French Experts Demonstrate Their Work at Symposiums

The subtleties of the viscera, lymphatic and fascial systems were revealed by three renowned French clinicians during their July symposiums in Palm Beach.

Osteopaths Jean-Pierre Barral and Paul Chauffour joined physician Bruno Chikly in presenting their therapeutic styles to clinicians and students of their work.

In his demonstrations of Visceral Manipulation (VM), Barral, developer of the modality, displayed his assessment skills by working with six patients.

In one of the more involved cases, Barral assessed a 50-year-old woman and found his focus drawn to her liver, left kidney, pancreas and spleen. He described her injuries as having a physical rather than emotional source, and occurring suddenly.

The patient then explained that she’d been involved in an auto accident two years before. The air bag struck her in the face and chest, fracturing her jaw and bruising her torso.

She had surgery to repair her jaw, but experienced headaches so severe she “couldn’t add two plus two.” The woman had been receiving chiropractic care and, last November, began seeing VM practitioner Dee Ahern, PT.

Using his trademark local listening techniques, Barral determined that the patient’s organs were absolutely fixed and described a whiplash effect to the left side of the body. He was focused on the mid-section, the same area of the body that Ahern had addressed along with the hard and soft frame of the thorax.

Barral first worked to release the rib cage. Next he chose to release restrictions in the spleen and left kidney, which resulted in freeing the 10th rib. He also released the dural tube.

The session concluded with Barral reminding the audience to listen to the tissues of the body to determine what areas to address. “On your first contact with the person,” he advised, “just ask the tissues to tell you their story.”

Continued on page 13
Instructors Share Ideas at Successful Visceral Manipulation Meeting

The future of the Upledger Institute’s Visceral Manipulation curriculum is growing even brighter, thanks to the issues discussed at an enthusiastic gathering of instructors in Palm Beach in July.

VM developer Jean-Pierre Barral, RPT, DO, and program director Frank Lowen, MT, convened with nearly a dozen others to discuss opportunities and share new techniques. Participants included instructors as well as key representatives from The Upledger Institute.

Among the many topics…

• Course representatives were appointed to assist program director Frank Lowen: Dee Ahern, PT, for VMIA, Jay Kain, PhD, PT, ATC, for VMIB and PIVM, and Gail Wetzler, RPT, for VMII. They will each be responsible for making sure the information presented in their classes is consistent and true to the vision of Jean-Pierre Barral. This dedication to quality will help ensure the best possible learning experience.

• The teaching-assistant program was reintroduced as a tool for alumni to hone their VM skills. Anyone interested in becoming a certified TA is invited to call Theresa Piekarski at (561) 622-4334.

• Sharon Weiselfish-Giammatteo, PhD, PT, was gratefully acknowledged for her contributions as an instructor for the VM curriculum. Though she will not continue in that role, she was wished the best of luck in all her endeavors.

• VM will enjoy increased exposure through UI and IAHP newsletters, with spotlights on instructors, techniques and patient profiles. Alumni are encouraged to assist by submitting articles, case histories or personal experiences with VM to: The Upledger Institute, Inc., 11211 Prosperity Farms Rd., D-325, Palm Beach Gardens, FL 33410-3487; Attn: Sharon Desjarlais, Newsletter Editor.

Visceral Manipulation Instructor Brings a Keen Appreciation of Anatomy

Each year Jean-Pierre Barral visits America, Dee Ahern, PT, asks him what he’d most like students to understand in Visceral Manipulation. “Undeniably and consistently, he tells me he’d like them to know their anatomy,” Ahern says. “From this framework springs forth the creativity of the art, but the foundation is essential.”

Ahern, a VM instructor, is well-qualified to bring her understanding of body structure to her students. She honed her own knowledge through years of experience in manual medicine. By the time she began studying with Barral in 1987, her work and education encompassed settings in acute, chronic and geriatric care, private practice, private clinics, hospitals and outpatient facilities. She also conducted research projects in Denmark and England, and worked with a team of 44 physicians in Colorado to develop standards of peer review.

