

## Celebrity Golf Tournament Raises Critical Awareness

More than 100 golfers, including dozens of sports stars, teed off to support CranioSacral Therapy at the 2nd annual Upledger Foundation Nancy Schaffer Golf Classic. Held April 5th at PGA National Resort, the Golf Classic brought in local and national exposure to benefit the non-profit Foundation's research projects, community-outreach programs and patient scholarships.



Golf Classic Chairman Ed McCabe (right) is joined by Eric Laakso (left), formerly of the Miami Dolphins, and Dedrick Dodge, formerly of the Denver Broncos. Dozens of sports stars joined the Golf Classic to help raise funds for a good cause.

The annual event honors Nancy Schaffer, a longtime Upledger Foundation supporter who lost her battle with a rare blood disorder called myelofibrosis in 2001. During her illness she found relief from the painful effects of the disorder at UI HealthPlex Clinical Services in Palm Beach Gardens.

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## Beyond the Dura Conference Bridges Complementary and Mainstream Medicine

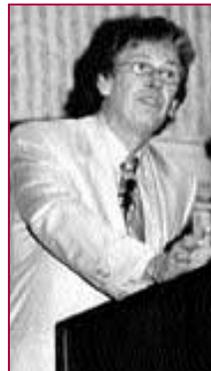
Building bridges — it's a common phrase among therapists hoping to bring complementary medicine into the mainstream arena. Yet at Beyond the Dura 2003, an international research conference recently held in South Florida, physicians and surgeons finally spoke out about how they are personally integrating innovative, holistic techniques into their practices.

For Beyond the Dura participants, the transformation was a welcome change. "Wow!" said Suzanne Aderholt, OT, CST. "Very moving. It's heartwarming to see complementary and allopathic medicine working together."

Sponsored by the nonprofit Upledger Foundation, Beyond the Dura drew healthcare practitioners from around the world to explore these and other trends in the field of complementary care. The response? "Life changing," said participant Heather Bougie, PT. "You know how to put together an extraordinary event combining research and fun," added Maria Scotchell, RMT.

### Dr. Ken Salyer Discusses Conjoined Egyptian Twins

One of this year's most sought-after speakers was Kenneth Salyer, MD, a surgeon internationally recognized as a leader in craniofacial surgery. In June 2002, the World Craniofacial Foundation, founded by Dr. Salyer, brought



Dr. Kenneth Salyer, internationally recognized craniofacial surgeon, shared his perspective on the unusual case of conjoined Egyptian twins. "It was great to finally see this bridge being formed between CST and mainstream medicine," said David Tomlinson, RMT, CST-D.

conjoined Egyptian twins Ahmed and Mohamed Ibrahim to the United States to explore the possibilities of separation and reconstructive surgery.

While conjoined twins occur in about 1 in 200,000 births, craniopagus twins (joined at the head) occur in only 1 in 2.5 million births. Tests have confirmed that Ahmed and Mohamed share about 10% of their brain tissue. Though they have largely separate brains, MRI and CT scans have revealed that many of their vascular structures are intertwined in a complex maze of vessels. It is this interdependence of drainage vessels that poses a unique challenge to surgeons.

In the months since the twins' arrival in the U.S., Dr. Salyer and teams of specialists, including Dr. John E. Upledger, have worked to prepare the boys for the delicate and dangerous procedure of separation surgery. [See "Conjoined Twins Prepare to Part Ways" on back cover.] At Beyond the Dura, Dr. Salyer shared his insider's perspective on the case, and how CranioSacral Therapy has contributed.

"He left me with a sense of awe as to what is being done in craniofacial surgeries," said Becky Avers, LMT, CST. "Inspiring and visionary," added another audience member.

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# The Visceral Manipulation Report

## Complex Case Benefits From Slow Approach

by Jeffrey Burch, CR, MS

Marcus\*, a 39-year-old Euro-American male, wanted to improve his odd body contours. He complained of scoliosis, a step deformity in his lumbar spine, and a general sense of looking “broken in two” at the waist. He said he had had these contours for as long as he could remember.

Marcus' health history was unremarkable, with no surgeries or serious injuries. Illnesses were limited to mild cases of ordinary childhood sicknesses and rare instances of cold or flu. He was under no medical treatment and was not aware of any undiagnosed conditions. Recreationally, Marcus was a body builder. He was interested in “filling in the hollow places with muscle” to make his body structure look more normal.

