands.

The cardiac pulse can be felt in every location you palpated a respiratory pulse — and vice versa. Now, add the following steps to your palpation:

1. Select an area and palpate the cardiac pulse as indicated above.
2. Without moving your hands, palpate the respiratory pulse.
3. Move back and forth between palpation of both pulses without moving your hands.
4. Superimpose the palpation of one pulse on the other so that you are experiencing both cardiac and respiratory pulses at the same time.
5. What new information comes from this experience of palpating?

# 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.

## **BODY PART**

## **FLEXION MOVEMENT**

## **EXTENSION MOVEMENT**

Lower extremities

Upper extremities

Pelvis (ilia)

Sacrum

Thorax

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.

Rate is simply how fast the body moves through one cycle, and how many cycles per minute.

## **Listening Stations**

To use the craniosacral motion as an evaluation tool, palpate the rhythm throughout the body to determine where the body fascia is restricted and where it is moving efficiently. The following is a list of “listening stations” that will give you a general, overall evaluation of craniosacral motion throughout the body:

Heels

Dorsums of the feet

Anterior thighs

Anterior superior iliac spines

Ribs

Shoulders

Cranial vault holds (three)

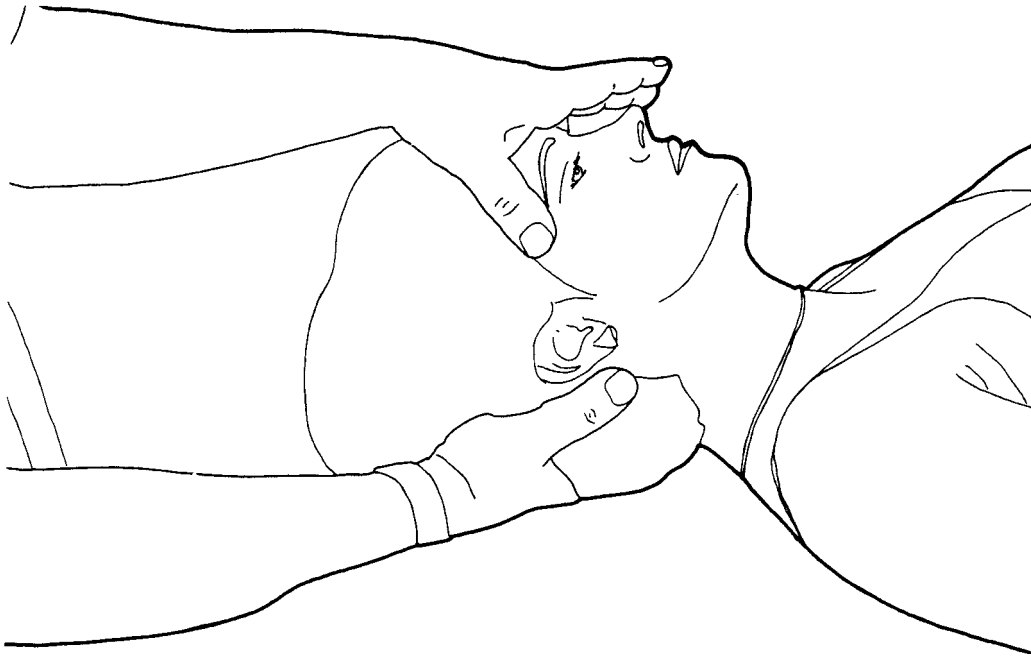


## First Vault Hold



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## Second Vault Hold



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## Third Vault Hold



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# FASCIA AND DIAPHRAGMS

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## Objectives:

1. To develop an appreciation of the total-body fascial system and its transverse diaphragms.
2. To develop experience and confidence in the perception of Tissue Release and Therapeutic Pulse.
3. To be able to obtain tissue release of the pelvic diaphragm.
4. To be able to obtain tissue release of the respiratory diaphragm.
5. To be able to obtain tissue release at the thoracic inlet (outlet).
6. To gain a working knowledge of the anatomy of the pelvic diaphragm, the respiratory diaphragm and the thoracic inlet (outlet).

# The Fascial System

The fascia of the body is the tough connective tissue which holds us together. It keeps our livers from falling out, our lungs and heart from exploding, our intestines from falling down into the bottom of our pelvises, and it envelops each and every structure of the body. The tiniest nerve has its own fascial sheath or envelope, as does the largest bone. About half of the muscular attachments of the body are to fascia, so that muscle tone or the state of contraction have a lot to do with how tight or loose the fascial sheaths and envelopes are in certain areas of the body at any given time.

Fascia has been described in various ways. It has been called the body stocking under the skin which helps to hold us together. It has been described as tubes within tubes within tubes. It has also been viewed as a series of lamina which cohere, separate into envelopes, and cohere again. In the latter view, each body structure has its own envelope formed between the fascial lamina.

All of these views are appropriate and correct. The superficial fascia does form a body stocking. The meningeal layers are tubes within tubes within tubes. And each body structure or viscus has its own private envelope of fascia which is formed by the separation of two or more fascial lamina.

Four things are important for the CranioSacral Therapy practitioner to appreciate about the fascia:

1. The majority of fiber orientations for the fascias of the body are in a general longitudinal direction.
2. At given areas of the body, transversely oriented fascias act as supports for the body to prevent uncontrolled lateral expansion of the torso. These are the diaphragms of the pelvis and thorax, as well as the thoracic inlet (outlet).
3. The total-body fascia is a single system. We can travel from any one place in the body to any other place without ever leaving the fascia. A clear example is as follows: We may begin in the falx cerebri, move into the tentorium cerebelli, travel down the lining of the internal aspect of the occiput and end up at the carotid foramen in the temporal bone. At this juncture we can (without leaving the fascia) continue our journey down the carotid sheath, which becomes the pericardium in the thorax. We can travel down the fascial fibers of the pericardium, which pierce the respiratory diaphragm. Once through this diaphragm, we can travel down its inferior fascial covering to the fascia of the psoas muscle. We can follow the psoas fascia into the pelvis and then into the leg. From this point on it is a straight journey to the bottom of the foot. Because we can make this journey to anywhere in the body using the fascia as a vehicle, we know that all body parts are interconnected by the fascia. This means that abnormal tension patterns in the fascia may be transmitted from one body part to another in what appear to be most bizarre ways unless one appreciates the “oneness” of the fascial system.

4. Body fascias are mobile to some extent under normal circumstances. They allow for physiological and subtle body movements, offering little or no resistance; they also allow for gross body movements such as throwing a ball. They let your heart beat and your lungs expand.

Among the more subtle physiological body movements which fascia normally allows is the rhythmical internal and external rotation of the total body in compliance with the so-called flexion and extension activities of the craniosacral system. We can clearly perceive with our proprioceptors the total-body movement allowed by the fascia in response to our breathing efforts and the pumping of blood throughout our bodies.

## **Notes:**

# Tissue Release

Tissue Release, or simply Release, is the name we have applied to the sense of softening and relaxation that is perceptible when the technique in use has come to a successful completion. This does not mean that the whole session is over, just that this phase is finished.

There are probably multiple factors involved in the Tissue Release phenomenon. One or all of these factors may be involved in any one perceived Release.

These factors are:

1. Relaxation of nervous reflexes which have produced increased tissue tone.
2. Tissue morphological change from elastic resistance to viscous compliance. This indicates a lengthening of tissue fibers without biomechanical memory for the return to their original dimensions.
3. A sense of increased passage of fluids through the tissues under treatment.
4. A sense of increased flow of energy through the tissues under treatment.
5. An emission of increased heat radiating from the appropriate body region.
6. A sense of a repelling force as perceived by the therapist's hand when palpating the involved area.
7. There may be a sense of crescendo and decrescendo of the Therapeutic Pulse related to the Release. This Therapeutic Pulse is described in more detail on the following page.

A Tissue Release must be experienced to be comprehended. It feels like the tissues loosen and move laterally in a reasonably symmetrical manner.

## Signs:

1. Softening
2. Lengthening – this means you're into collagen
3. Increased fluid flow
4. Increased energy flow
5. Heat
6. Energetic repelling – feels like opposing magnets
7. TP – Therapeutic Pulse (this will fade)
8. Client takes deep breath
9. **Any change in the tissue can be considered a sign of release.**

# Therapeutic Pulse

The Therapeutic Pulse is a phenomenon which we have observed on many occasions when the subject's body is in the process of self-correction. It may occur anywhere on or in the body under treatment. The amplitude of the Therapeutic Pulse seems to increase from near zero until it comes into the conscious awareness of the therapist. It is not the cardiac pulse, although it seems almost the same when you first experience it. The high-amplitude therapeutic pulse may last seconds or minutes. Its presence seems to indicate that something good is occurring. After the self-correction is complete, the Therapeutic Pulse diminishes in amplitude until it becomes imperceptible. It is my policy not to change whatever I am doing while the Therapeutic Pulse is perceptible.



## **Diaphragm Release**

**Core Intent:** To mobilize major (and common) areas of transverse fascial dysfunction.

### **Pelvic Diaphragm Release**

#### **Hand Placement:**

Posterior hand: Transverse under L5-S1 and sacrum.

Anterior hand: Hypothenar eminence contacting the superior aspect of the pubic bone with the rest of the hand contacting superiorly.

### **Respiratory Diaphragm Release**

#### **Hand Placement:**

Posterior hand: Transverse under T12-L1.

Anterior hand: Contacting ribs borders/xiphoid process.

## **Thoracic Inlet Release**

### **Hand Placement:**

Posterior hand: Transverse under C7-T1.

Anterior hand: Thumb and second finger contacting sternoclavicular joints/clavicles.

## **Hyoid Release**

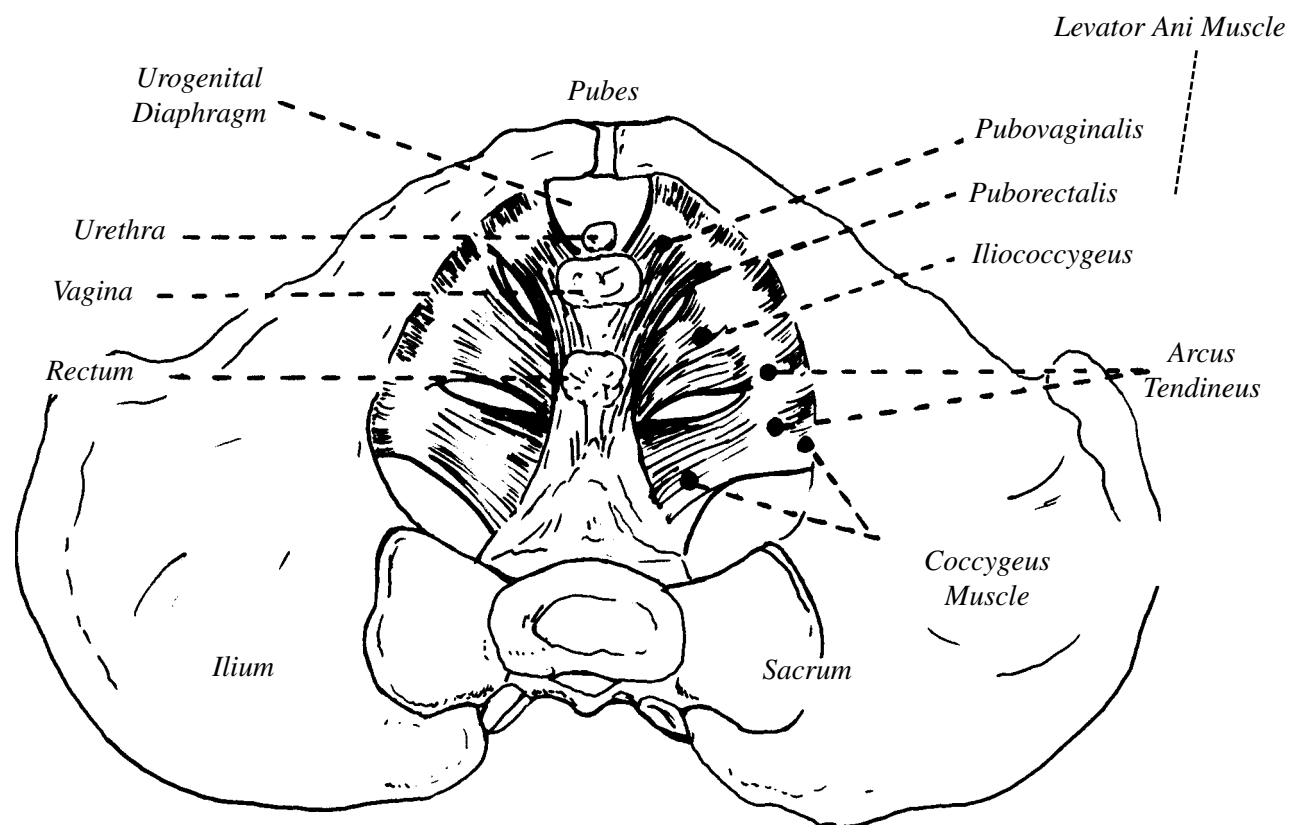
### **Hand Placement:**

Posterior hand: Fingers “cupping” the cervical spine with the second finger in contact with the occiput.

Anterior hand: Thumb and second finger on the anterior cornua of the hyoid bone.

