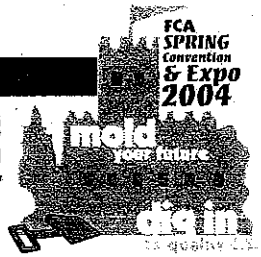
FEATURE

FCA Spring Convention Speaker



The soft tissue approach to scoliosis and craniosacral therapy

By Tad Wanveer, L.M.T., CST-D

Most scoliosis cases are classified as idiopathic, or "of unknown origin." In 80 to 85 percent of the cases the cause remains hidden, but craniosacral therapy may help unravel the mystery. Adverse strain patterns of body tissue and the craniosacral system may contribute to scoliosis. Craniosacral therapy can help identify and release these patterns.

Craniosacral therapy is a light-touch manual therapy that enhances the structure and mobility of the craniosacral system. The craniosacral system consists of the membrane layers and cerebrospinal fluid that surround and protect the brain and spinal cord. The outermost layer, the dura mater, forms a container for the other components, as well as the brain and spinal cord. Adverse strain upon the dura mater may compromise central nervous system tissue as well as surrounding structures, such as the bones of the cranium, face and spine, and the fascial and muscular systems.

The dura mater is a two-layer membrane. Within the cranium the outermost layer blends with the inner periosteum of the cranial bones. The dura mater membrane also forms a longitudinal tube called the dural tube. Within the spinal canal, the dural tube extends from the foramen magnum of the occiput to the coccyx. It supports and protects the other craniosacral system membrane layers, cerebrospinal fluid and the spinal cord. The dura mater also forms sleeves around nerve roots as they travel through the intervertebral foramina.

The dural tube has bony attachments at the entire circumference of the foramen magnum, at cervical segments C-2 and C-3, and at the second sacral segment. It blends with the other membrane layers to exit the sacrum and becomes the periosteum of the coccyx. The nerve root sleeves blend with the prevertebral fascia to form a seal between the body fascia and the craniosacral system elements. This also forms areas of interconnection between the body's fascial system and the dural tube. Adverse strain patterns in the body may affect the dural tube, and adverse restrictive patterns of the dural tube may adversely affect the body.

Restrictive patterns of the fascial system or other body systems outside the craniosacral system may adversely affect the dural tube and the intracranial membrane system. This may create distortions in the structure of the craniosacral system, causing restrictive patterns of the membrane system within the cranium and dural tube.

Compensation of the bony structure of the spine may occur in response to adverse strains placed upon it by the dural tube and nerve root sleeves. The prevertebral fascia may also organize itself in relationship to strain patterns imposed upon it by the dural tube via the dura mater nerve root sleeve attachments. This may cause the formation of scoliosis and other types of structural compromise.

Adverse strain patterns of the dural tube and intracranial membrane may also be caused by restrictive patterns within the craniosacral system not caused by extradural restrictions. These may form due to numerous sources: accidents, head trauma, scar tissue, birth trauma, a hurried birth process, fetal positioning, and other causes even as early as the third week of embryonic development.

I recently worked with a young woman with "S" curve scoliosis of idiopathic nature.

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The craniosacral therapy assessment showed adverse restrictive patterns of her dural tube that caused torsion throughout her entire dural tube and compression in L-1 through S-2.

When she was young she had fallen on a sharp object. Sutures were required to close the wound. A small scar formed, creating an imbalance and strain in the fascia of the lumbosacral region. This traveled into the dural tube via the spinal nerve root dural sleeve fascial connections.

It took a number of craniosacral therapy sessions to free the scar tissue and decrease the fascial restrictions, yet the adverse strain patterns of her dural tube and spinal column remained. The dural membrane, as well as its surrounding fascia, had conformed to the strain from the scar tissue. The spinal column torsioned in response to the fascial and membrane strain. Even though the muscular and fascial adverse strain patterns of the lumbar region had been resolved to a high degree, the scoliosis remained due to the continued compromised pattern of the dural tube. It took numerous sessions to facilitate the release of the dural membrane adverse strain patterns. As this occurred, her spinal column self-corrected and her scoliosis diminished greatly.

The compensatory patterning of the fascia and bony structure may be a way for the body to decrease the adverse affects of the dural tube strain. For example, if the spine does not accommodate the pattern of the dural tube, then adverse forces upon the spinal nerves may occur. This can lead to severe dysfunction and pain.

Perhaps the shaping of the spine in scoliosis occurs as a way to minimize the adverse effects that may occur to the spinal nerve tissue if it is compromised within the spinal canal. This may be one of infinite possibilities. We are each individuals with unique pathways leading to structural imbalance and dysfunction, as well as self-correction. Craniosacral therapy gently assesses and treats us in that light—as unique individuals with distinctive body structure and functional patterns possessing individual pathways of self-correction.

Craniosacral therapy practitioners use light-touch palpation techniques to efficiently identify and facilitate the release of adverse restrictive strain patterns within the body tissue. The techniques used are gentle, safe and highly effective.

The spinal cord is an intricate, delicate assemblage of central nervous system tissue organized in longitudinal tubes and transverse tubes in the nerve root areas. The innermost membrane tube, the pia mater, surrounds the spinal cord tissue. Outside of that delicate tube is another membrane tube, the arachnoid membrane. Since most of the cerebrospinal fluid is found between the pia mater and the arachnoid membrane, this can be considered a fluid tube.

The dura mater membrane tube surrounds the others: the spinal cord tubes as well as the fluid tube. There is some cerebrospinal fluid between the dural and arachnoid membranes, creating another fluid tube. The dural tube is surrounded by a tube of fascia organized in transverse rings, which support the tube so it does not bulge out into the surrounding space.

There is a space between the fascial covering of the dura mater and the bony inner surface of the spinal canal: the epidural space. This space normally has adipose tissue within it that helps cushion and support the dural tube and delicate spinal nerve tissue. This is all contained within a bony tube—the spinal canal—that is within the spinal column.

The spinal column is within a tube of fascia; the prevertebral fascia immediately surrounding the spinal column is interconnected with the intricate multilayered surrounding fascia. All the tubes within tubes are highly interrelated among themselves as well as with the entire craniosacral system, related bony structures and the body as a whole. Adverse strain patterns of the body may affect any tubular layer, which may also adversely affect other layers. This may be expressed in the body tissue as scoliosis or other forms of structural and functional change.

Craniosacral therapy practitioners use light-touch palpation techniques to efficiently identify and facilitate the release of adverse restrictive strain patterns within the body tissue. The techniques used are gentle, safe and highly effective. The natural self-corrective mechanisms are enhanced as the body is aided in its process of releasing restrictions. Adverse strain patterns upon the spinal column are decreased and scoliosis decreases in response.

The structural interconnections and interactions of the body can be mystifying at times. Craniosacral therapy can identify key areas of restriction that contribute to scoliosis, and facilitate the body's ability to release them. **FCA**

Tad Wanveer, L.M.T., CST-D, is a certified craniosacral therapy instructor and staff clinician with The Upledger Institute in Palm Beach Gardens, Florida. He will lead a six-hour hands-on presentation on the use of craniosacral therapy for scoliosis at the Florida Chiropractice Association Spring Convention & Expo 2004 in St. Augustine at 9 a.m. on April 16.