### The Assessment: Grade 5 Spondylolisthesis

Marcus presented with thoracic scoliosis, lack of thoracic A-P curve, lumbar hypolordosis, grade 5 spondylolisthesis at L5, posteriorly tilted pelvis, anterior sacral base, anatomically short right femur, inverted right foot with high fixed arch, and bilateral restricted ankle mobility. He was of very short stature, occupationally sedentary, and had a very low body fat count.

Marcus was able to get spinal X-rays to confirm visual and palpatory findings. We discussed the health risks associated with his structural issues and we set therapeutic goals: The first priority was to reduce any health risks, and the second was to improve his body cosmetically.

### The Prescription: A Gradual, Multifaceted Treatment Approach

An intentionally slow course of treatments was carried out over three years in widely spaced, short sessions. This was designed to improve alignment and mobility in small increments that his body could more easily adapt to. My main concern was to keep from

destabilizing the lumbosacral junction and thereby compromise the cauda equina.

My primary treatment methods were Visceral Manipulation, CranioSacral Therapy and related functional techniques. I also referred Marcus to a DC and a DO for a small number of high-velocity thoracic manipulations, internal rectal manipulations, and exercise recommendations.

The results of the treatments were excellent. There was normalization of the thoracic A-P curve, substantial improvement of chest A-P depth, improvement of rib excursion in pulmonary respiration, slight improvement in lumbar lordosis, 50% reduction of posterior tilt of pelvis, substantial improvement in sacroiliac orientation, normalization of lower limb ROM, and elimination of the right foot inversion and fixed high arch.

I attribute his success primarily to the use of gentle, soft-tissue methods, specifically Visceral Manipulation and CranioSacral Therapy. I also attribute it to the use of osteopathic “listening” assessment to direct the sequence of treatment in a way the body could accommodate without complications.

### Steady Pace Leads to Lasting Results

In 25 years of practice, I have only seen two grade 5 spondylolistheses. Both were at L5 and had been present since early childhood. In each case, the sacrum had formed a substantial anterior buttress to support the body at L5, and each patient was without the pain or disability that could easily be attributed to spinal fracture. The two patients differed in gender, age, body build and pattern of physical activity.

I've seen other clients with complex structural situations that did not include spondylolisthesis. In those situations, I didn't feel the need to work quite so slowly. While positive results were usually obtained, few were as good as those Marcus achieved. It may be that this slow, careful progression would have produced better results with my other clients. This is well worth trying in the future.

\*Name changed to protect confidentiality.

*Jeffrey Burch has been practicing and expanding the art of Rolting® structural integration for 26 years. He has studied with major practitioners in the U.S., Canada and Europe to broaden his diagnostic and treatment skills. He currently leads introductory CranioSacral Therapy classes and study groups in both Visceral Manipulation and CranioSacral Therapy, and he has authored numerous articles. Jeffrey's practice is based in his hometown of Eugene, Oregon.*

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# The UI HealthPlex Clinic Corner

## Like a Breath of Fresh Air

Matthew Geier is a bright 11-year-old boy who has spent his life struggling with the little things most of us take for granted.

From the day he was born, Matthew couldn't take a breath without the help of a mechanical ventilator. Even the pacemaker doctors implanted when he was 18 months old didn't help. Years later these breathing difficulties were compounded by symptoms of attention deficit hyperactivity disorder (ADHD), which made it extremely difficult for Matthew to learn.

Then Matthew's mother Marilyn brought him to The Upledger Institute, and "his world was turned upside down."

By all accounts, Matthew's birth on November 15, 1991, was a traumatic one. Delivered by emergency C-section, he was floppy and blue, and his Apgar scores were alarmingly low. Within a few short hours he would be intubated and placed on a respirator to help him breathe.

Fifteen days later Matthew was diagnosed with congenital central hypoventilation syndrome (CCHS), a rare breathing disorder characterized by apnea and right-sided heart failure. The doctors told Marilyn her son would be dependent on a ventilator for the rest of his life. "For the next 11 years they were right," she says.