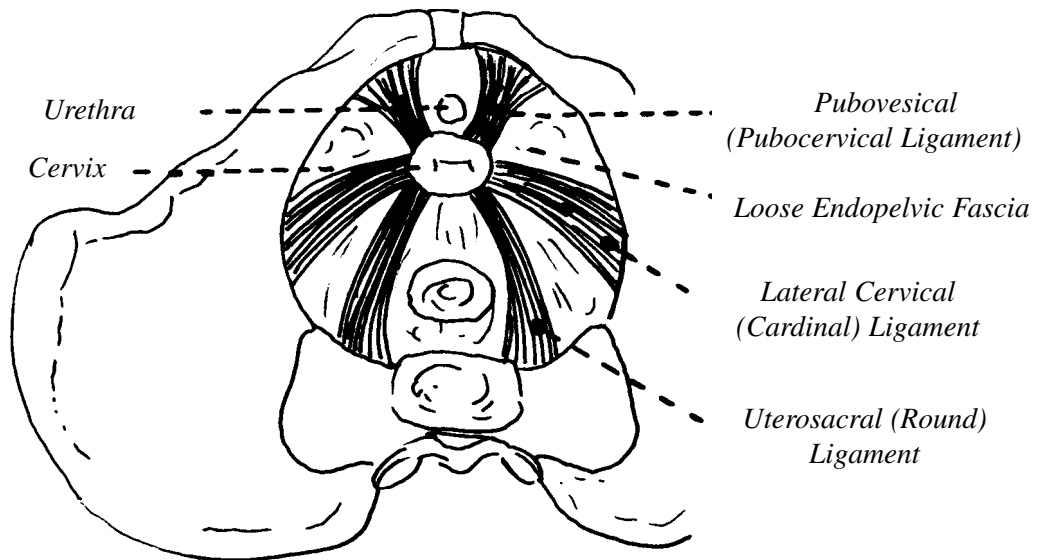
# **Pelvic Diaphragm of the Female**

(Viewed From Above)



*Figure F-1*

## Schematic Diagram of the Female Pelvis (Viewed From Above)



## Schematic Diagram of the Male Pelvis (Viewed From Above)

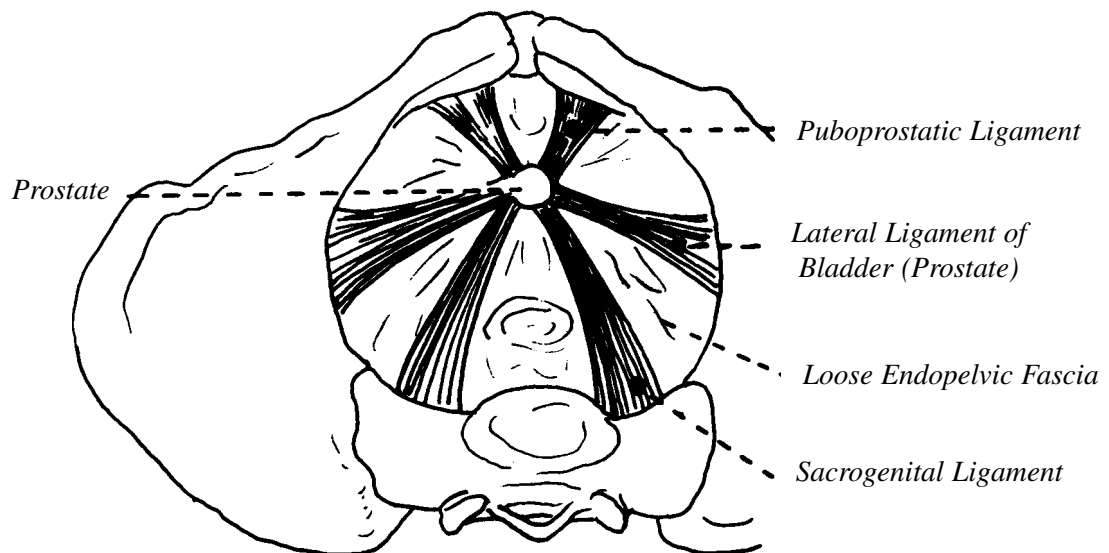
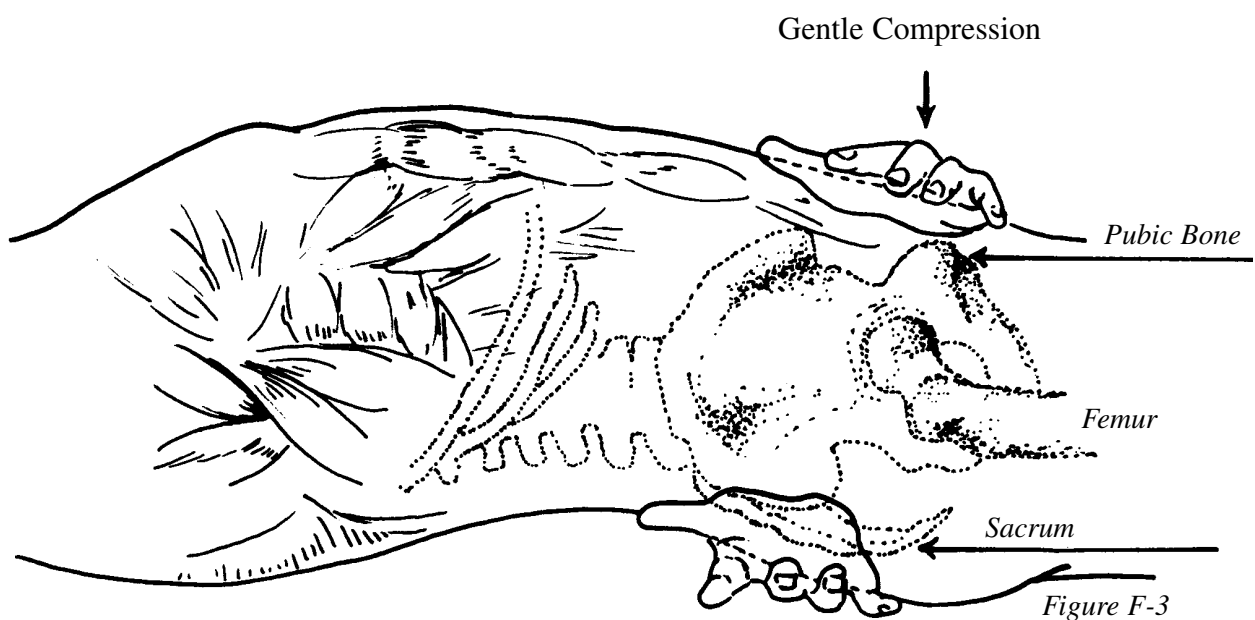
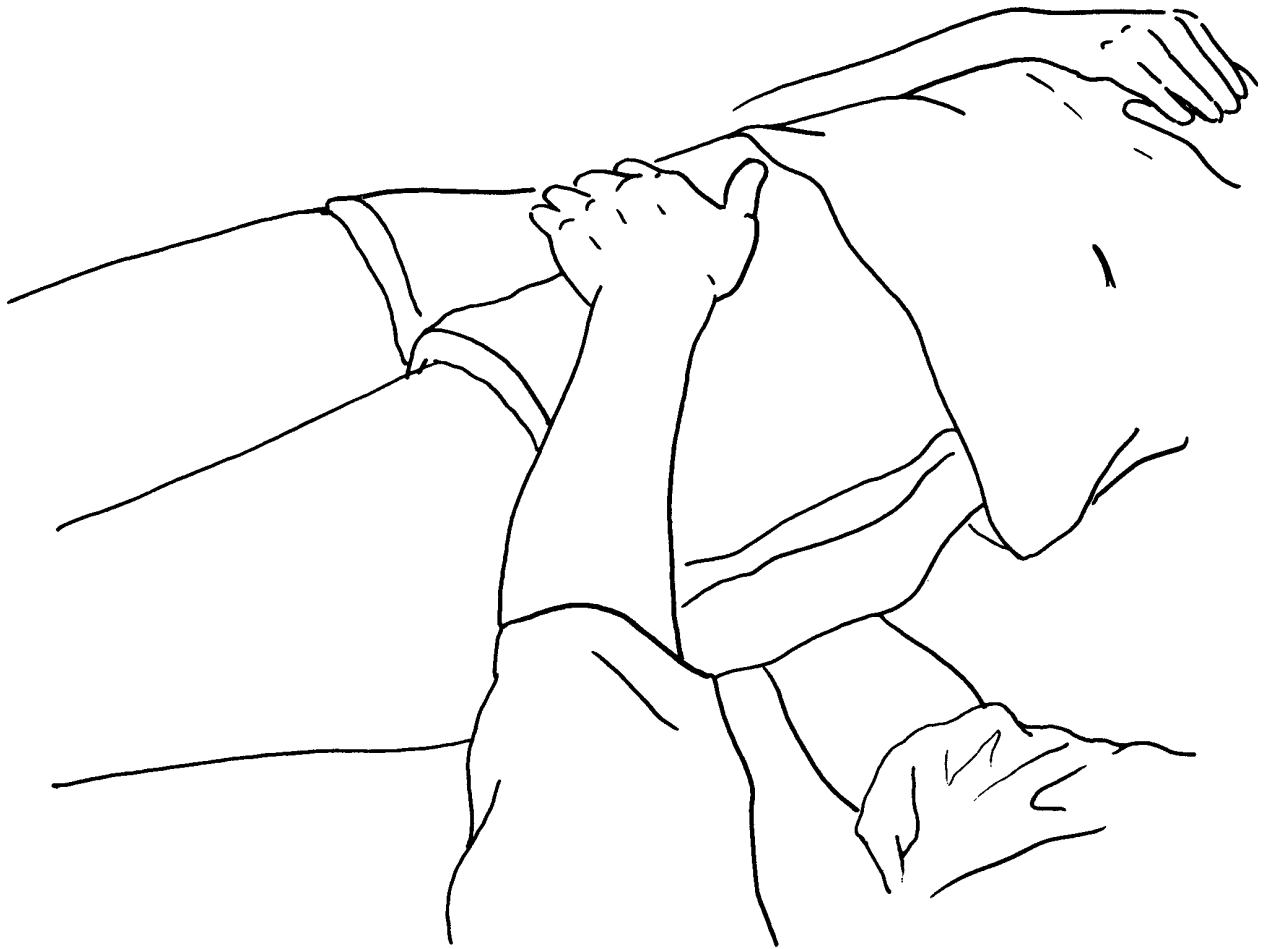
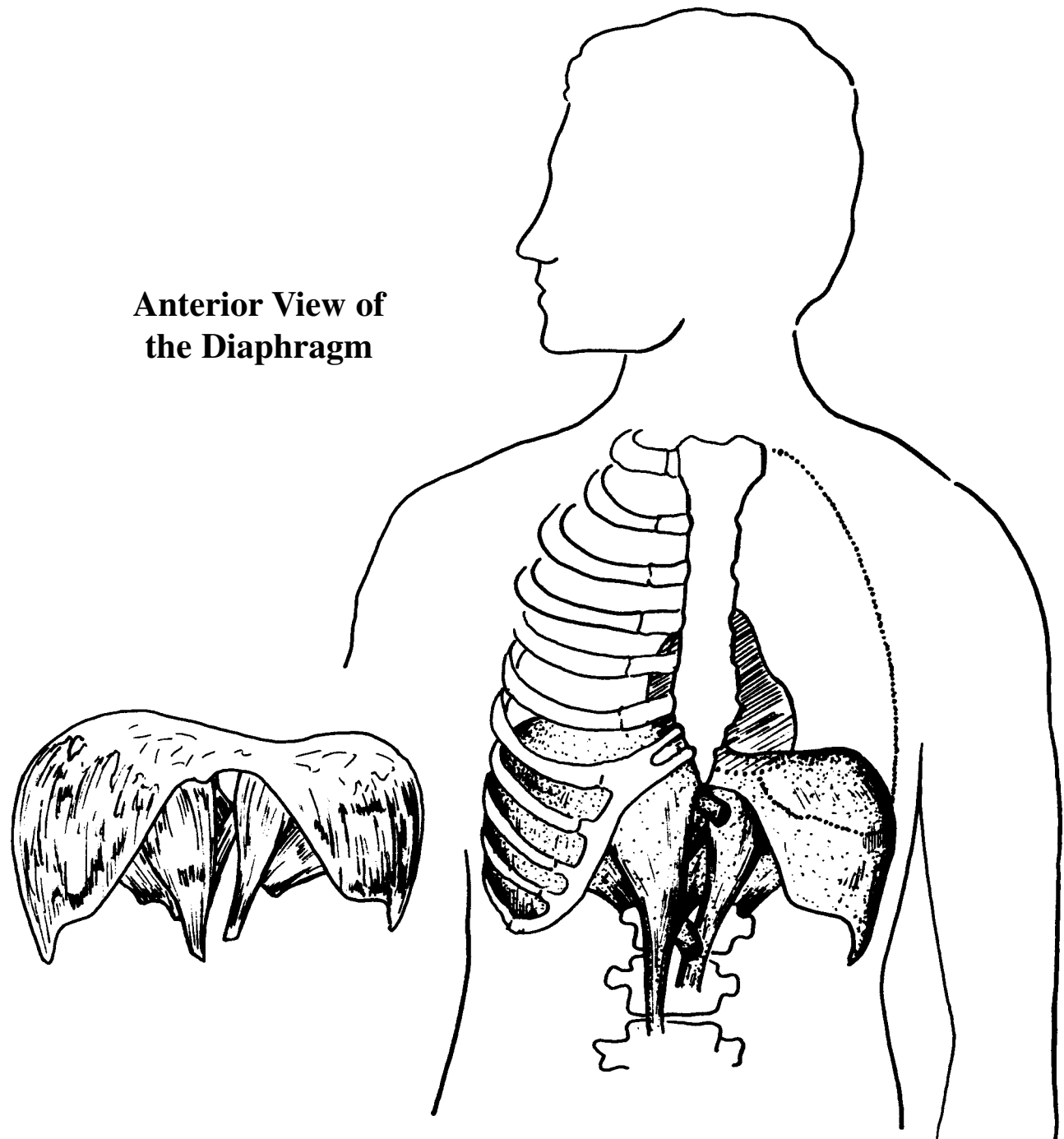