Yet despite the many routes she’s explored, she still comes back to the basics. “I believe it’s difficult to get good results from VM without knowing your anatomy,” Ahern says. “Because of the viscera’s association with the fascial system, it allows us to access other areas of the body. But it requires a clear-cut understanding of body structure to attain that level of proficiency.”

While Ahern agrees that many therapists come to the VM courses with a strong background in anatomy, she believes others see the value of building that foundation once they experience the work.

“Visceral Manipulation is another avenue of accessing and moving information through the body based upon the intelligence the tissues give us,” Ahern says. “With a strong perspective of structure, there’s always something new to discover.”

New Whiplash Course Begins in 1998

Jean-Pierre Barral, RPT, DO, is continuing to strengthen the practical applications of Visceral Manipulation with the addition of a new course in 1998: Visceral Approach to Trauma and Whiplash.

Experts say whiplash injuries affect over a million Americans each year, with 25-40% of those people displaying chronic symptoms. The new three-day course will focus on the impact to the visceral system, an area often unaddressed by healthcare providers. It will cover three primary areas: the physical laws of trauma, diagnosis and treatment.

Advanced Visceral Manipulation is a prerequisite to this class, which will also feature a new book from Jean-Pierre Barral: Osteopathic Approach to Trauma; Focus on Whiplash (English version scheduled for a 1998 release).

Barral and co-teacher Alain Croibier, DO, currently plan to teach Whiplash classes in New Orleans and Palm Beach in the summer of 1998. To register or for more information, please call 1-800-311-9204, ext. 8910.

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An Eclectic and Integrative Approach to Treatment

All too often we become “specialized” to the exclusion of doing things we may not consider our favorite way or the easiest route. The following case illustrates how we can get better results if we continually scan the available approaches and techniques, and choose those that seem appropriate at any given time during the therapeutic process.

Various modalities can and should be integrated and used concurrently. In patient care and facilitation, there’s no room for devotion to a single given approach — and there should be no boundaries between disciplines.

The patient is a 45-year-old woman with one child. She had four D & Cs prior to the delivery of her child, and a tubal ligation shortly afterward. Aside from her chief complaint and the usual childhood diseases, there was no other significant medical or surgical history. She did have orthodontia work during preadolescence, to which she related some of her problems.

Her chief complaint, which began at about age 10, included post-prandial abdominal bloating and pain. The bloating was generalized and the pain was localized in the epigastrium and upper right abdominal quadrant.

She’d also suffered frequent bouts of constipation that she became aware of in her early teens. During those times she bore significant pain in the ileocecal region, the low back and through the length of the entire large bowel.

More recently, she had whole back and neck pain, as well as difficulty with mentation and focus. She had lost some auditory acuity and had almost constant tinnitus. Episodes of nearly debilitating fatigue had presented with growing frequency.

Previous treatment regimes had produced varying degrees of short-lived relief, but none had offered complete remission of symptoms, even temporarily. Her treatment programs included conventional medicine, chiropractic, therapeutic yoga, colonic irrigation, nutritional therapy, elimination diets, herbal therapy, massage, and the use of a mechanical vibrator.

My evaluation revealed: a rather low-amplitude craniosacral rhythm; conduction of dural tube motion was partially impaired from the upper thorax through the sacrum with focuses of restriction at T2-3-4, T11-12, L1-2 and L4-5-S1; restriction of both temporal bones; a very tight intracranial membrane system in all directions; hard palate locked in internal rotation; frontal bone compression; occipital cranial base compression with atlanto-condylar compression; multiple tooth dysfunctions; spinal motion restrictions at the atlanto-occipital region, C1, C2, T3, T4, T11, T12, L1, L4, L5, S1 and left sacroiliac; generalized restriction of the thoracic cage; restriction of the respiratory diaphragm and the pelvic diaphragms; internal rotation of the left ilium; marked abdominal tenderness in the areas of the pylorus of the stomach, bile ducts, duodenum, ileocecal region and the entire length of the colon; marked tenderness in the area of the solar plexus and deep to the umbilicus.

