Craniosacral Therapy & Concussions

It’s not easy to ask for—and receive—what’s needed to heal from brain trauma.

Hillary Tinapple  Follow
Feb 28 • 7 min read

It's fabulous, it's weird, it's hard to describe. This is the way I've noticed people talk about craniosacral therapy. Is it evidence-based precision or California woo? Spectators closely watch like a card trick. The gist of what we hear, over and over, is this: something in me is changed, and what that is I couldn't say.

After a violent ski accident, Mark Bertolini, the CEO of Aetna, was encouraged to try craniosacral therapy. Four appointments in and he was feeling better. Six months and he quit pain meds. Being candid about his personal journey served to amplify his message: an insider promoting radical change in healthcare.

As American football and medical research have converged, invisible injuries like concussion, traumatic brain injury, and post-traumatic stress are getting more media attention, yet continue to be minimized or overlooked when it comes to actual medical treatment. People show up to my office looking for a different approach.

Craniosacral therapy is a form of bodywork that aims to ease tension around the brain and spinal cord using noninvasive touch. A practitioner’s informed hands gently facilitate more mobility and more awareness in the structures surrounding the brain and spine. First-time clients often remark on a deep sense of peace.

I am not a doctor, Eastern or Western or any sort (I maintain a massage therapy license), but my professional lineage, and the physiological basis of what I do, comes from the practice of osteopathic medicine.
Form and Function of the Cranium

We all expand and contract by a few micrometers; a NASA research memo affirmed fluctuating cranial movement over two decades ago. Beginning with Dr. Viola Frymann in 1971, academics have been continually establishing the rhythmic motility of our craniums for the past half-century.

The jagged edges of skull bones are living tissue. Membrane lining adheres to the inside of bone. Like tectonic plates move to accommodate shifting pressures, the bones of the cranium move to the in-and-out flow of fluid. Cerebrospinal fluid is an essential element that feeds brain cells and buffers a head impact.

At 6 to 12 cycles per minute, craniosacral therapists palpate a reliable pulse and name it the craniosacral rhythm. Residue from a physical injury can embed in the body’s tissue and limit this movement. Conversely, the release of a residual pattern can also be felt as a change.

Like tectonic plates move to accommodate shifting pressures, the bones of the cranium move to the in-and-out flow of fluid.

Skilled practitioners are less applying force to the body and more allaying with self-correction. If the bones had been compressed, for example, we may assist a natural balancing out of the impacts absorbed in connective tissue — helping the body go in the direction it already wants to go. Over the years I’ve learned that the goal is to
allow space for the client’s process to unfold, and our clients are our best teachers.

**Experiencing sensations beyond words**

Emily* had two concussions, one shortly after the other, which can create severe effects on brain health. The diagnosis from her primary care doctor was post-concussion syndrome.

Basic treatment for post-concussion syndrome includes rest and limited screen time. Emily was unable to reduce her screen time very much. She stayed up late on email, then in the morning suffered headaches and nausea so bad she had trouble standing up in the shower.

Other symptoms included brain fog, depression, anxiety, back pain, and occasional sharp head pains. Craniosacral therapy had helped her over a period of several months. Emily tried yoga and neurofeedback therapy, too, but with unpredictable results. She’d have a setback, a kind of dark despair lasting days or weeks, preventing her from nearly all engagement with the outside world.

Emily would arrive at my office with sensory requests: “no talking” during her sessions, and on a few occasions, “no touching” near the sensitive spots on her head. I knew these signaled a key component in trauma recovery so I was responsive in modulating my presence.

After a few visits, Emily noted subtle changes in her body. She felt I was providing a fulcrum while she made changes happen in her own brain. “Fluids moving or muscles loosening,” she hypothesized. These new sensations took her by surprise.

“There’s no language for that. Nobody is talking about that and we should be.”

**What happens when we pay attention to our inner landscape**

Brittany was experiencing daily migraines after a concussion and she wanted to add craniosacral, plus acupuncture, to her neurology care. On her first visit, I sensed the most tissue disturbance was not at her head but at her hips. My hands supported her left hip for a few minutes and she recalled an old gymnastics injury. As she voiced memories, emotions, and realizations from an event that happened years ago, I noticed a pull of tension release at her pelvis, the base of her head, and in the upper chest region.

During her second visit, my hands gently connected with the side of her head, the site of her concussion injury where she was hit with a steel beam. Brittany followed her internal awareness and described the spontaneous image of a beehive. I felt a change in the quality of her
tissues, but it wasn't for me to interpret this buzzing sensation she spoke of—to her, it represented “the healing process humming along.” She left the session feeling more ease in her body and more comfort with the pace of her own healing.

Two weeks later, Brittany came in announcing fewer migraines. She seemed cheerful that now, six months after a devastating head injury left her unable to hold a job, she had found a glimmer of progress.

*She left the session feeling more ease in her body and more comfort with the pace of her own healing.*

**It doesn’t always feel safe to ask for help**

Lorna, another traumatic brain injury client, wore sunglasses and shuffled slowly with a cane on one arm and a friend on the other. She told me she was dealing with cognitive overload, light sensitivity, and a potential oncoming migraine. This was our first meeting, the lights had been dimmed, and after several minutes of craniosacral therapy, tears began to roll down her cheeks.

“That’s one of my entry points of trauma,” she whispered.

I quickly registered that there was, in the past, a breach of boundaries right here. I didn’t ask for clarification but I did acknowledge her words with a quiet “mm-hmm,” feeling present with Lorna, humbled by the great importance of what she and her body had disclosed.

And I waited. I’m here with you, I’m hearing you, was my wordless response. My hands stayed where they were: soft and open, meeting the tension at the base of Lorna’s head without adding pressure. Rather than expecting anything in the silence we shared, I trusted that Lorna’s body knew exactly what to do with the careful support I was offering. You could say we had reached a level of attunement, a harmonious connection that restores a felt sense of safety and healthy boundaries.

When a therapist can collaborate with a person on the conditions of safety, and that person can begin to allow themselves and their body to be supported, what seems like a small gesture might serve as a powerful remedy.

**Ongoing Inquiry**

Participants were evaluated three months after a 5-day concussion research study using craniosacral and allied body therapies—they had reduced their pain levels by half and gained an average of 2.5 hours of quality sleep.
One of the men taking part in the program, retired N.F.L. player Ricky Williams, said, “My mood, my emotions, and body had such a drastic change, it’s really hard to put into words. I can’t explain what they did or how they did it. All I know is, I’d do it again in a heartbeat.”

When we’re curious about how the individual holds the experience for themselves, neural networks respond. “Something” orients in a new way.

“The field,” as one client named it, and I recalled lines from the Sufi poet Rumi: “I'll meet you there / When the soul lies down in that grass / the world is too full to talk about.”

It doesn't always happen, and it doesn't always happen right away, but with the complexities of brain trauma, what's beyond words might be exactly what's needed.

*Names have been changed to protect client confidentiality.

This essay is not intended to serve as medical advice. If someone has experienced a concussion, it is important for them to receive medical attention right away.