Figure F-2



# Respiratory Diaphragm



*Figure F-4*

# The Undersurface of the Diaphragm

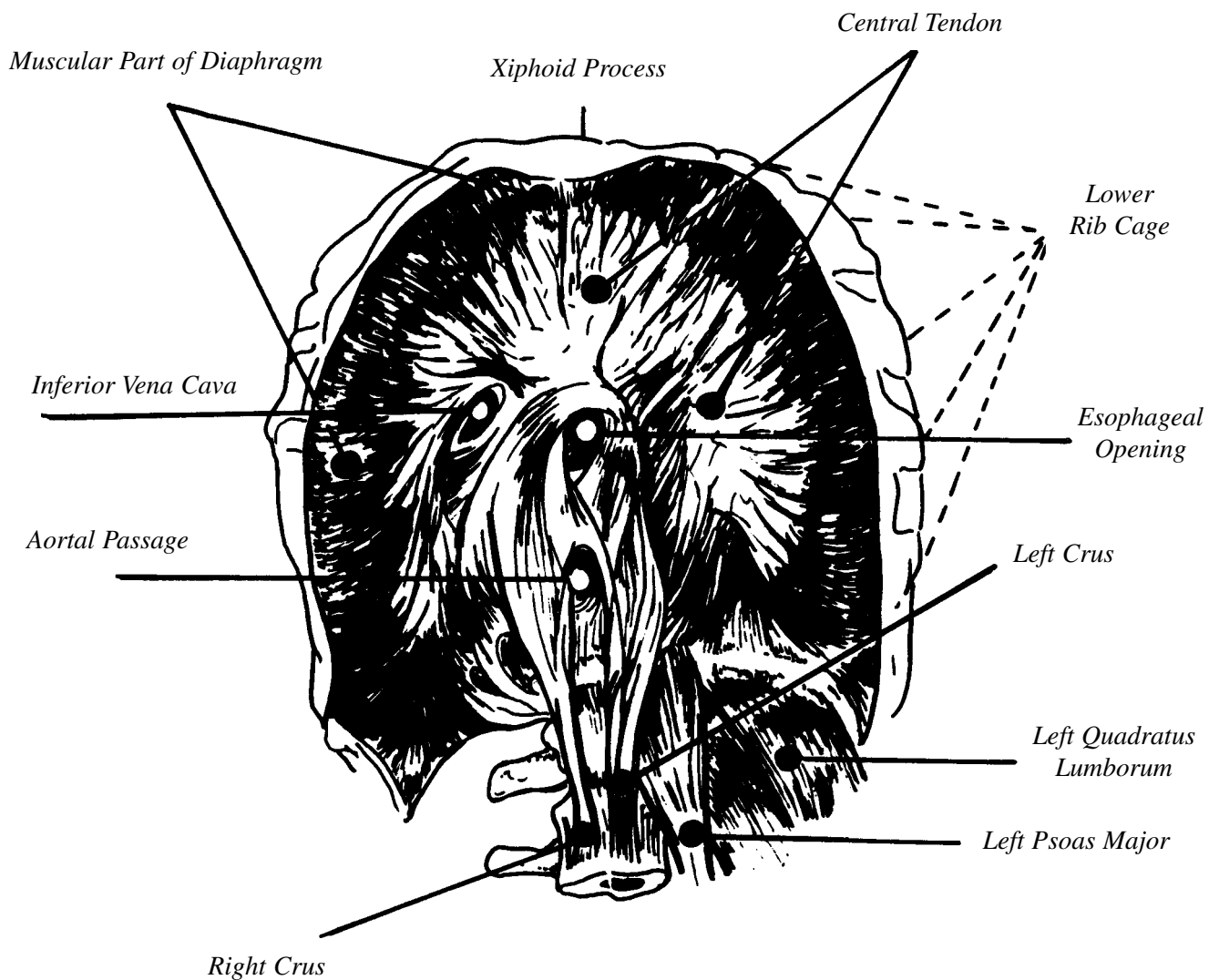
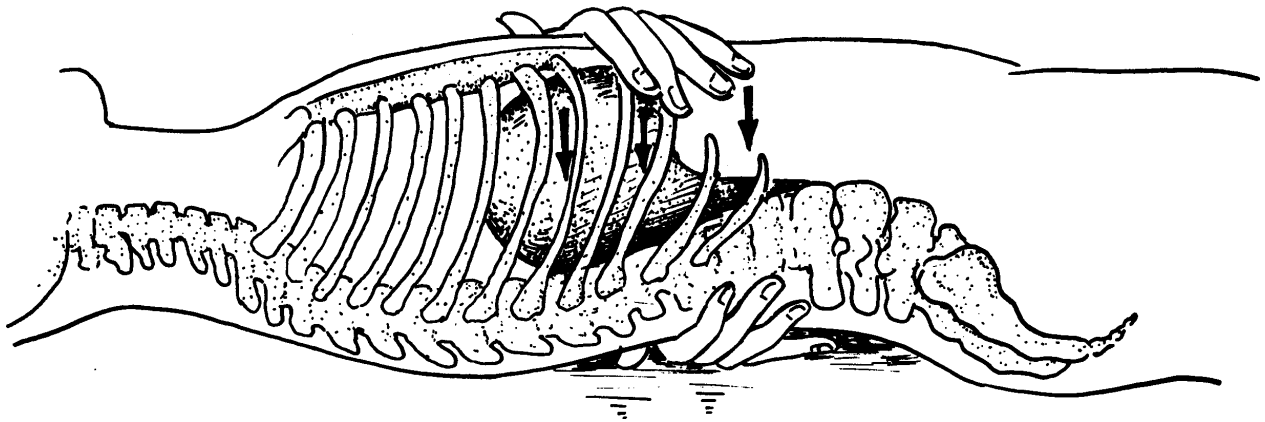


Figure F-5

## Lateral View of Diaphragm Release

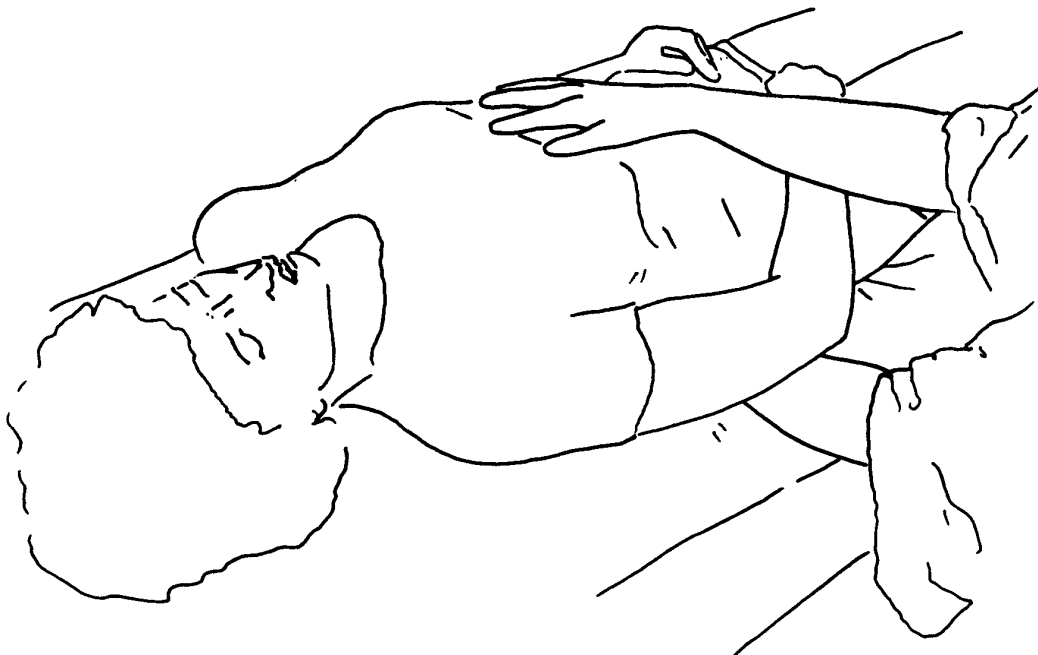
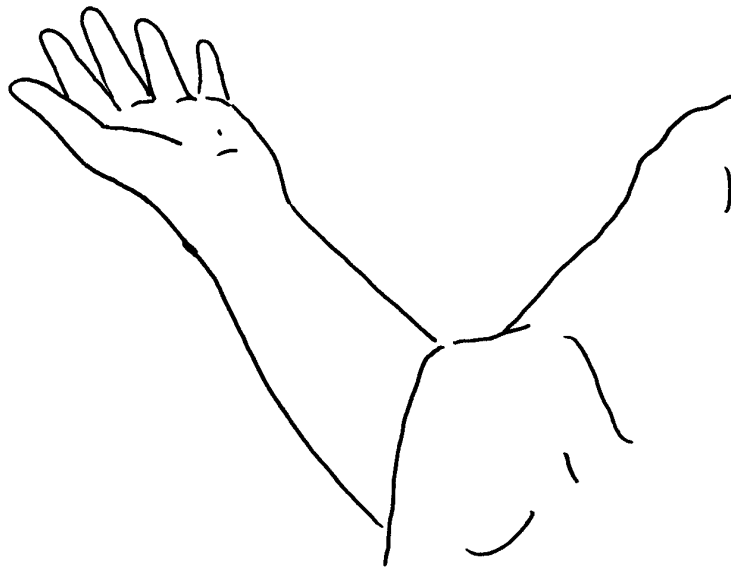