## CranioSacral Therapy Proves to Be a Critical Key

A physical therapist, Marilyn was working in an orthopedic outpatient clinic when she attended her first course taught by John E. Upledger, DO, OMM, in 1985. "Clinically, his methods worked for me right away," she says. "Later, working at Cincinnati Children's Hospital, I realized CranioSacral Therapy was an incredible intervention for the neurologically involved children."

Yet Marilyn never imagined how critical CranioSacral Therapy would become to her years later, when she would start using it to help soothe her own son's hyperactivity.

"Matthew was having a very tough time," she says. "He would constantly snap his fingers, flap his hands, walk on his tiptoes,

and go through a great deal of anxiety and racing thoughts." Marilyn began using CranioSacral Therapy on Matthew at bedtime to help him sleep. "Suddenly I noticed that all his other symptoms would seem to get better the next day."

As the results grew stronger, Marilyn began working with another therapist to co-treat Matthew every week. Being his mother, however, she recognized she was too emotionally involved to treat Matthew the way he really needed. "That's when I started looking at The Upledger Institute (UI) HealthPlex Clinical Services, and I wrote to Dr. Upledger."

## Matthew's Body Gets Permission to Heal

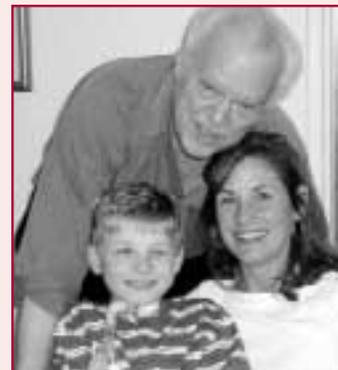
Marilyn says Dr. Upledger's response was amazing. "He took us right under his wing." She brought Matthew to UI HealthPlex in Palm Beach Gardens, Fla., where he had about a dozen sessions between Dr. Upledger, Roy Desjarlais, LMT, CST-D, and Rebecca Flowers Giles, OTR, SCP, CST-D.

"What they did for us was huge in terms of communicating with Matthew's body," Marilyn says. "They opened up his fourth ventricle and respiratory diaphragm, and basically gave Matthew's body permission to do this on his own."

Matthew's body responded to the therapy in remarkable ways. For the first time, during sessions at UI HealthPlex, Matthew began breathing on his own without the ventilator. "It's like everyone's attitude just opened the door for Matthew," Marilyn says. Since returning home to Cincinnati, ongoing CranioSacral Therapy sessions have continued to help. "Last Saturday he was off the vent for 5 hours, and Sunday he was off for 4."

Matthew's attitude has also undergone a dramatic change. "He used to be so fearful, but he's really motivated now," Marilyn says. "He's able to converse for a much longer time, he stays on topic, his anxiety has gone down tremendously, and the symptoms of ADHD have diminished."

Even at school his teachers have noticed



Dr. John E. Upledger works to help Matthew Geier and Marilyn Thomas on a recent trip to UI HealthPlex. Marilyn credits CranioSacral Therapy with giving her son the ability to be free from a mechanical ventilator for longer and longer periods of time.

the difference. "Before, he'd be on his feet, on his chair, shoes off, standing, sitting, jumping, all in a matter of 5 minutes," Marilyn says. "But when I observed him in class the other day, he sat for 120 minutes just attending to his work." The school nurse commented that Matthew seems like a different child.

"This has been a miracle to us," Marilyn says. "To have someone look at us from a whole different perspective and say this *is* possible after being told for so many years what's *impossible*."

"Matthew is especially motivated now. He feels like he's been empowered by Dr. John to experience his body and his life in a whole new way. He's more passionate than ever to pursue his dream of one day being free of any mechanical support.

"I asked him recently, 'Is this scary for you?' 'No Mom,' he said. 'It's not scary at all. I'm getting stronger.'"

## Dear Dr. John,

I've started this letter at least once a year for the last 10 years. So rather than give you a long history of my son and me, let me share with you briefly what I have discovered.

A still point will stop a seizure.

My son Wesley has benign rolandic seizures. He seizes only in his sleep. By bringing him to a still point, I can stop a seizure in two minutes. Yes, I've timed it. In the 10 years I've been using it, it has never failed.

It is absolutely amazing to watch a seizure unwind. My son goes from arms ridged, legs kicking and head pounding on the floor to near normal sleep. At first I used a technique I learned from the Holistic Nurses Association to soothe his pulse and breathing. It's called Magnetic Unruffling, and since it's energy work, I had to go on faith that it was really doing something.