In addition, acupuncture pulses revealed weakness in the kidneys; marked hardness/firmness of the small intestine and stomach; the triple warmer pulses seemed absent; and the pericardium was hard and brittle.

Treatment involved a combination of therapies: CranioSacral Therapy coupled with acupuncture to regain energy flow and release the obvious restrictions, Visceral Manipulation to release abdominal tension patterns from the internal organs, and spinal manipulation combined with myofascial release, costal manipulation and pelvic balancing to correct the peripheral structural problems.

Concurrently, the dural tube was repeatedly mobilized to encourage the defacilitation of hypersensitive spinal cord segments as the input sources were released. Mouth and tooth work were also done. (Dental trauma was found to be a major contributing factor.) And SomatoEmotional Release revealed some issues with the patient’s father involving the lack of self-esteem development when she was a child.

Approximately 20 sessions have been completed thus far. The problems keep dropping away as her body accepts the work and trusts that whatever is needed will be provided.

Presently, almost all symptoms are gone and have been for several months. There is still a little bit of food intolerance, but in general the combination of all of these treatment modalities has helped this patient accomplish body-mind integration, and successfully assist in her self-healing.

Dr. Upledger to Speak at 10th Annual Omega Conference

Dr. John Upledger will join some of the healthcare industry’s most notable leaders as a keynote speaker at the 10th annual conference held by the Omega Institute for Holistic Studies.

The 1998 theme — Healing the Whole Self — is designed to help people learn to care for their bodies, minds, hearts and spirits to achieve greater vitality, wisdom, happiness and inner peace.

The conference will be held April 17-19, 1998, at the Marriott Marquis in New York City. For more information, please call The Omega Institute at (914) 266-4444.
The Political Corner

Your Efforts Make a Difference

New CEU Approvals by Professional State Boards —

**Alabama**
Physical Therapists can now earn CEUs for:
• CranioSacral Therapy for Pediatrics

**California**
Acupuncturists can now earn CEUs for nearly every course offered by The Upledger Institute or the International Alliance of Healthcare Educators.

**Florida**
Physical Therapists can now earn CEUs for:
• CranioSacral Therapy for Pediatrics
• Visceral Listening Techniques

Massage Therapists can now earn CEUs for:
• CranioSacral Therapy for Pediatrics
• The Brain Speaks
• Visceral Listening Techniques
• Lymph Drainage Therapy II
• Bandages, Garments and Other Tools for Compression Therapy

**Georgia**
Physical Therapists can now earn CEUs for:
• CranioSacral Therapy I

**Ohio**
Physical Therapists can now earn CEUs for:
• CranioSacral Therapy I and II
• Lymph Drainage Therapy I and II
• Visceral Manipulation IA and IB

**Oregon**
Doctors of Chiropractic can now earn CEUs for nearly every course offered by The Upledger Institute or the International Alliance of Healthcare Educators.

If you have any questions about other courses approved for CEUs, please call Arlene Churnin at (561) 622-4334.

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Advanced CranioSacral Therapy
Washington, DC - May 12-16, 1997

Back row (left to right): Hank Meldrum, PT, OMT (instructor); Scott Foster, MT. Middle row: Linda Diane Hanson, PT; Suzanne Bovenizer, MT; Holly Berkley, PT; Lisa Granered, CMT; Tom Nichols, PT. Front row: Susan Wing-Stier, MT, ND; Myrna Schulzbank, MA, CCC, SLP; Katy O’Gee; Zora Natanblut, PhD, PT (assistant); Diana Young (assistant); Lisa Penta, MT.

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**Acupuncture Must Be Covered by Insurance**

Dear Friends,

Your help is urgently needed! BILL HR 1058, known as the FEDERAL ACUPUNCTURE COVERAGE ACT OF 1997, is before Congress.