*Figure F-6*



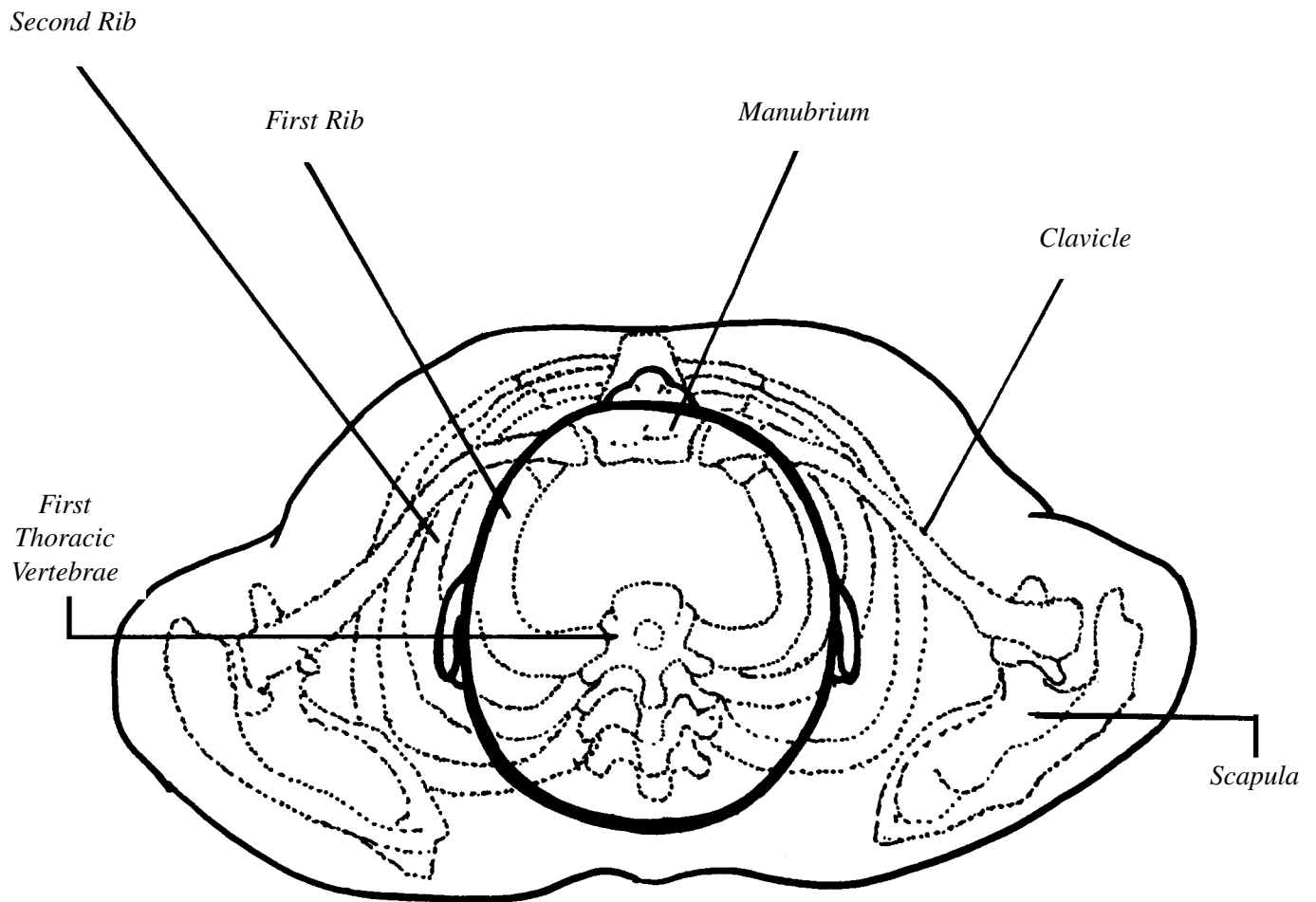


## **Hand Position for Diaphragm Release**



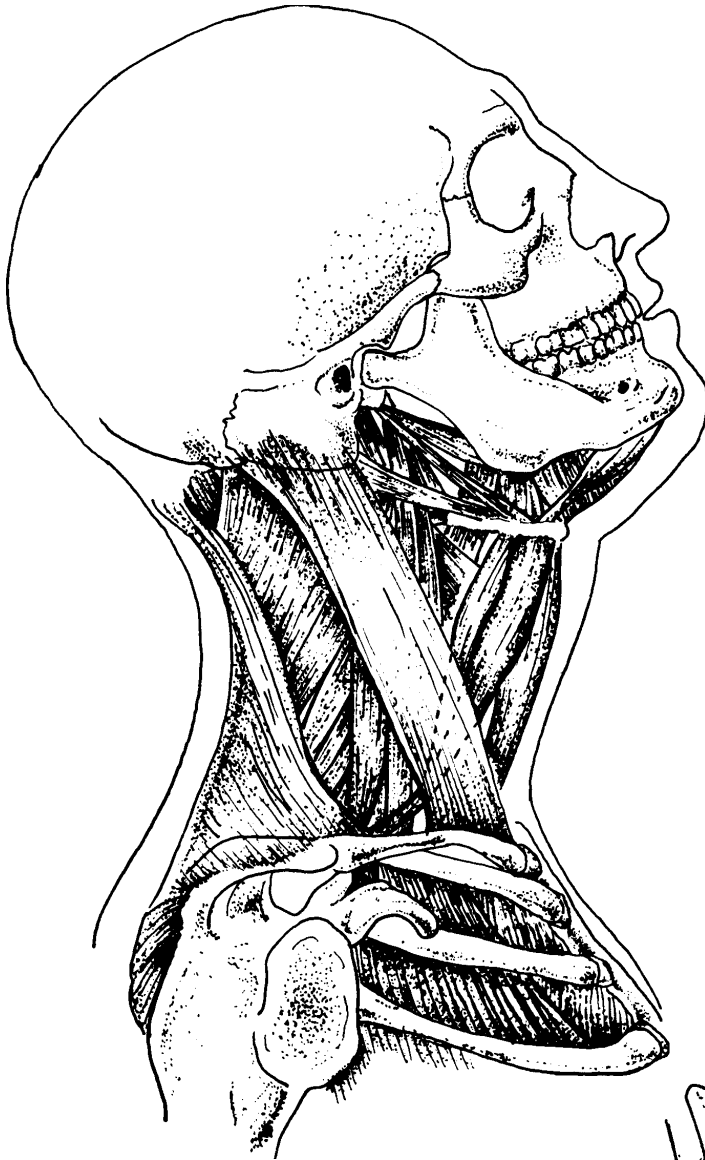
*Figure F-7*

## Superior View of Thoracic Inlet Area

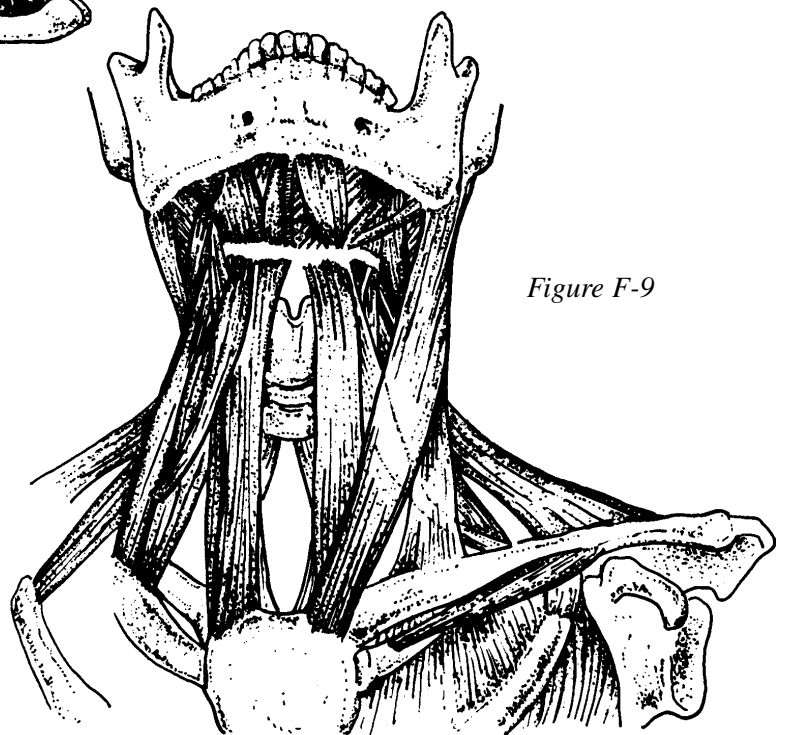


*Figure F-8*

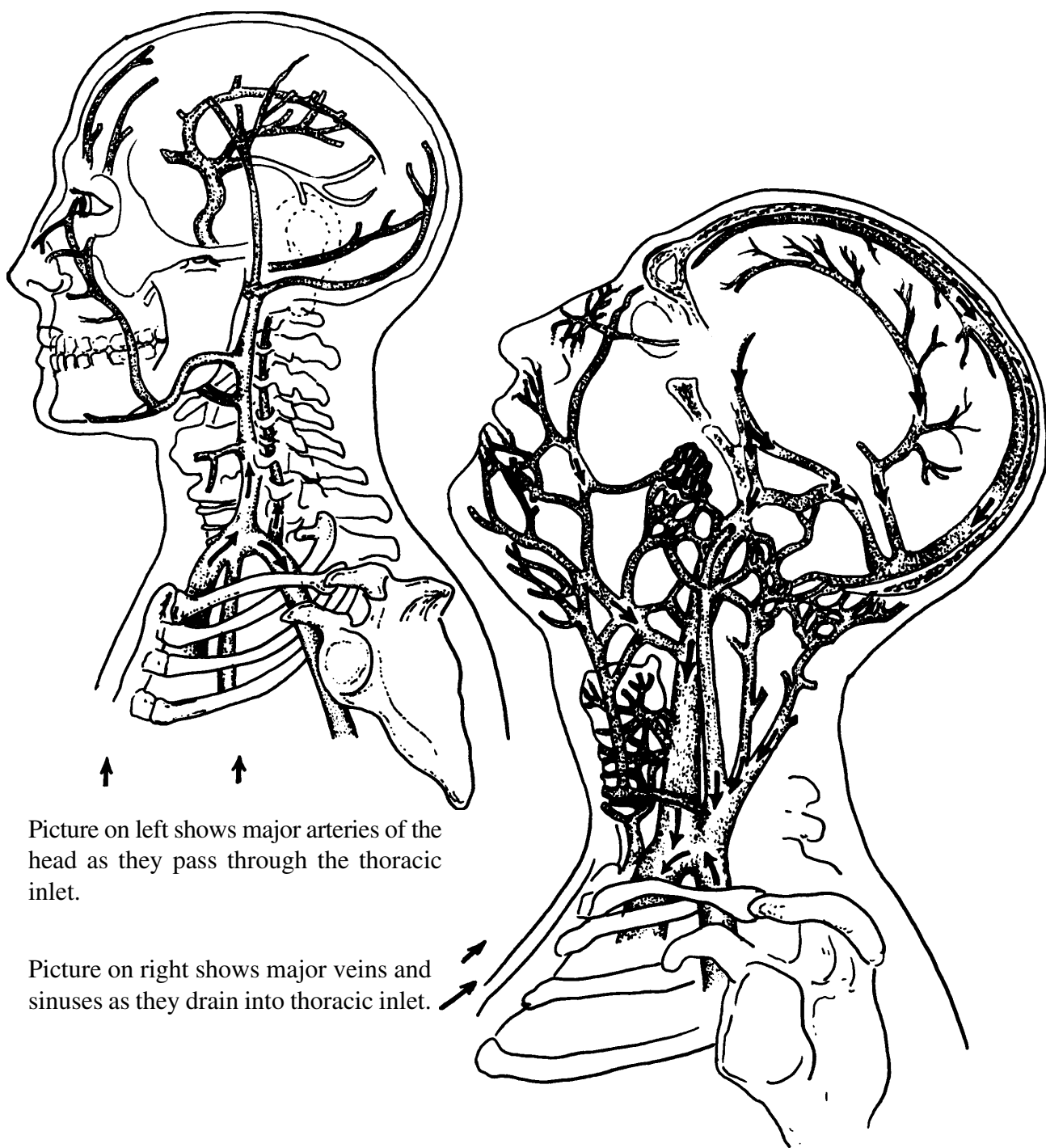
## **Lateral and Anterior Views of Muscles of Neck and Thoracic Inlet Area**



Of interest are the many divergent directions of function of these tissues, showing the complexity of pulls and balances that may be upset and lead to potential dysfunctions.



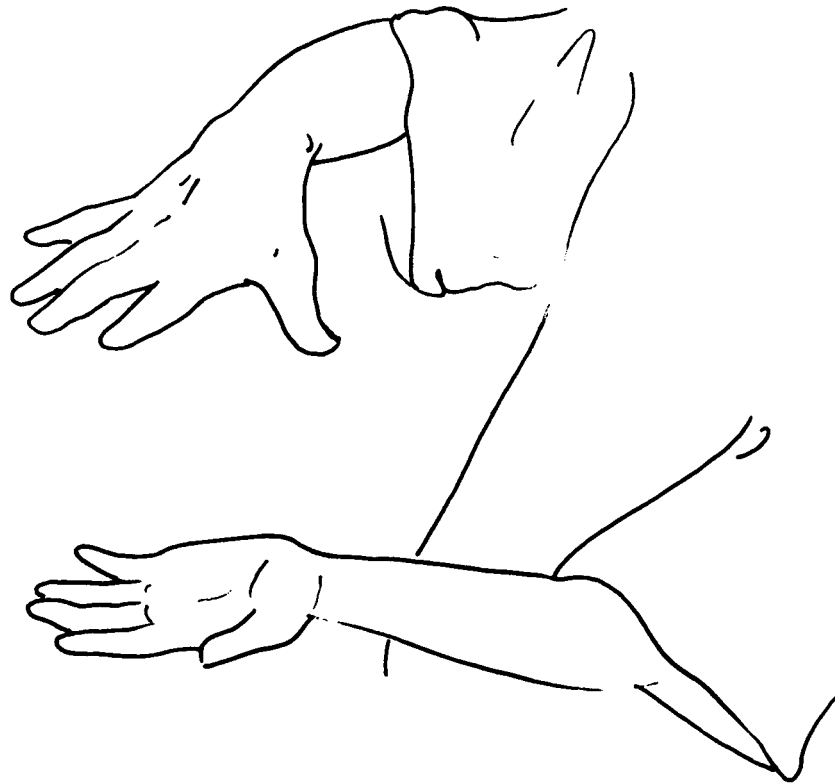
*Figure F-9*



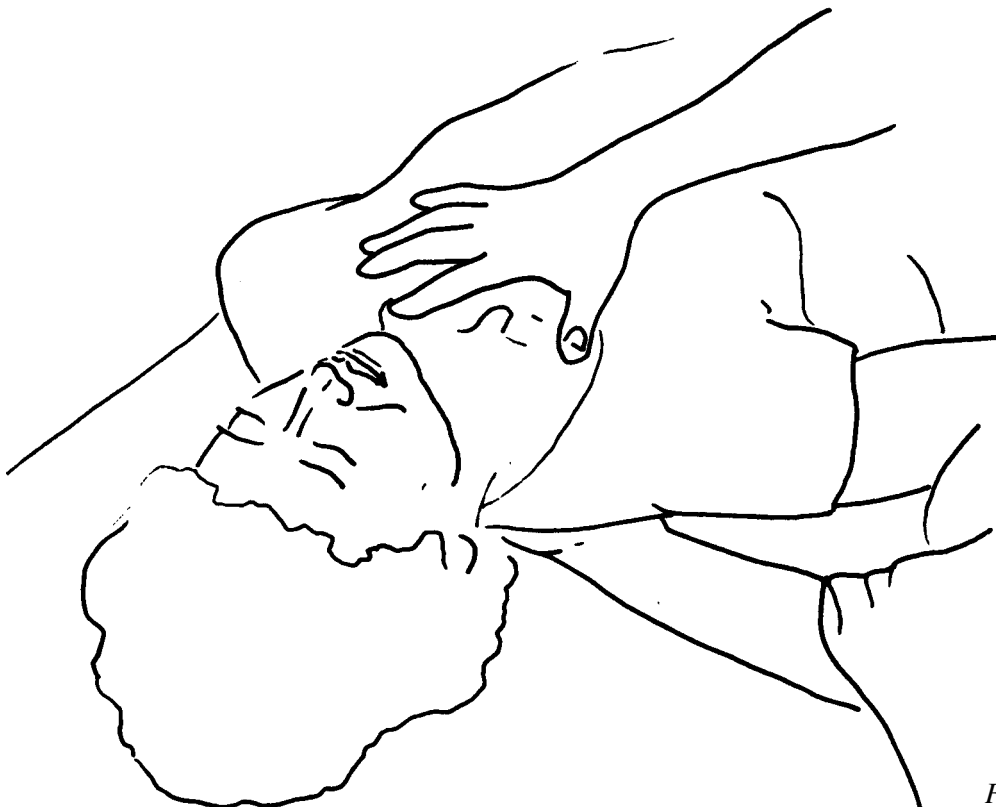
Picture on left shows major arteries of the head as they pass through the thoracic inlet.

Picture on right shows major veins and sinuses as they drain into thoracic inlet.

*Figure F-10*



## **Hand Position for Thoracic Inlet Release**



*Figure F-11*

## Hand Placement and Technique for Release of the Hyoid

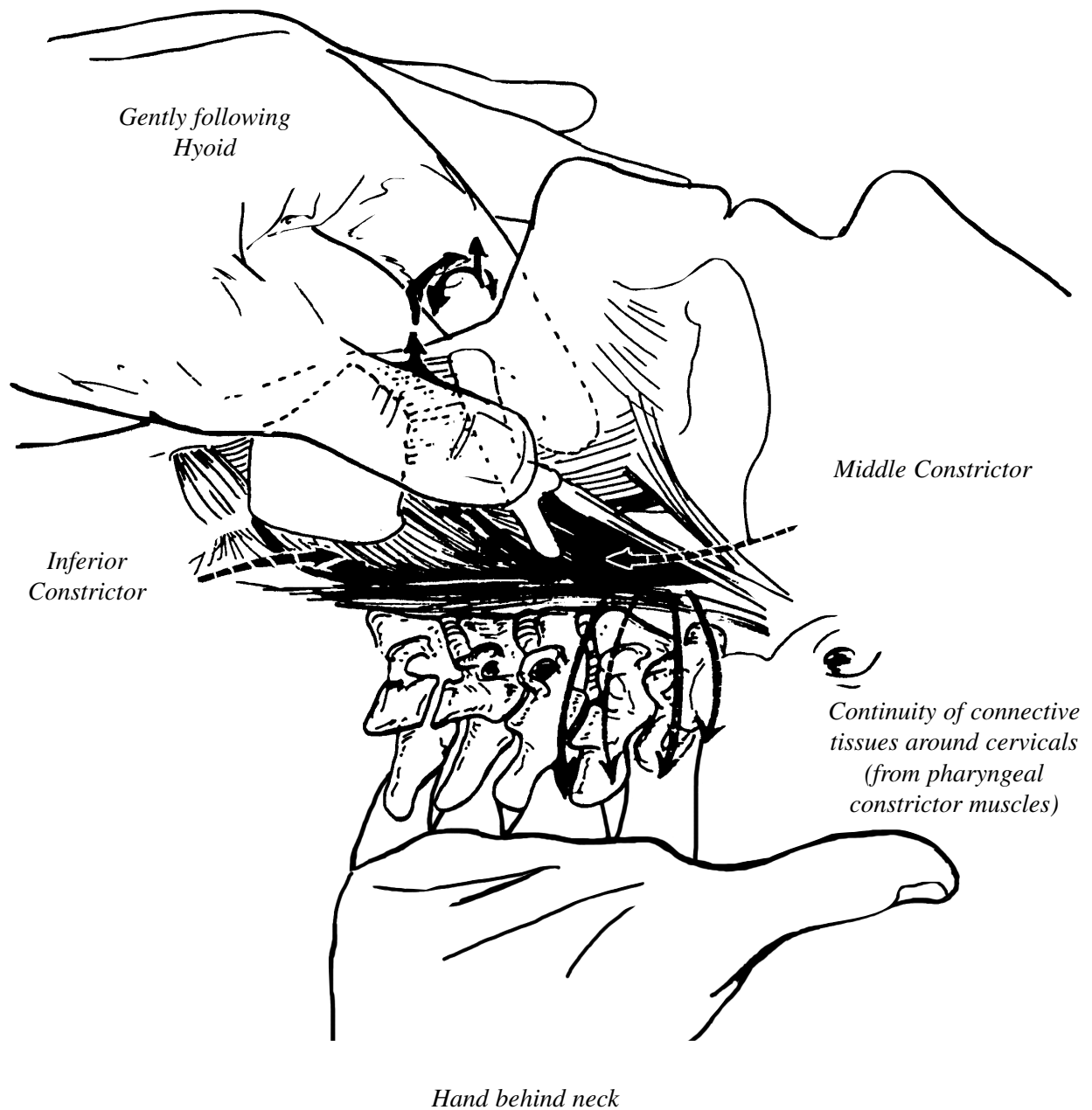


Figure F-12

# Addendum

Any abnormal contraction of the diaphragms just released may produce a “drag” on the craniosacral system as evaluated from the head or the feet. It is therefore suggested that the participant evaluate the quality of the craniosacral system’s activity from both the head and the sacrum before and after releasing each of the four diaphragms previously described.