Shortly after I began using this technique on Wesley, he was taken to the ER in seizure. I began to work on him while he was hooked up to the monitors, and I watched his pulse drop from 120 to 95 in under five minutes. This happened before I discovered that the still point would stop a seizure more efficiently.

There is only one negative aspect of using the still point: The person performing it comes away feeling like they have just been hit by lightning. You have to understand, Wesley's seizures generally start after 1:30 a.m. So you jump out of a sound sleep and put your hand on a body wildly discharging energy. Suddenly it seems like there is a backwash of energy, and you're lucky to get back to sleep three hours after the event.

Last spring Wesley fainted on a bus going to school (he's a student at North Carolina State University), and he went into a seizure. The bus driver panicked and called EMS, who rushed him to the hospital. The treatment he received in the hospital almost borders on barbaric.

Sorry, this is my soapbox. I had stumbled onto something so profoundly simple that it really is unbelievable. But do you know what surprises me even more? Not one doctor has asked me how I do it. They just give me a blank stare.

Your work is so important. Your discovery of the still point has changed the lives of my family and me. Before I made the connection I felt totally helpless watching my then 11-year-old son as his seizures got worse.

You know what they say: No prayer goes unanswered. I went from Henry Ford Community College to Irene's School of Myomassage in Southfield, Michigan, where your book

jumped off the shelf at me. I began my coursework with The Upledger Institute before I started massage school. It took me almost a year to make the connection between the still point and seizures. That was my prayer answered.

You can do the still point anyplace on the body that is socially acceptable, but I have found the breastbone or the center of the back the safest. (Wesley almost kicked my head off one night, so I stay away from his feet and legs.)

When the seizure has stopped, the breathing will still be fast and the pulse very high. The Magnetic Unruffling will restore the breathing and pulse to near normal within a few minutes. Just imagine the body is covered with long, tangled hair full of large dust balls. Use your hands and fingers to rake through the hair to straighten it and remove the dust balls. I generally start at the head and move to the feet. And don't forget intention. That's all there is to it.

For some reason I felt an urgency to share this with you. I'm so tired of dealing with doctors who treat me like I don't have all four wheels on the ground. Writing to you has been good therapy for me.

Sincerely,

*Shirley L. Kissel, Myomassage Therapist*

P.S. Since I first penned this letter, my son has been back in the ER. Now, thankfully, his doctors are asking me point-blank how I stop his seizures. Of course I'm more than happy to demonstrate. I look forward to the day when I can take my soapbox apart and toss it out for good!

*Learn how to perform an effective still point in any CranioSacral Therapy I workshop. For dates and locations, see the Course Calendar on page 8. To register, please call Educational Services toll-free: 1-800-233-5880. Ask for priority code N0603. You're also welcome to e-mail [upledger@upledger.com](mailto:upledger@upledger.com), or visit [www.upledger.com](http://www.upledger.com).*

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# Lessons From the Sessions

by Don Ash, PT, CST-D

## Broken Glass

Hey, accidents happen. Bad things happen to good people and timing is always the worst.

When this happens, lives become broken. Activities change or cease. The structure of our lives breaks and is in pieces. Relationships change between the victims, their bodies, their families, their employees, themselves. Sometimes those features of a life, thought to be solid, stable and structured, simply shatter and fall apart.

Trauma fractures bones as well as thought processes, leaving cracks in the matrix of both calcium and cerebrum. Equilibrium, vision, personality, logic, receptive and expressive wording, emotions, all these things can be chipped and damaged. Memory can be distorted and severely altered in both body and brain.

The shear recall of the trauma can cause such fear as to render the body tense, painful, spasmodic and dysfunctional. The memory of the event can be so horrific as to make a person cry, cringe, and turn away from the image and try to bury any recall. Physical and mental memory effects can be incapacitating to normal living.

As all this relates to CranioSacral Therapy, we use our hands to very lightly listen to the

body. We evaluate how trauma is reflected in the gentle, rhythmic movement of the central nervous system. And then we use our hands at strategic positions on the body to encourage change and to release the effects of trauma, whether they are energetic, visceral, musculoskeletal, mental or emotional.