Introduced by Congressman Hinchy (NY), this bill will provide Medicare coverage for millions of patients in exchange for qualified acupuncture services. If passed, this bill would also provide coverage under the Federal Employees Health Benefits Program nationwide.

Now we need people from all over the country to make their voices heard. Please write a letter to your Congressmen/Congresswomen and Senators. Urge them to VOTE IN FAVOR OF BILL HR 1058.

The following letter excerpt is from Sister Jean Michalec, who has been relieved of severe pain through her experience with acupuncture:

“I, too, have experienced rapid and effective relief from severe pain through acupuncture...at my own expense. As a result, the proposed bill encourages me to continue to use acupuncture, as time goes on, rather than less effective but more costly medical treatments. It has worked for me. There is no greater advertisement.”

If you choose to write, please keep in mind...

1. Acupuncture is a natural treatment with no health risks.
2. It protects health and cures illnesses.
3. It relieves pain.
4. It has great advantages and effectiveness.
5. It has no side effects.
6. It costs less than traditional medicine.

Thank you for sharing in this vital endeavor.

Gratefully yours,

Sr. Catherine Mary Lee, MM, LAc, LMT
Dear IAHP:

I recently had an experience that might be of interest to other IAHP members.

A friend of mine hit a cat with her car, injuring it rather badly. The cat was not wearing a collar so she brought it home and had a vet come look at it. A couple days later she asked me if I might be of some help.

When I first saw the cat, he was dragging his right leg and only able to walk with great difficulty. He was obviously in a great deal of pain, had not been eating much, and showed signs of listlessness that I took to be depression.

I don’t have much knowledge of feline anatomy, so I tried to visualize the cat’s structure as best I could. I treated him using a combination of CranioSacral Therapy, Visceral Manipulation and Mechanical Link.

Local listening revealed a fractured right ilium, as well as a possible fracture of the sacrum itself. The femur had been jammed into the hip socket, the right knee was sprained, and there was considerable bruising of the bladder and other organs in the pelvic floor. There was also a large energy cyst in the right hip.

After I released the energy cyst, the compression in the hip socket, the right knee and around the bladder, and checked the other organs to make sure they were not involved, the cat was immediately able to walk on all four feet, and did not appear to be in nearly as much pain.

I spent some time at the end of the treatment dialoguing with the cat via the cranial rhythm, trying to discover if there were any other injuries, and to get an idea of how long it would take for the fractured ilium to heal. I made sure the cat understood that he might have a reaction to my treatment and, if he felt more pain in the next day or so, not to worry.

When I asked the cat via the cranial rhythm if he lived in a house near the accident site, the rhythm stopped. After a series of questions, I determined that he lived in the seventh house on the left of one of the streets off the road where the accident occurred.

I communicated all this to my friend, adding that I had no idea if it was correct or not. She decided to go knock on several doors, and on the second street she found the cat’s owner — in the seventh house on the left! The owners were very surprised when my friend told them how she found them.

I’m sometimes skeptical of the answers I get from dialoguing with the cranial rhythm. It’s been most useful to me as a diagnostic tool. I often simply ask the rhythm where the dominant lesion is and begin my treatment there.

There have been times, however, when the answers I get have proven wrong. I believe there are two possible reasons for this. Either I’m not being sufficiently neutral within myself, in which case the answer I get comes from me, or I’m not dialoguing with the client’s Inner Physician but with some other complex within their psyche that has a different agenda and belief system. In this case the answer reflects reality as perceived by this complex.

Sometimes, however, it really works well, as it obviously did in this case. I’m curious if any other practitioners have had similar experiences treating or dialoguing with animals.

Sincerely,

Tim Hutton, PhD, LMP

Before using any type of manual therapy on animals, please check with your professional state board to ensure that such care falls within the scope of your healthcare license or certificate.

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Forming a Multihands Group

by Kersten Tanner, CMT

In the autumn of 1995, four of us in the San Francisco Bay Area got together to do multihands round-robin CranioSacral Therapy sessions. Our vision was to find professional peers to consult with, get continuing experience in multihands work, and receive the kind of work we’d expect at Advanced CST.