This exercise will begin to give you an appreciation of the impact upon the craniosacral system function produced by diaphragmatic restriction.

## Notes: Hyoid

# MOBILIZING THE SACRUM

---

While stabilizing the lower Lumbar Vertebrae with one hand, apply a gentle but persistent traction in a caudal direction with the other. Do not use enough force to recruit muscular resistance. This technique should release lumbosacral compression. If not, use the straight legs as levers to gap the lumbosacral juncture by flexing the Pelvis around your other hand, which acts as a fulcrum.

**Notes:** Lumbosacral Release Through Traction

**Core Intent:** To decompress the sacrum inferiorly from L5.

**Hand Placement:** One hand posterior to sacrum (between legs) with other hand stabilizing L3-4-5 with fingertips or finger pads.



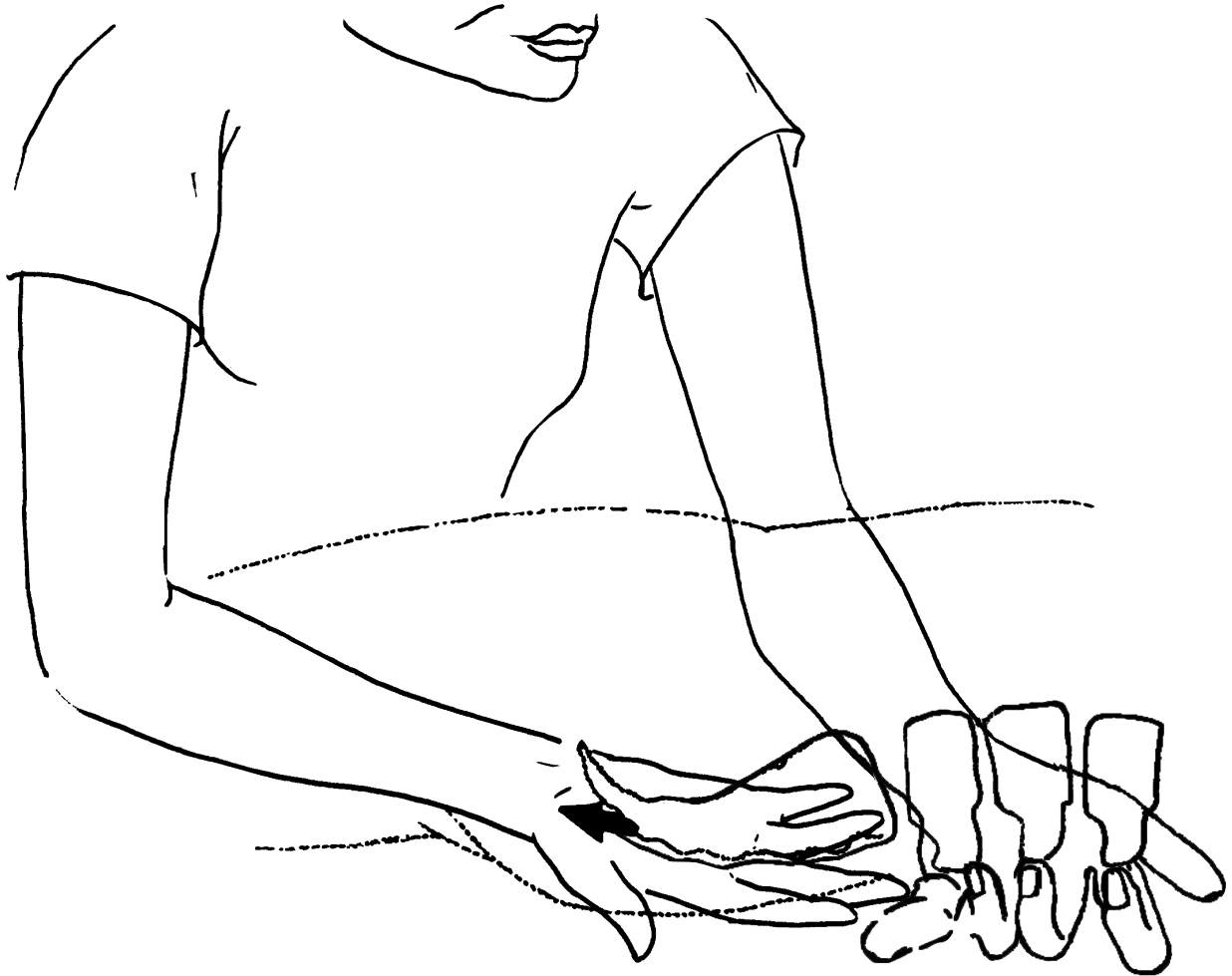
## **Traction Release of L5 - S1**



*Figure O-1*

*For hand position see Figure O-2*

## Traction Release of L5 – S1



Please note —

The fingers of the hand under the lower lumbar vertebrae may be held open with the finger pads against the spinal process.

*Figure O-2*

## **Medial Compression of Anterior Superior Iliac Spines**

In order to release the Sacroiliac Joints, you will find that a medial compression of both Anterior Superior Iliac Spines (ASIS) simultaneously in the supine client will allow the Sacrum to move more freely. This may be done either by you or the client. Medial compression of these spines tends to gap the joints in the back. While they are gapped, glide the Sacrum up and down (superiorly and inferiorly) a few times to mobilize the joints. This will also help many dysfunctions of the Sacroiliac.

### **Notes:**

**Core Intent:** To release both Sacroiliac (SI) Joints.

**Hand Placement:** One hand posterior to sacrum with the other arm's fingertips and forearm on the ASIS.

## **Using the Sacrum to Evaluate and Mobilize the Dural Tube**

Now that the Sacrum is free, use a very light traction on the Sacrum toward the feet. Do not recruit muscle resistance. Wait and you will feel the Dural Tube move toward you. Evaluate its mobility. Try to discern any restrictions to mobility and try to localize them. One way to mobilize the dural tube would be to hold light traction (5 grams) against the restriction until lengthening occurs.

## **Medial Compression of A.S.I.S. to Release S.I. Joints**



*Figure O-3*

## **Client-Assisted Release of S.I. Joints via Medial Compression of the A.S.I.S.**



*Figure O-4*

# DURAL TUBE

---

## Objectives:

1. To sense by palpation and proprioception the quality of dural tube mobility.
2. To release any abnormal restrictions or tensions which interfere with dural tube function.
3. To have at your fingertips the concept of the interrelations between the involved bones and the dural tube.

# The Dural Tube

We have talked briefly about the dural tube. The main points to keep in mind are that the dural tube must have a reasonable degree of freedom of movement within the spinal vertebral canal and in relationship to the arachnoid membrane; otherwise we lose most of our ability to bend and rotate our spines without severe pain. Also, it must be remembered that the dural tube connects your head to your upper neck and to your tail. Problems in any of these areas can broadcast up and/or down the tube to present symptoms elsewhere. An injured coccyx can cause a headache, etc.

Remember that the dural tube attachments are:

## Superior attachments

- Dense fibrous ring around foramen magnum.
- Within the spinal canal at level of second and third cervical vertebrae (anterior tube attaches to posterior bodies of the vertebrae).

## Inferior attachments

- Within sacral canal at level of second sacral segment — anterior aspect of dura attaches to anterior wall of canal through sacrum (posterior body of segment).
- Blends with other meninges to exit sacrum and becomes periosteum of the coccyx.

Now let us consider how we might deal with the dural tube.

Technique — dural tube evaluation and treatment/release.

Objective — mobilize the dural tube to its maximum.

Enabling Objectives — mobilize sacrococcygeal complex.

The sacrococcygeal complex was partially mobilized when you released the pelvic diaphragm. We must, however, be sure that the sacrum is not compressed at the lumbosacral junction and that the sacroiliac joints are not binding free sacral movement. It is impossible to use the sacrum as the handle to evaluate the more subtle movements of the dural tube if the sacrum itself is not free to move. The same is, of course, true of the occiput.

## Using the Sacrum to Evaluate and Mobilize the Dural Tube

Now that the sacrum is free, use a very light traction on the sacrum toward the feet. Do not recruit muscle resistance. Wait and you will feel the dural tube move toward you. Evaluate its mobility. Try to discern any restrictions to mobility and try to localize them.

## Using the Occiput to Evaluate and Mobilize the Dural Tube

With the client still supine, move up to the occiput and apply a very light traction toward the top of the head. Once again, be careful not to recruit muscular resistance. Wait for the dural tube to float toward you. Then try to “see” where the resistance/restriction might be. This is a good time to start “seeing.”

I like to compare this technique to pulling a large boat in the water. If you put the rope around your little finger and just barely pull, the boat will move toward you with very little effort on your part. Otherwise you can break your back pulling without much better success. The dural tube will come toward you; just be patient.

### Effect of Occipital Traction on the Dural Tube and Sacrum

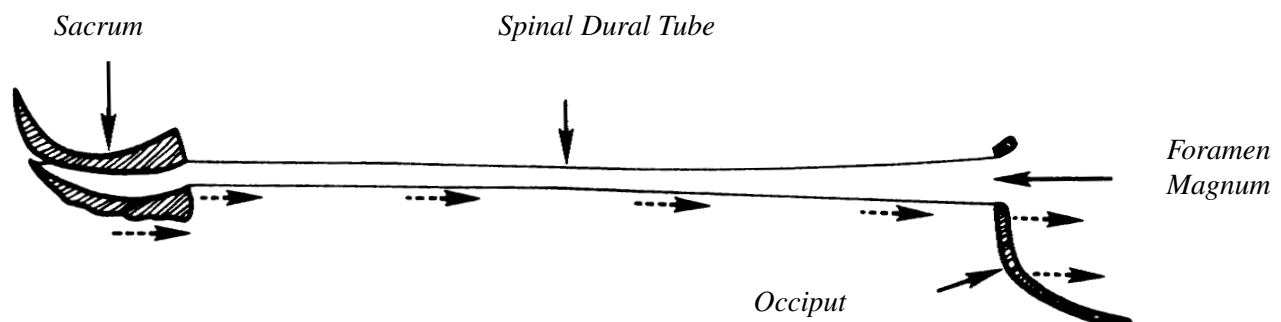


Figure D-1

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# From Both Ends

Now that you have approached the dural tube from either end individually, we will approach it from both ends at the same time.

## **Dural Tube Rock:**

With the client supine, place one hand under the occiput and the other hand under the sacrum. Encourage a gentle rocking between the two ends using the craniosacral rhythm. The rocking motion will address the rotational aspect of the occiput and sacrum. In doing so, you will help to release restrictions of the transverse rings of fascia in the dural tube. The more you rock, the better the dural tube will like it.

## **Dural Tube Glide:**

With the client and your hands in the same position, “tune-in” to the longitudinal motion at the occiput and sacrum. (This motion is happening simultaneously with the rocking/rotational motion.) By enhancing this longitudinal motion, you address the nerve roots as well as any remaining restrictions of the dural tube within the vertebral canal.

Restrictions are freed by moving the dural tube. Be patient and move it through several cycles. It is also helpful to use prolonged traction on a restricted dural tube. Simply hold and await the release just as you did with the other bones of the cranial vault.

## **Notes: Rocking the Dural Tube**

**Core Intent:** To release transverse rings of the dural tube and enhance the rotational range of motion of the occiput and sacrum.