## CranioSacral Therapy Individualizes Each Approach

CranioSacral Therapy has standards and common characteristics that we objectify, like symmetry, quality, amplitude and rate. Yet the work is very individualized. Body and hand positions are as different as the infinite variety of shapes of broken glass.

Helping people pick up the pieces of their broken lives also varies. The image that came to me one morning was of a baseball accidentally thrown through a garage door window. Glass pieces of random shape, size and number lie about on the cement floor.

Now who picks up the pieces? Do you make the kids do it? Do you do it yourself? Or do you do it together, double-checking for far-flung pieces that may hurt someone at a later

date? Do you pick up the big pieces on the floor first, or do you remove the sharp shards still left in the windowpane?

In CranioSacral Therapy, there are different ways to approach different things. The therapist can work on structural relief, helping the inertia of the traumatic event vacate the body in the form of heat, pulsing or little muscle fasciculations. The tissue release can help the person relax, rest and heal.

And sometimes the therapist needs to encourage the patient to go deep within and recognize why there remains such an ache in the heart or deep internal pain in the pelvis. The body leads the way with still points that draw attention to a body part or position in which the memory of trauma resides. If we take our time and allow the memory to come to conscious awareness, the patient is able to release it.

## Picking Up All the Pieces of Trauma

Emotions of guilt, shame, sadness and fear are as important to fix for the baseball thrower as the glass repair is for the garage owner. If the ball thrower knows he is safe and won't get into trouble, he is free to express himself and release whatever negative emotions might be there. As we would deal kindly with a young person who may have just broken a window, we can extend the same courtesy to the person on our table. If we remain impartial, nonjudgmental, ego-subordinate and unconditionally present, the truth will become clear.

As in the garage, working together, we can gently and carefully pick up the broken glass. If we grab quickly or hard we can cut ourselves. If we go slowly and gently, looking for pieces on the ground, listening for crunching under our feet, we can find it all. If we use care and gentle urgings, we can encourage those broken shards still in the window frame to come free. This opens space for a new window to replace the broken glass, and once again the view outside can become clear and we can see tomorrow.

So sometimes accidents offer a unique opportunity to work one on one with those who have had their lives broken or shattered. Where, why, when and how the glass got broken makes each CranioSacral Therapy session an adventure.

## Advanced I CranioSacral Therapy

San Francisco, CA - Nov. 11-15, 2002



Back row (l-r): Celine Germain, CST (preceptor); Sally Fryer, PT, CST (preceptor); Cheri Bailey, NCTMB, BSED; Germain Weaver, PT; Mary Farrell; Reiko Yamasaki, DC; and Tim Hutton, PhD, LMP, CST-D (preceptor).  
Front row (l-r): Susan Pinto, MA, CFT (instructor); Karen Axelrod, NCTMB, CST; Mariela Alvarez, Psychotherapist; Joey Calderon, CMT; Anasuya Batliner, CMT, NC; Kyoko Saek, LMT. In front: Dianna McAdams, LMT.

# Beyond the Dura Crosses Bridges

## Wine Tasting and Auction Raise \$17,500 for Charitable Programs

Friends of The Upledger Foundation toasted its charitable programs when they helped raise some \$17,500 through a wine tasting and silent/live auction at Beyond the Dura. A variety of red and white wines were served up beside tables



filled with 62 items donated for the special occasion. They ranged from spa gift baskets and autographed books to resort weekends and four private box seats at an NFL football game.

The big-ticket item of the evening was a bronze-like sculpture of Dr. John Upledger's hands titled "In The Still Point With Dr. John." One enthusiastic bidder handed out \$3,300 to take home the limited-edition piece created by artist Jill Mabry, LMT, CST.

The Upledger Foundation was established in 1987 to explore new avenues of health and well-being. The Foundation supports a wide range of research projects and community-outreach programs, including Compassionate Touch Helping Hands, BioAquatic Explorations and Post-Traumatic Stress Disorder for Vietnam Veterans. It also assists with financial aid to patients in need.

*BTD continued from front cover*

## Dr. Andrew Fryer Tells of His Transformation With CranioSacral Therapy

Pediatric cardiology is a highly specialized field firmly rooted in Western medicine — which makes it one of the last places you would expect CranioSacral Therapy to take hold.

In his keynote address, pediatric cardiologist Andrew Fryer, MD, FAAP, shared clinical cases that highlighted how he crossed the bridge from being a diehard skeptic to a devotee who's practice has been revolutionized by CranioSacral Therapy.