We have not been disappointed. In fact, this group has grown in importance for all of us.

That first year we met every other month, working three on one from mid-morning until late evening. Morning meetings and long lunches let us catch up on personal and professional news.

We got to know each other well…our health concerns, personal issues, professional strengths, working styles. Now we meet twice a month, alternately working on each other and clients.

During sessions we exchange leadership and dialoguing roles spontaneously. Drawing on each other’s talents, we often rearrange or request certain roles. And when one of us has completed a technique, she simply asks if her hands are needed elsewhere.

The unspoken trust and congruence is inspiring. And our clients’ feedback has been very positive. People come mainly from our private practices to hour-plus multihands sessions that cost $200. We have a one-third return rate and a waiting list.

If it sounds like I’m bragging, you’re right. I hope more practitioners will discover the joys of multihands groups like ours. There are so many personal and professional benefits. If I could wrap it up as a present, I would.

(Left to right) Aria Rose, MA, CMT; Nancy Burke, CMT; Dusa Althea Rammessirsing, CMT, and Kersten Tanner, CMT
Golden Ratio Woodworks Announces New Table Designed for CranioSacral Therapy

Over the past 16 years, Golden Ratio has become a signature name in the design of fine manual-therapy tables. Now for the first time, the company has introduced a table structurally styled for the particular needs of the CranioSacral Therapy practitioner.

Called the Maxim Light, it allows you to sit comfortably at the head or side of a client without bumping into the usual cables, according to John Fanuzzi, president of Golden Ratio Woodworks.

“By eliminating the structural weaknesses we found in other portables,” Fanuzzi says, “we’ve also created what we believe is the strongest and quietest quick-open table on the market.” That improvement, the CenterLock™ system, lends this table the airweight flexibility of the ballistic frame and a five-year guarantee.

To find out more about the Maxim Light, which currently retails for $449, call 1-800-311-9204, ext. 8910.

Transitions…

- Visceral Manipulation program director Frank Lowen, MT, married Laurie Levine, OT, MT, in Albuquerque, NM, on July 9, 1997.

- CranioSacral Therapy certified teaching assistant and Diplomate candidate Marcia Kaveney and her husband Dan welcomed Anna Reese Kaveney into the world on March 20, 1997, in Bozeman, MT.

- CranioSacral Therapy I and II instructor Signy Erickson, DC, married Bill Cummins in Sisters, Oregon, on July 18, 1997.

- Sarah Forsyth, OT, a pediatrics specialist in Ontario, Canada, recently lost her battle with breast cancer. If you’d like to contribute to a fund to help support her two children, please contact the Peel Infant Development Program, 6660 Kennedy Rd., #200, Mississauga, ON.

- Now Certified in Upledger CranioSacral Therapy!

  Diplomate Level:
  Kenneth Frey, PT
  Charles Gilliam, LMT
  Alice Quaid, PT

  Techniques Level:
  Lori Lossman, CMT
  Lynn Cunningham
  Stuart Titus, Rolfer
  Francine Hammond, LPN, LMT
  Chris Adams, MT

Trigger Point Conference Scheduled for 1998

Plans are slated for a national Trigger Point Conference to be held in San Francisco in the fall of 1998.

It’s sponsored by the Journal of Bodywork and Movement Therapies (JBMT) and The International Alliance of Healthcare Educators (IAHE).

Organized by Judith (Walker) DeLany, LMT, and Leon Chaitow, ND, DO, the conference will present authoritative speakers and panel discussions exploring the use of soft-tissue therapy to treat trigger points.

DeLany is founder and director of the International Academy of NeuroMuscular Therapies. Dr. Chaitow is editor of JBMT and author of more than 60 books, including Modern Neuromuscular Techniques.

Look for details in upcoming newsletters, or call 1-800-311-9204, ext. 8910.