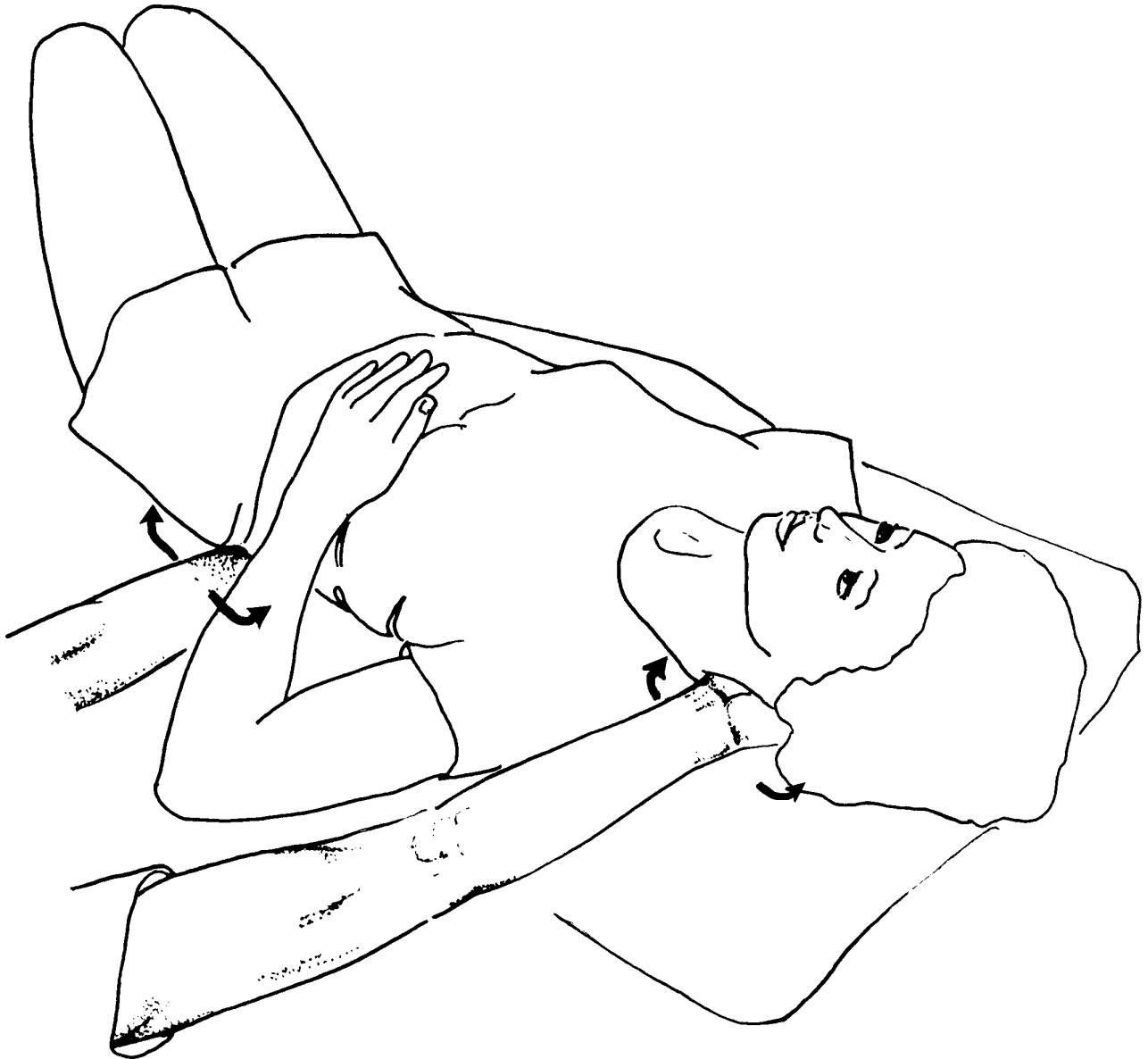
**Hand Placement:** One hand transverse under the occiput and the other transverse under the sacrum.

## **Notes: Gliding the Dural Tube**

**Core Intent:** To release spinal nerve roots and dural sleeves and enhance longitudinal range of motion of the occiput and sacrum.

**Hand Placement:** Same as dural tube rock.

## Rocking the Dural Tube — Supine



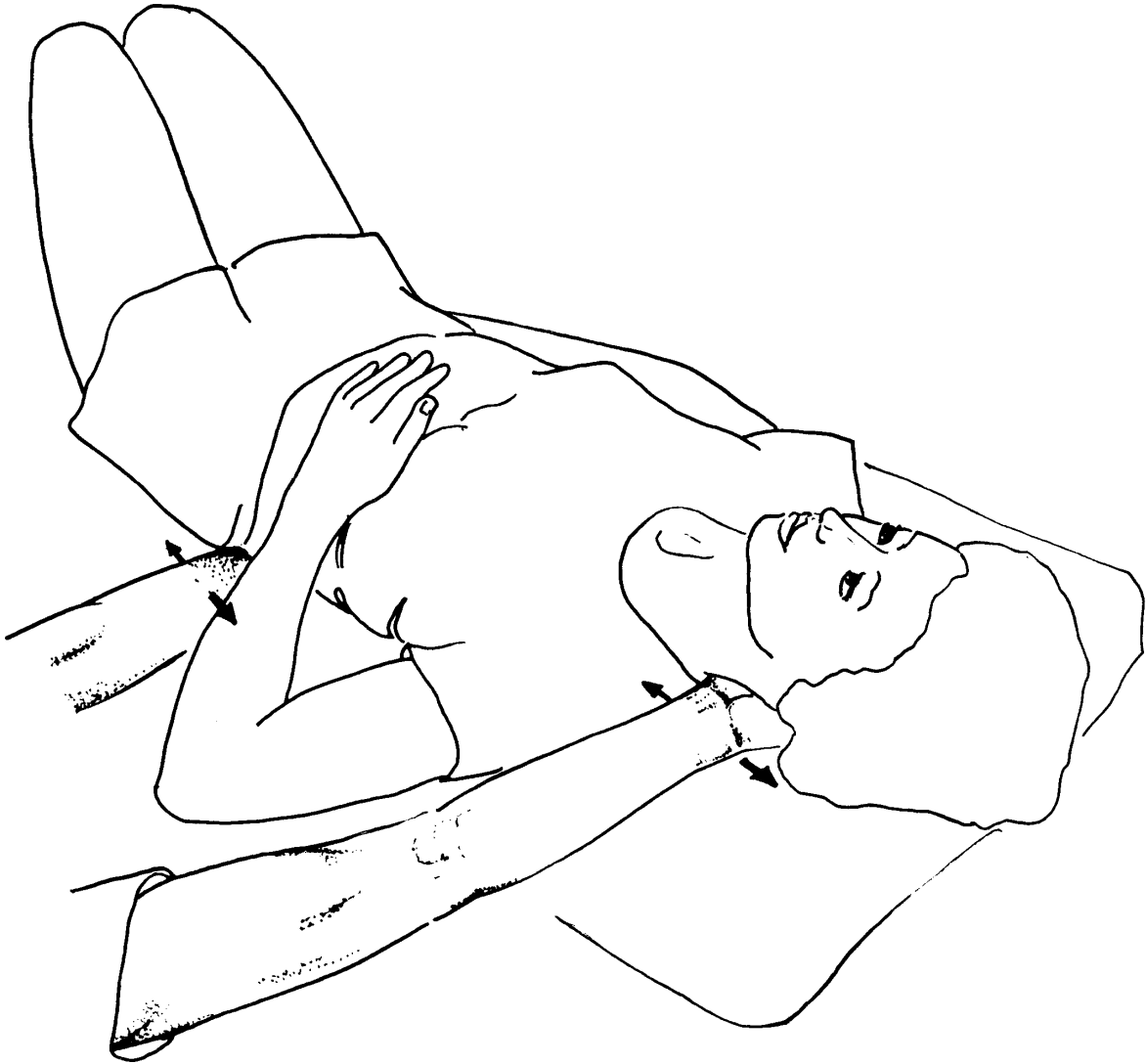
*Figure D-2*

## Rocking the Dural Tube



*Figure D-3*

## Gliding the Dural Tube — Supine



*Figure D-4*

## Objectives:

1. To temporarily suspend hypercritical thought processes which may obstruct a favorable V-Spread experience.
2. To appreciate the similarity between the V-Spread and many other hands-on therapeutic approaches or techniques.
3. To explore the many ways in which the V-Spread has the potential for healing.
4. To gain several positive V-Spread experiences, both as therapist and as recipient.

# V-Spread

(Reference *CranioSacral Therapy* pp. 74, 139-40, 164-66 and 263)

The V-Spread is the technique that stretches both our credibility and your imagination to the maximum. It is a technique that is not yet explained in scientific terms, although it seems to be related to the work of Robert Becker, M.D., as expressed in his book *The Body Electric*, and to the work of Harold Saxton Burr, described in his book *Blueprint for Immortality*. Both of these researchers seemed to do with instrumentation what the V-Spread technique does with the hands (or other body parts) of the CranioSacral Therapy practitioner. In any case, to effectively and fairly evaluate the efficacy of the V-Spread technique, you must try it. In order to try it with reasonable fairness, you will have to temporarily suspend the activity of your critical and rational left brain. If you have a negative attitude, this may interfere with the result. Once you have experienced the phenomenon of a successful V-Spread application, it becomes more difficult to deny its existence. In some people the experience sets up a real conflict between what they perceive and what their intellect tells them is silly or impossible.

I sometimes think that the V-Spread separates the adults from the children. The adults “know” that it is a ridiculous waste of time and so reject it. The children don’t “know” that V-Spread is not a valid technique, and so they use it with success.

In reality, I think the V-Spread is out on the far edge of the frontier. One day we will know how it works and those who understand it will wonder what all the fuss was about. V-Spread will become standard operating procedure and will be a part of everyone’s first-aid training, be it from the Red Cross or the Boy/Girl Scouts of America.

As you practice the technique, some of you will see the close relationship to Krieger’s *Therapeutic Touch*, Polarity Therapy, *Joy’s Way* (by Brugh Joy) and many other approaches.

What makes the V-Spread approach different is its lack of rules and rituals. In V-Spread we simply decide to direct, pass or organize a “healing energy” for a given purpose and we do it. No gimmicks or tricks. You can use any method that you decide will work. Yes, it does look like we are discussing the recruitment of a “healing power” which we all possess and which is directed by our intention.

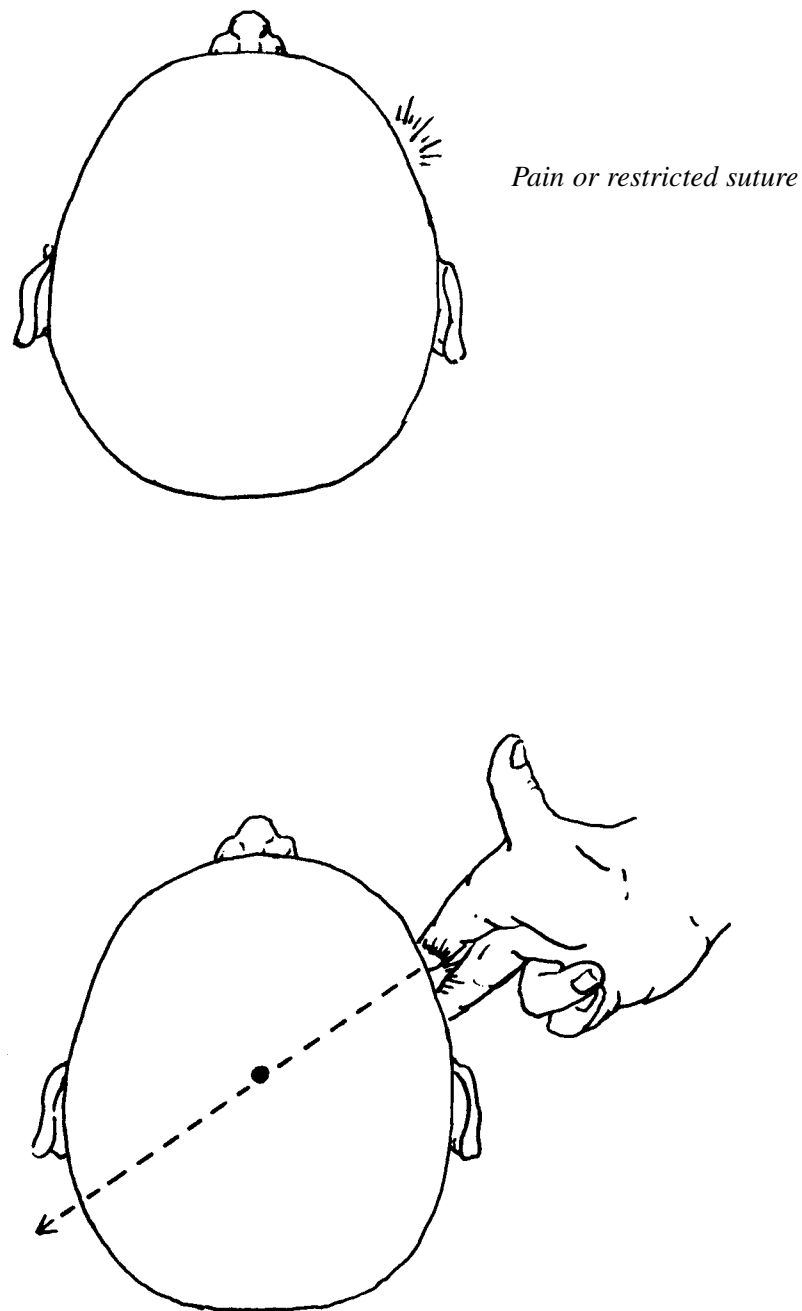
It does not matter whether you send from right to left or left to right — all you have to do is decide that it will work this way. Yes, you can send from off the body. Yes, the energy of two or more senders can be added together. Yes, release occurs and heat radiates from the area under treatment, and Therapeutic Pulse occurs. It will crescendo as the healing energy passes through the body parts being treated and begins to reach your receiving hand. It will decrescendo and disappear as the therapeutic process is completed. And yes, of course you can do the V-Spread on yourself, but it takes a little longer and may be less effective. One last comment: The denser the tissue that the healing energy must penetrate, the longer it takes to reach your receiving hand (or receiving foot, etc.).

# Sutherland's Concept

Historically within the craniosacral system framework, the V-Spread is derived from the earlier observations of William Garner Sutherland, D.O., who, during the first half of this century, set out to prove that cranial bones could move. Dr. Sutherland observed or reasoned that it was possible to achieve a release of sutural restriction between the skull bones by the direction of energy through cerebrospinal fluid. He pursued this concept practically and demonstrated the method as a very effective means of releasing abnormally immobilized sutures.

**Notes: Direction of Energy Technique to Release Sutures**

## Sutherland's Approach



Place pads of fingers gently on the scalp directly over the painful suture area.

