Coaching Children in Developmental Progress

Upledger CranioSacral Therapy offers a base of knowledge and clinical practice to help infants and children at their primary levels of impairment.

By Liza Katz, MSPT

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functional demands, using devices such as standing frames and posterior walkers. In some cases, parents resort to medical interventions such as rhizotomies and tenotomies to help their children keep up in school or for ease of care.

CranioSacral Therapy seeks to influence children at the most basic level, before impairment and disability are factors.

STARTING AT THE SOURCE

This therapeutic method involves a light, hands-on touch that focuses on bringing the craniosacral system into balance by facilitating the flow of cerebrospinal fluid. The craniosacral system includes the membranes (dura) in the skull and spinal column, the bones to which the membranes attach, as well as the tissues that produce and absorb the cerebrospinal fluid. The membranes are evaluated and mobilized by light touch on the bones of the skull, face, and mouth, down to the sacrum along the fourth lumbar, which encloses the spinal cord and nerve roots.

Since this system influences the development and function of the brain and spinal cord, and is balanced in the thoracic and cranial regions, it can influence all systems affected by the central nervous system, including the musculoskeletal, respiratory, gastrointestinal, and immune systems.

CranioSacral Therapy stimulates the parasympathetic nervous system, making it highly effective in inducing the components of the autonomic nervous system.

Practically, upon the craniosacral level, the effects of gravity are reduced, thereby improving the ability to work with reduced body mass and reduced gravity.

Fourteen-month-old Amy came to The Intensive Therapy Program at the Uplifted Institute for Health Care Clinical Services in Miami Beach during the fall of September 1997, five months after a fall that resulted in multiple fractures of the right and left legs, facial fractures, and right occipital lobe. She was unable to chew, swallow or vocalize, was on anti-seizure medications, and presented with left side atrophy, movement and inability to hold her head in extension.

With Amy supine upon the treatment table, evaluation by non-intrusive, palpation...