Presidents’ Physician and Pioneer of Trigger Point Therapy Dies at 95

Dr. Janet Travell, a leading proponent of Trigger Point Therapy, died of congestive heart failure on Aug. 1, 1997, at her home in Northampton, Mass.

Though widely credited for her innovative work on trigger points, Dr. Travell is perhaps best known for being John F. Kennedy’s physician when he was a senator and president. She later remained at the White House through the Johnson administration.

We salute the immeasurable contributions of Dr. Janet Travell. The field of natural healthcare has lost one of its most distinct voices.
You May Fare Better With Travel Concierge, Inc.

When Catherine Dinon, CMT, called Travel Concierge to book a flight to San Diego for Beyond The Dura ’97, she received not one follow-up phone call — but four. Each one was to advise her that air fares had dropped again.

You might not get that level of service from other travel agencies who tend to drop out of sight once a ticket is issued. “Every morning we go through our entire list of tickets to see whether prices have come down,” says Paula Falconio, manager of Travel Concierge. When an agent finds a price break, she’s usually able to offer the customer a credit toward a future flight on that same airline.

For students attending UI and IAHE seminars, the benefits get even better. “We’re a full-service agency, so we get paid by the airlines, not the ticket buyers,” reminds Falconio. “Plus, if a class should change dates or locations, we’re on top of the situation to advise students early and help them change travel plans.”

Catherine appreciates that sense of security — and the savings. She’s already redeemed one airline credit, and hopes to earn another by the time she gets to San Diego.

Travel Concierge is a full-service agency located in Palm Beach Gardens, Fla. They can be reached at 1-800-881-0776, ext. 8910.

Dear Paula,

Thanks so much for your expert advice, your delightful personality, and your promptness and attention to detail in dealing with my matters of concern.

Catherine Dinon, CMT
West Roxbury, MA

Travel Industry Cautions:
Book Hotel Rooms Early

The nation’s strong economy has led to tighter hotel bookings, according to Paula Falconio, manager of Travel Concierge. “It’s more important than ever for anyone traveling to classes to book their rooms early,” Falconio advises. “Hotels have become big business again. In the past, people would register for classes and then call the hotel the night before and there’d be room for them. Now they’re having trouble booking even weeks in advance.”

Falconio urges anyone who needs a hotel room to call Travel Concierge right away at 1-800-881-0776. “We can help make plans and avoid some of the last-minute hassles,” she adds. “And since we’re a classic travel agency, the service is free.”

Advanced CranioSacral Therapy
Boston, MA - April 21-25, 1997

Back row (left to right): Michele Petherick, PT; Roy Desjarlais, LMT (instructor); Francene Popiel, LMT; Don Ash, PT (assistant). Middle row: Donna O’Connell, R.N.; Judith Kimball, PhD; Maria Santos, MSC (assistant); Peter Cooper, PT; Susan Cotta, PT; Phyllis Hjorth, LMT. Bottom row: Irene Young, CMT; Nadia Felix, PT; Richard Earle, MT.

UI HealthPlex
Upcoming Intensive Programs

The Upledger Institute, Inc., HealthPlex Clinical Services has scheduled the following Intensive Programs from November 1997 through April 1998:

Brain and Spinal Cord Dysfunction: Improving Structure and Function

Pain: A Search for the Source
Dec. 1-5

Therapist Rejuvenation: Replenishment and Renewal
Nov. 3-7, Feb. 2-6

Learning-Disabled Children: Facilitating Success
Apr. 6-10
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<td>Practical Integration of Visceral Manipulation™</td>
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<td>Palm Beach, FL - April 30-May 3, 1998</td>
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<td>Philadelphia, PA - Dec. 5-8, 1997</td>
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<td>San Francisco, CA - Aug. 29-Sept. 1, 1998</td>
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<td>Lymph Drainage Therapy™ III</td>
<td>Hartford, CT - June 11-14, 1998</td>
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<td>Palm Beach, FL - Feb. 12-15, 1998</td>
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rare pulmonary disease, Claire Sylvia underwent a heart and lung transplant. Her chest was opened, her diseased organs cut out, and in their place were grafted the heart and lungs of an 18-year-old man who had just died in a motorcycle accident. When she survived the surgery, Sylvia was sure her great adventure was finally over. In fact, it was just beginning.