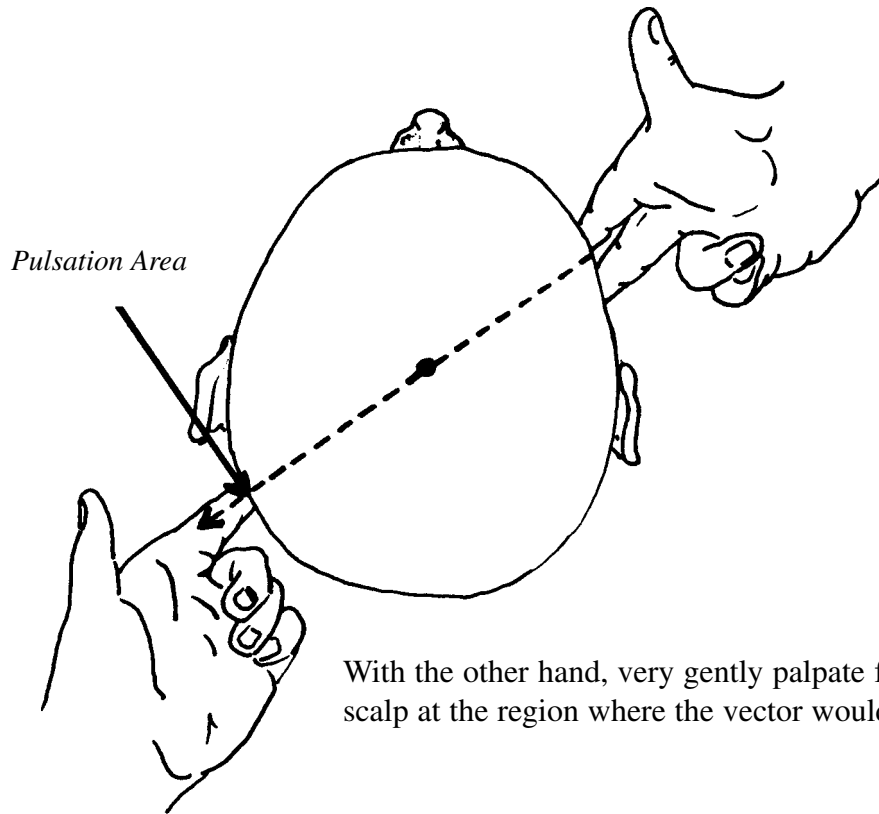
Next, imagine a line or vector from the painful area through the center of the skull and out the other side of the client's head.

(Continued on page 58.)

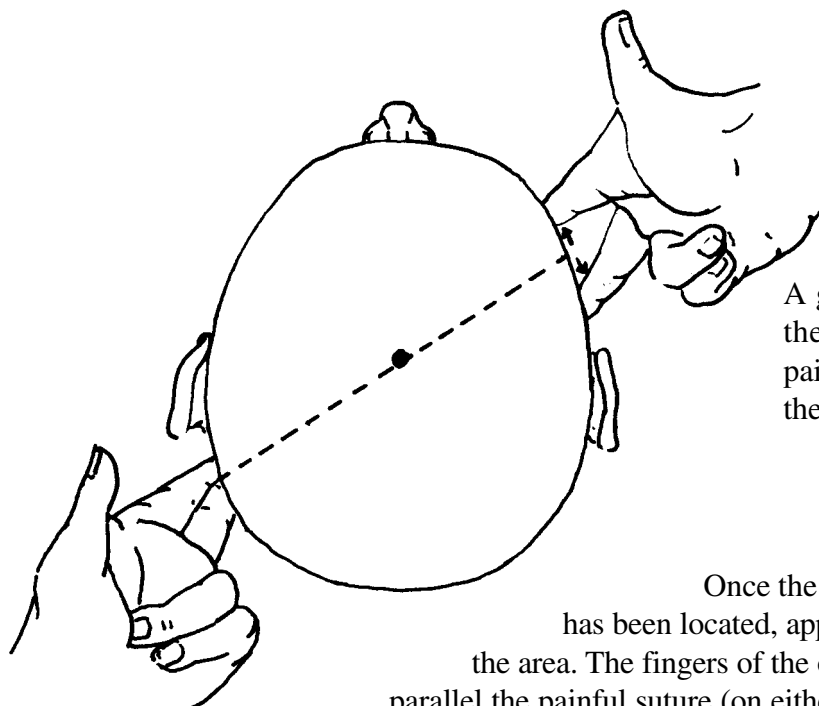
*Figure V-1*



## Sutherland's Approach (continued)



With the other hand, very gently palpate for a pulsation of the scalp at the region where the vector would emerge.



A gentle spreading action by the fingers paralleling the painful suture will speed the therapeutic effect.

Once the area of pulsation has been located, apply finger pads to the area. The fingers of the other hand gently parallel the painful suture (on either side of it). The painful suture will begin pulsating and continue to do so for a matter of minutes. As the pulsating subsides, so will the pain.

*Figure V-2*

## **Expansion of Sutherland's Concepts**

Through observation and experience, we have found that the presence of Cerebrospinal Fluid between the sending and receiving hands is not necessary unless you believe it to be so. The healing energy can be directed through any body part to achieve a positive result.

**Notes: Direction of Energy**

**Core Intent:** To send or remove energy to or from effected areas of the body, facilitating release.

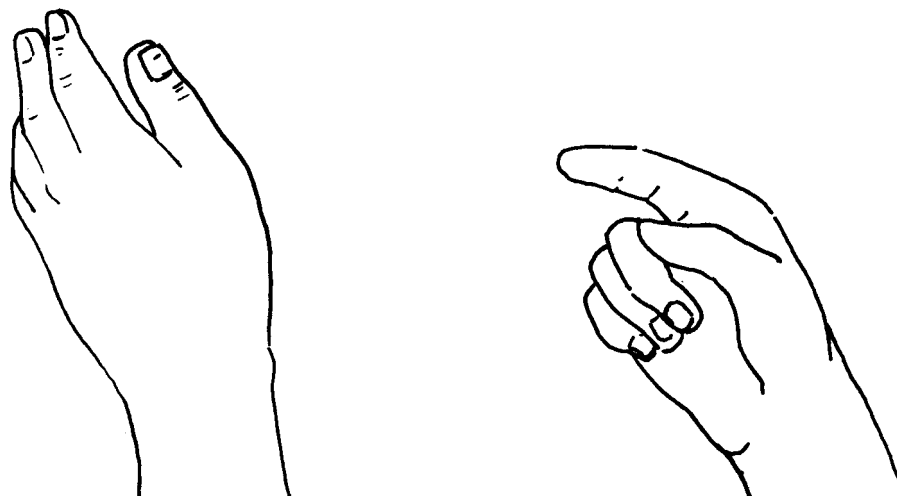
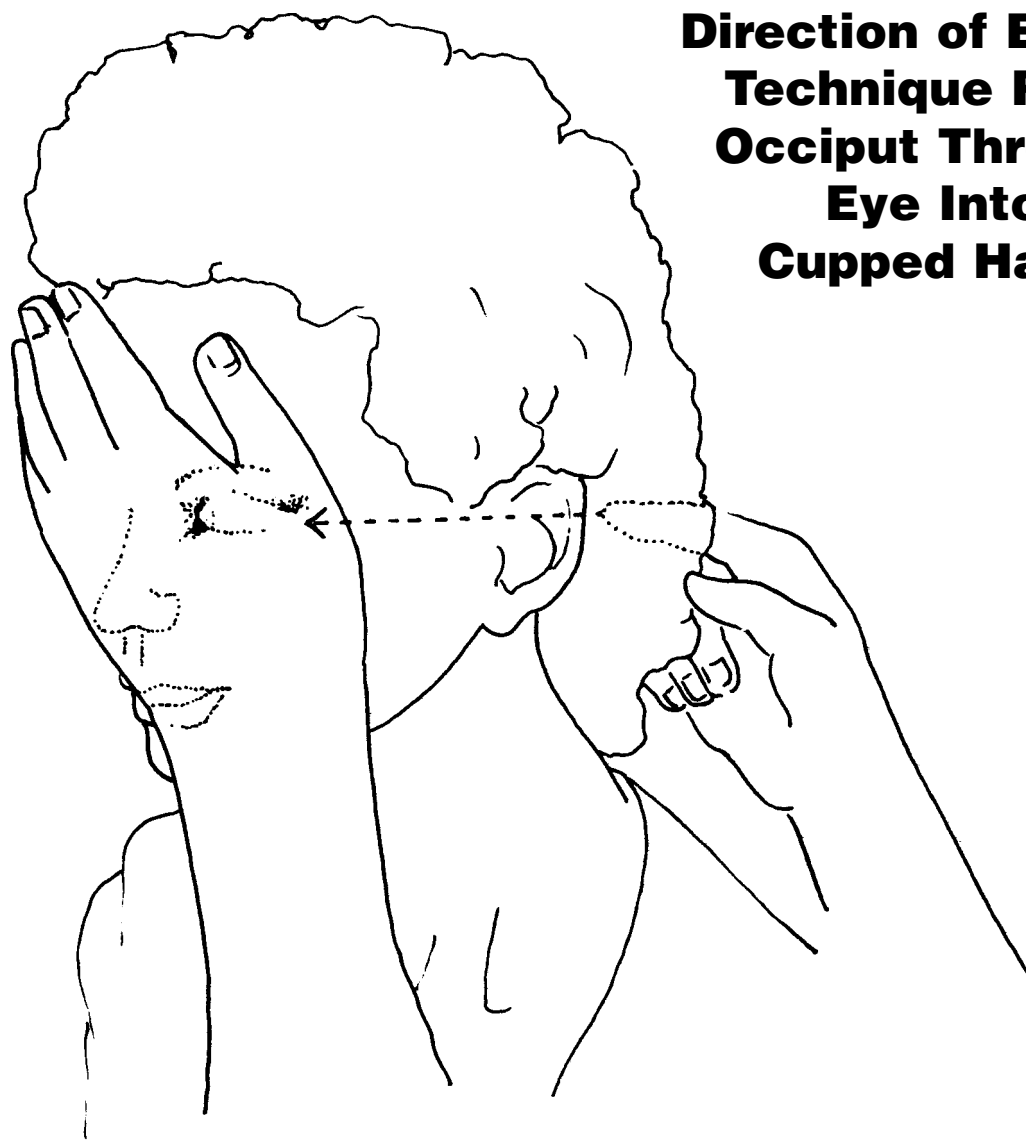
**Hand Placement:** Anywhere on the body.

## V-Spreading the Knee



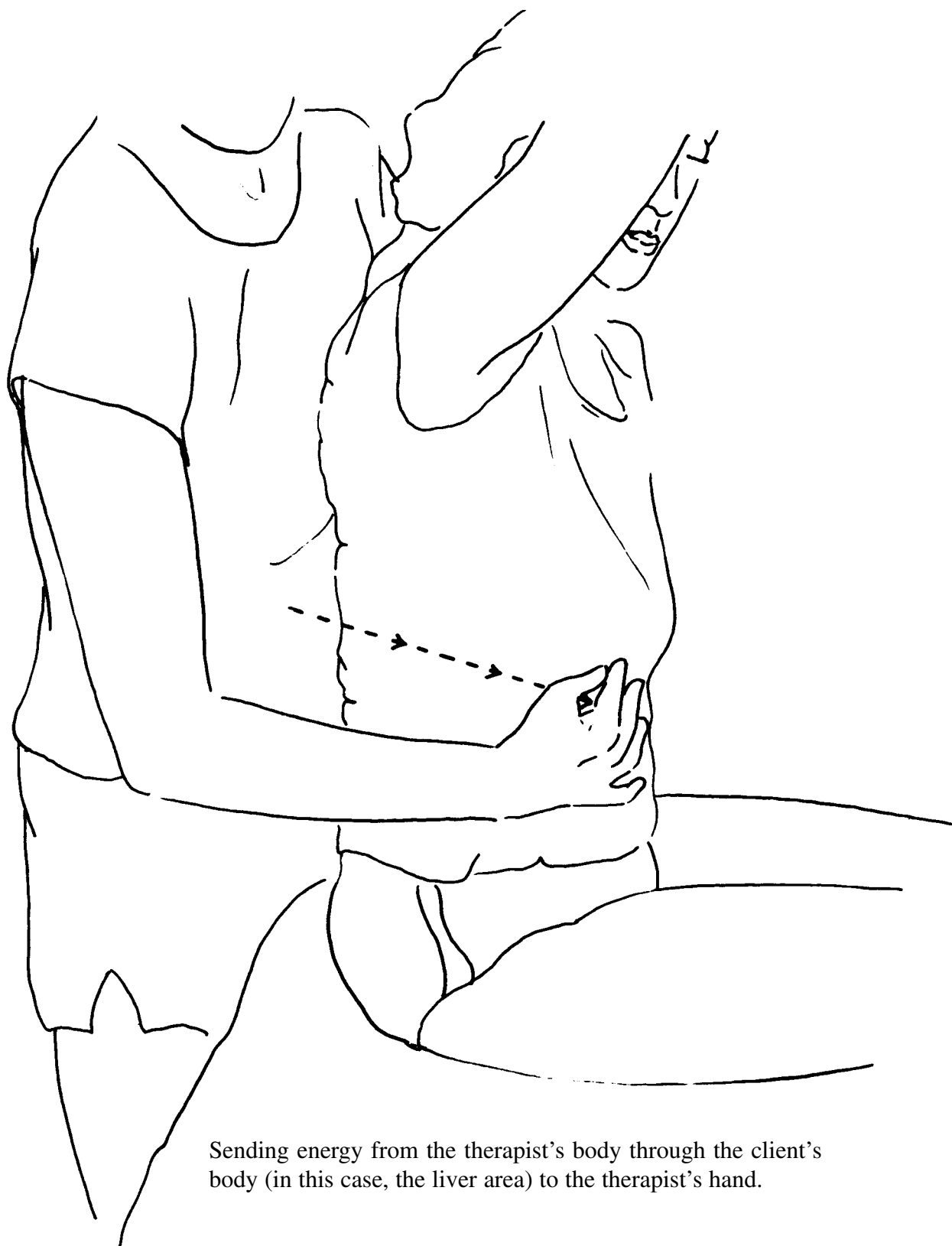
*Figure V-3*

**Direction of Energy  
Technique From  
Occiput Through  
Eye Into  
Cupped Hand**



*Figure V-4*

## **Sending Energy**



Sending energy from the therapist's body through the client's body (in this case, the liver area) to the therapist's hand.

*Figure V-5*

# 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.
4. To be able to use the CV-4 technique.

### Still-Point Induction by CV-4

**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.

### 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).

### Still Point on Legs

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

**Hand Placement:** Any bilateral location on the legs.

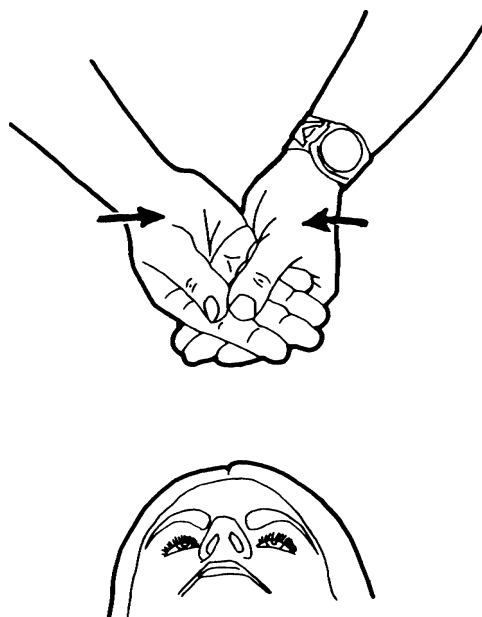
# Still-Point Induction

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 forcibly 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.