Dr. Fryer has since taken CST from tentative office trials to a major tool in the therapies he offers patients. Now he sees his experience as a microcosm for what is soon to come with the acceptance of complementary modalities: a true transformation of medicine.

"It was most impressive to hear of an MD so specialized and highly regarded integrating CST openly into NICUs," said Karen Lauchlan, LMT, RN. Karen Wrinkle, LMT, called the presentation "a special treat, and a very special guy. His innocence, integrity and honesty, along with his courage, will help change medicine."

## Dr. Michael Allen Offers a New Rx for Pediatric Medicine

A board-certified pediatrician in Sacramento, Calif., Michael Allen, MD, FAAP, shared clinical pearls and case studies of children from his traditional pediatric practice who have benefited from CranioSacral Therapy.

Although trained in the art of traditional allopathic medicine, Dr. Allen's practice over the past 11 years has evolved to emphasize a holistic approach encompassing a wide spectrum of modalities and integrative medicine. He has used CranioSacral Therapy to address everything from traumatic births and colic to seizures and other neurological disorders.

"His newborn evaluations were very helpful," said BTD participant Nadine Wheeler, CH. "I'm doing CST on newborns at the hospital where I work. Michael's presentation will help me to develop a charting form for the medical records."



Matthew Geier and his mother, Marilyn Thomas, share his inspiring story at the Unique Clinical Cases BTD panel discussion. "It was an excellent day!" said Nadine Wheeler, CH. "As a hospital-based CranioSacral Therapist, I found today's nursing and pediatric presentations very helpful." To learn more about Matthew's encouraging medical journey, see "The UI Health-Plex Clinic Corner" on page 3.

## Dr. John E. Upledger Explores New Realms of Healing With CranioSacral Therapy

While other physicians spoke of bringing CranioSacral Therapy (CST) into the doctor's office, John E. Upledger, DO, OMM, shared the ways in which he is bringing it deeper into the body — to the cellular level.

For a few years now, CranioSacral Therapists have been successfully dialoguing with patients' pains, tumors and internal organs. Then Dr. Upledger entered new territory and introduced effective methods

of therapeutically dialoguing with brain parts. Next he developed methods of dialoguing with the immune system and its cells. This all led him to communicating with stem cells and, finally, to any cell in the body.

Dr. John shared his late-breaking views with BTD participants eager to learn more from this pioneer of CranioSacral Therapy and Somato-Emotional Release®. "Inspirational, sensible, a great teacher!" said



Left to right: A.J. de Koning, DO, CST-D; Lisa Upledger, DC; Ton Bottema, DO, CST-D; and Hank Meldrum, PT, OMT, CST-D.

Audrey Sirignano, LPN. "The stories he shared were so in tune to what happens in the healthcare field of Western medicine, and a classic example of what we can learn from our patients, as both therapists and caregivers. You can't help but respect this human being."

Dr. John E. Upledger proved he continues to build bridges, both inside and outside of the body. As always, Beyond the Dura participants showed they were eager to follow the path he has forged.



Dr. John enjoys a CST siesta at the hands of UI instructor Suzanne Scurlock-Durana, CST-D. Suzanne teaches Healing From the Core: Grounding and Healthy Boundaries.



Left to right: John Hoernemann; Melinda Roland, PT, LAc, OMD; Sheryl McGavin, MBA, OTR/L, CST-D; Michael Morgan, LMT, CST-D; and Dee Ahern, RPT.

Members of the Compassionate Touch panel bond together in the common cause of caring for children. Left to right: John E. Upledger, DO, OMM; Sue Cotta, PT, ATC; Diego Maggio, DO, CST-D; Ruth Peterson, LMT, MA; Barb Richmond, UI Director of Community Relations; and Dottie Marvel, LMT, CST.



UI CEO John Matthew Upledger and BTD presenter Judith Bluestone enjoy the company of other special guests as they sail along the intracoastal waterway aboard The Upledger Foundation's Dolphin Star research vessel.

The Saturday night dinner-dance brought out the can can crowd. Left to right: Linda Allen, CAMT; Mya Breman, MSW, LMT, CST-D; Alaya Chikly, CMT; Melanie Hayden; Barb Richmond, UI Director of Community Relations.