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“Post-Traumatic Stress Disorder”
by Alice Quaid, PT, PT e³ OT Today, January 20, 1997
For Vietnam veterans and others who suffer from Post-Traumatic Stress Disorder, a body-mind approach is often key to restoring function and a sense of well-being. Alice Quaid, PT, a clinician at UI HealthPlex Clinical Services, was a therapist in the clinic’s Vietnam veterans pilot PTSD program. In this article she recounts the effects of the program, and how CranioSacral Therapy and SomatoEmotional Release provided relief for many symptoms associated with PTSD. (#9701A) Copying charge: 60¢ + s&h

“Healing Mind and Body via the Spirit”
by Lee Nugan, MA, PT e³ OT Today, March 31, 1997
It’s not uncommon for spiritual issues to arise for patients during physical or occupational therapy. Indeed, the spiritual aspects of injuries or health problem are often impossible to separate from physical or emotional aspects. Lee Nugan, MA, staff psychotherapist at UI HealthPlex Clinical Services and instructor of the Spirituality and Healing workshop, discusses how forgiving oneself and others can profoundly affect recovery. (#9703A) Copying charge: 60¢ + s&h

“Dolphin-Assisted Therapy Opens New Vistas in CranioSacral Therapy”
by Russell A. Bourne, Jr., PhD, and Ray Mercurio, LMT, Massage & Bodywork, Winter 1997
A pilot program sponsored by The Upledger Foundation began as an investigative study to determine whether dolphins can contribute to the therapeutic effects of CranioSacral Therapy. Twenty-two clients spent two half-days at a dolphin facility receiving CST dockside and in the water with the dolphins. The fascinating results may lend new insight into the future of human-dolphin relations. (#9701B) Copying charge: 60¢ + s&h

“New Concepts in Alternative Therapies: Treatment of TMJ Disorders Leads to Trauma Release Therapy (TMT)”
by Karl Nishimura, DDS, MS, Alternative Therapies in Clinical Practice, March/April 1997
Explore the history of Trauma Release Therapy in relation to TMJ disorders. To accommodate long-lasting change, Dr. Nishimura claims one of two methods must be used: (1) Posterior temporal exercises to restore functional muscular balances, or (2) Therapy to remove the traumatic experiences that originally led to the problem. This new paradigm in TMJ thinking represents the backdrop against which Dr. Nishimura developed Trauma Release Therapy. (#9703) Copying charge: 60¢ + s&h

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Bruno Chikly’s symposium on Lymph Drainage Therapy (LDT), a method he developed, began with the history of lymphatic studies. He discussed the traditions of lymphatic drainage from the published writings of Canadian osteopath Frederic Millard in 1922, and European Emil Vodder in 1936.

Dr. Chikly’s first demonstration was on an 88-year-old woman whose vision had been compromised by a clogged vein in her eye. His assessment found almost no lymphatic circulation in the area around the eye. By using precise techniques for the lymphatics, he said there was a chance to help release the venous flow as well.

Gently working directly on the liquid of the eyes, he encouraged the lymphatic flow to the parotids, the area of the neck where the most lymph nodes are located, and the axillary nodes.

He described how the practitioner can palpate the lymphatic flow in much the same way one assesses the craniosacral rhythm. “Just help the flow and let the body do the rest,” he said.

At the conclusion of the session, the patient reported more clarity in her vision. Dr. Chikly said there could even be additional improvement as the lymphatic system continued to drain.

He then introduced Renée Romero, RN, BSN, MS, LMT, director of the Lymphedema Institute of America, Inc., in Miami, and his teaching partner in a new workshop, Bandages, Garments and Other Tools for Compression Therapy, scheduled to debut in December.