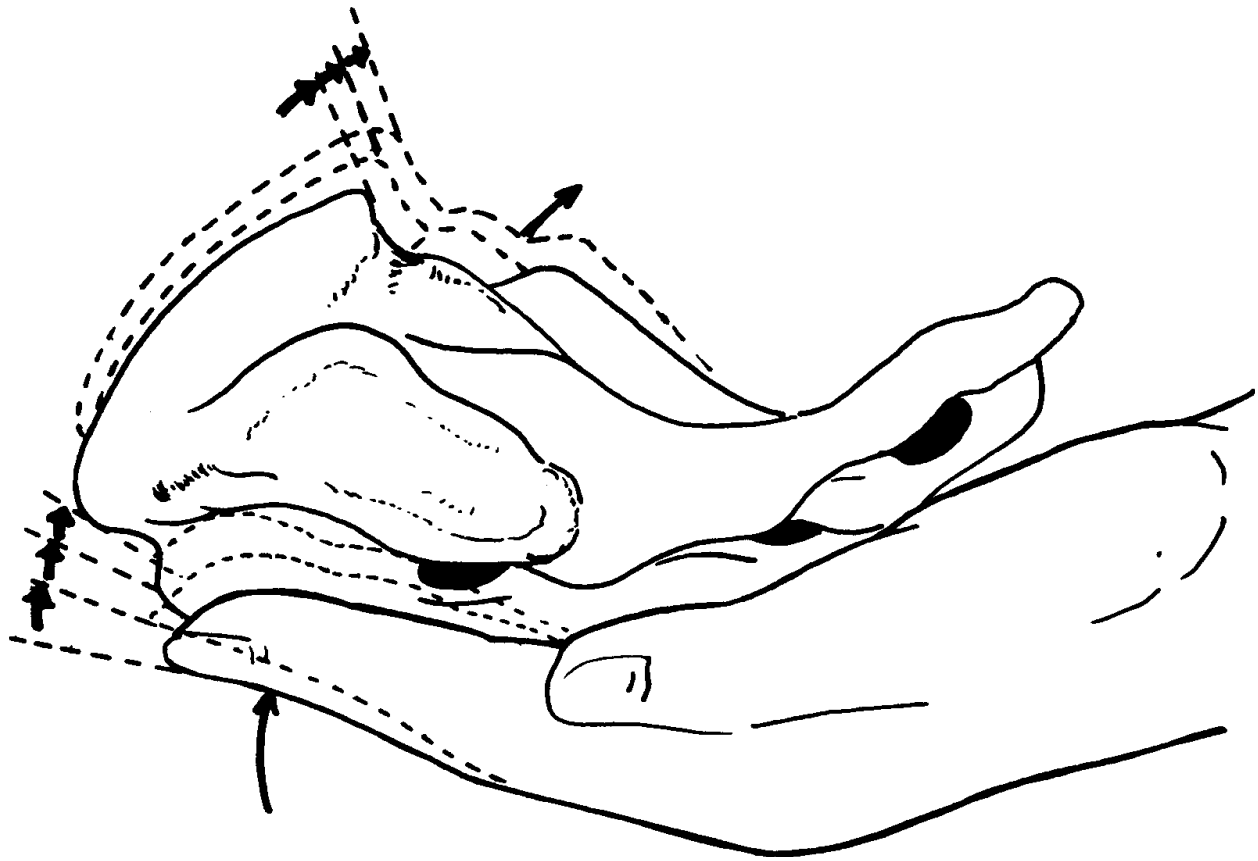
We can induce a Still Point by either resisting the flexion or extension phase.

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.



*Figure S-1*

## Still-Point Induction Through the Sacrum

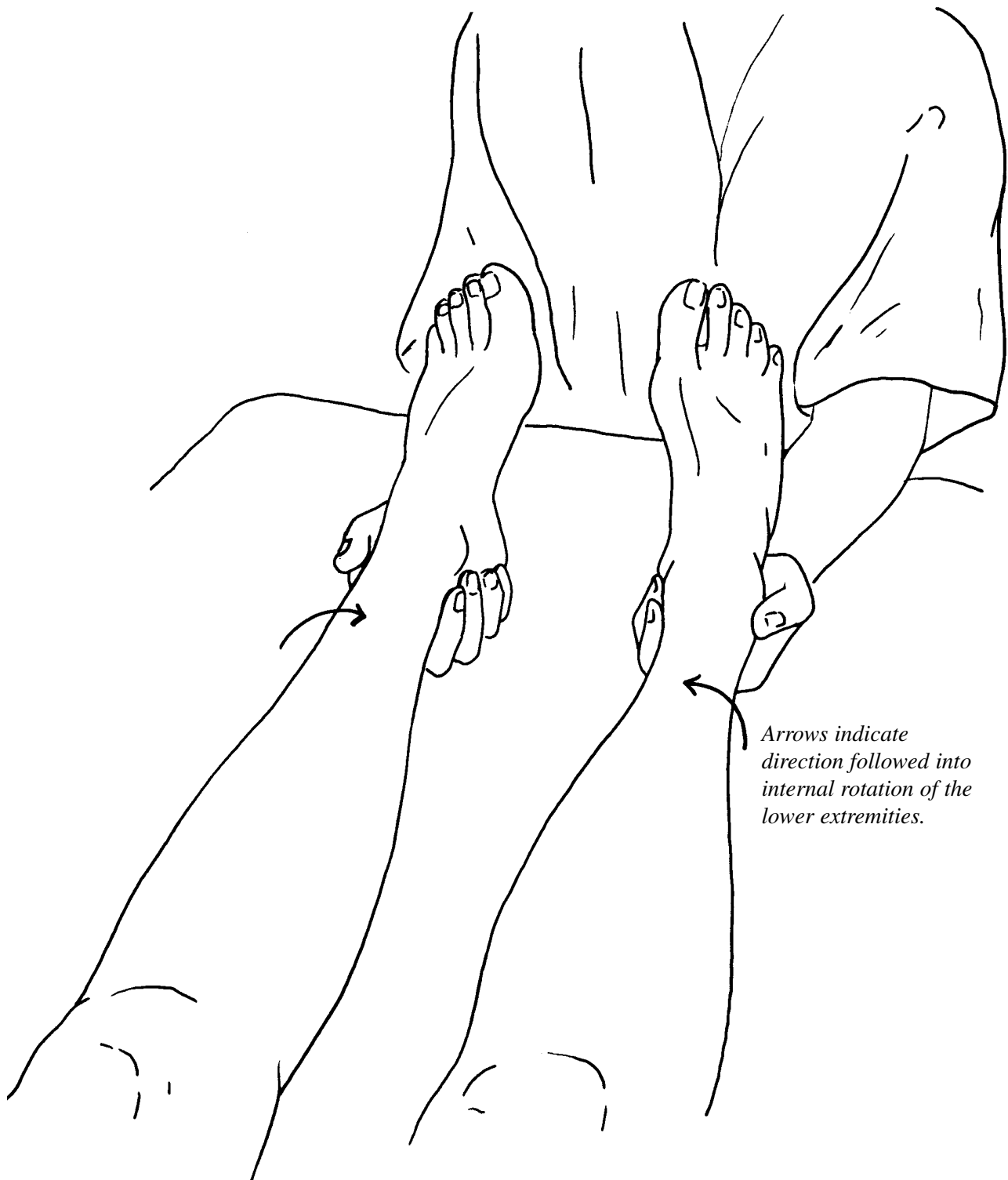


- Arrows indicate direction of “following” into extension.
- Dotted lines indicate “new” position of sacrum after each extension phase.

*Figure S-2*



## Still-Point Induction Through the Legs



*Arrows indicate  
direction followed into  
internal rotation of the  
lower extremities.*

*Figure S-3*

# Indications, Uses and Contraindications

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 hadn’t 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.

# SUPPORT MATERIALS

The Upledger Institute conducts hundreds of workshops each year for healthcare professionals to assist them in providing the best care possible.

For a complete seminar catalog and admission requirements, please call: 1-800-233-5880, ext. 2802.

## **Still-Point Inducer**

Enter a state of deep relaxation with the Still-Point Inducer, inspired by Dr. John E. Upledger, developer of CranioSacral Therapy. It applies gentle pressure to the base of your head to create a pause in the rhythm of your craniosacral system — the environment in which the brain and spinal cord function. These soothing “still points” heighten your body’s ability to relieve pain and stress. The Still-Point Inducer can also have beneficial effects on acute and chronic musculoskeletal problems, including degenerative arthritis. In addition, it can be used to reduce congestion, swelling, headaches, anxiety and overall tension. \$21.95

## ***Your Inner Physician and You***

To learn about the discovery of the craniosacral system, we recommend *Your Inner Physician and You*, written by John E. Upledger, D.O., O.M.M. Through case histories, Dr. Upledger discusses the path that led to his development of CranioSacral Therapy, SomatoEmotional Release® and other concepts and techniques. This book is recommended reading for therapists, patients, caregivers, and anyone interested in understanding how this therapy can improve the quality of life. \$16.00

**One-Week Savings!** Purchase a Still-Point Inducer and *Inner Physician and You* book within one week of completing your Introduction to CranioSacral Therapy class — and save \$4.50 off the regular combined price. \$31.95

To order, please call: 1-800-233-5880, ext. 2802

*Prices subject to change. Sales tax and shipping additional.*

CranioSacral Therapy (CST) is a gentle, light-touch method of evaluating and enhancing the craniosacral system, the environment in which the brain and spinal cord function. An imbalance or dysfunction in the craniosacral system can cause sensory, motor or neurological disabilities. These problems may include chronic pain, eye difficulties, scoliosis, motor-coordination impairments and learning disabilities, as well as other physical and psychological problems.

The CranioSacral Therapy curriculum begins with the entry-level workshop **CranioSacral Therapy I**, which provides the critical foundation necessary to understand the functioning of the craniosacral system. Using palpatory skills to detect subtle biological movements, and fascial and soft-tissue release techniques in a 10-Step Protocol, participants learn to evaluate and work with the entire body.

Coursework continues with:

- CranioSacral Therapy I
- CranioSacral Therapy II
- Applying Acupuncture Principles to CranioSacral Therapy
- Clinical Application of CranioSacral Therapy
- CranioSacral Dissection
- Therapeutic Imagery & Dialogue<sup>sm</sup> I
- SomatoEmotional Release<sup>®</sup> I
- Clinical Application of SomatoEmotional Release
- CranioSacral Therapy for Pediatrics<sup>sm</sup>
- SomatoEmotional Release<sup>®</sup> II
- CranioSacral Therapy and the Immune Response
- The Brain Speaks<sup>sm</sup>
- Advanced I CranioSacral Therapy
- Clinical Application of Advanced CranioSacral Therapy
- BioAquatic Explorations
- Advanced II CranioSacral Therapy
- Advanced Preceptorship
- Advanced II Preceptorship
- CranioSacral Techniques for Estheticians
- ShareCare<sup>®</sup>
- Equine CranioSacral Techniques I
- Clinical Application of CranioSacral and SomatoEmotional Release for Pediatrics
- Clinical Application of Advanced CranioSacral Therapy for Pediatrics
- CranioSacral Therapy Symposium

Symposiums led by Dr. Upledger and other prominent healthcare authorities provide a forum for participants to observe and discuss techniques and philosophies. Attendees gain increased knowledge and insight on how leading healthcare professionals integrate various modalities into their practices.

### **CranioSacral Therapy Certification**

The Upledger Institute offers certification in CranioSacral Therapy at two levels: a CST Techniques certification for those who have completed CSII, and a more advanced Diplomate level for Advanced CST alumni. Examination for certification at each level is a multi-tasked project, including written, oral and hands-on testing.

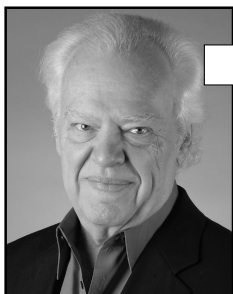
# Special Tuition Savings For

## Introduction to CranioSacral Therapy Alumni

Save up to \$125\* off your tuition to a CranioSacral Therapy I class when you register within 30 days of completing Introduction to CranioSacral Therapy.

Now that you've discovered the foundation of CranioSacral Therapy, we invite you to continue your education at The Upledger Institute, Inc.® — your source for education in complementary care.

- Recognized worldwide for groundbreaking continuing-education programs, clinical research and therapeutic services.
- Trained more than 80,000 therapists in gentle, effective methods of complementary care.
- Offers CEUs in nearly every state and for many different professions.
- Provides international networking opportunities.



- Presents full course curriculums designed by the modality developers:

✦ **John E. Upledger, DO, OMM** — CranioSacral Therapy

- ✦ **Suzanne Scurlock-Durana, CMT, CST-D** — Healing From the Core
- ✦ **Bruno Chikly, MD, DO (hon.)** — Lymph Drainage Therapy

## About CranioSacral Therapy I

As a natural progression from Introduction/Overview to CranioSacral Therapy, this introductory workshop teaches you the detailed anatomy and physiology of the cranosacral system and presents its relationship to health and disease.

You'll study the Pressurestat Model to better understand the cranosacral system as a working mechanism and learn subtle palpation skills and hands-on fascial-release techniques to improve your ability to treat individuals with histories of pain, illness and dysfunction.

By the end of the four-day course, you will be able to localize restrictions in the cranosacral system using a precise 10-Step Protocol providing therapeutic care for the entire body.

**Call 1-800-233-5880, priority code F07, today to learn more and receive your free course catalog, or visit us at [www.upledger.com](http://www.upledger.com).**

\* Discount is based on the tuition paid for the Introduction course. Applicable to CranioSacral Therapy I 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.

**Maximum Canadian discount is \$112.50 USD.**