Dr. Chikly also demonstrated how LDT can be applied to non-malignant breast lumps. Working with two subjects, he encouraged the lymphatic flow to decrease pain and the volume of the lumps.

From the lymphatic system to the interconnective fascial system, Paul Chauffour demonstrated the tenets of Mechanical Link, a modality he has developed over the past 20 years. In Mechanical Link, each body system is analyzed systematically to uncover lesions, an osteopathic term for a dysfunction or stress in the structure.

The dominant lesion in each system is tested against those of the other systems to determine the primary lesion. Once the dominant lesion is released, the remaining lesions will often release on their own. Those more resistant are then manually released systematically.

Chauffour’s first patient was a 1-year-old girl who suffered from the effects of birth trauma. Working quickly so as not to induce additional stress, Chauffour assessed her balance and then her spine. He found a spot of maximum resistance — a lesion — at T12. Next, he looked at the functional unity of her body and found a lesion at the 11th left rib.

As he continued his assessment, Chauffour found lesions at the 8th costal cartilage on the right and the right tibia. He then evaluated the visceral and cranial systems, which he assesses last in infants.

“Look at everything — organization, energy, emotion — and act on the specific points determined by the examination. What you are doing is putting all the systems into balance.” — Paul Chauffour, DO

By comparing the lesions to one another and testing for the greatest amount of tension, Chauffour determined the tibia to be the dominate lesion. He used a recoil technique — manually going through the motion barrier followed by a quick release — to abate the lesion. He then re-examined all the previous lesions.

When all the tensions had dissipated, the session was completed and he determined the patient displayed the potential to continue her progress.

“Our role is to supply the information and restart the system,” Chauffour said. Quoting osteopathy founder Andrew T. Still, DO, he added, “We find it, unleash it and let Nature do its work.”

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Alumni of the Upledger CranioSacral Therapy curriculum are invited to explore a new realm in healing.

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Visceral Manipulation Certification

Due to alumni demand, we’re exploring the benefits of creating a certification program for Visceral Manipulation.

As we’ve seen in our ongoing CST certification process, the results of such a unifying measure go a long way to protect the integrity of the therapy. And it helps ensure patients of the quality care they’re receiving.

Please let us know what you think by completing the survey below. In addition, feel free to give us your thoughts on how a two-day VM Review Class might help strengthen your studies.

Visceral Manipulation Certification

1. How could you or your practice benefit from a VM certification?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

2. What certification levels and requirements would you recommend?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

3. Are you interested in helping us create a VM certification program?
   ❑ Yes, I’m interested in helping you create certification exams.
   ❑ No thank you, but please keep me posted on your progress.

Visceral Manipulation Review Class

1. Would you be interested in attending a two-day VM Review Class conducted by certified teaching assistants?
   ❑ Yes         ❑ No
   ❑ Possibly, depending on the level.

2. After what level do you feel a review class would be most helpful?
   ❑ Visceral Manipulation IA
   ❑ Visceral Manipulation IB
   ❑ Visceral Listening Techniques
   ❑ Visceral Manipulation II
   ❑ Practical Integration of Visceral Manipulation
   ❑ Advanced Visceral Manipulation
   ❑ Advanced Visceral Manipulation II

Practice-Building Course for Bodyworkers

1. As a therapist, would you like to receive more training on how to build your practice?
   ❑ Yes         ❑ No

2. What areas do you need most help with?
   ❑ Marketing
   ❑ Billing and Accounting
   ❑ Scheduling
   ❑ Other

3. In which cities would you most like to attend a VM review class?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

4. Would a home-study seminar best suit you? On…
   Video ❑ Yes         ❑ No
   CD-ROM ❑ Yes         ❑ No
   Book   ❑ Yes         ❑ No
   Full-Day Seminar ❑ Yes         ❑ No
   Half-Day Seminar ❑ Yes         ❑ No

Advanced CranioSacral Therapy
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Advanced CranioSacral Therapy
Boulder, CO - June 9-13, 1997

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