Dr. John Upledger has long known the world of alternative medicine has many skeptics. "It doesn’t matter how many decades of hands-on clinical practice I have or how many thousands of satisfied patients," he says, "I still hear the occasional 'Where’s the research?’ from people who just don’t know how to trust their own hands.”

When it comes to CranioSacral Therapy, those skeptics should have a lot less to question now with the completion of a series of Post-Traumatic Stress Disorder (PTSD) research programs sponsored by The Upledger Foundation. The protocol was co-designed along with the West Palm Beach Veteran’s Administration medical center to present a statistically sound representation of how CranioSacral Therapy and SomatoEmotional Release® help ease the often devastating symptoms of PTSD in Vietnam veterans.

As the graphs below highlight through pre- and post-test scores, the veterans who completed the programs held at The Upledger Institute HealthPlex Clinical Services in Palm Beach Gardens, Fla., experienced fewer symptoms, plus a reduction in the severity of symptoms. Indeed, a report provided by an independent licensed psychologist noted more than a 95% correlation.
The Visceral Manipulation Report

A basic yet comprehensive patient intake form – filled out primarily by the patient at the initial evaluation – is crucial for future case study publication. Reports that follow as closely as possible an actual thesis and dissertation format may be easier to subclassify.

The following sections are suggestions for a simple, concise research case study or single subject design. An author can utilize sections 5 and 7 to expand on the preceding sections to make a publishable single subject design or case study format. A report could be divided into the following sections:

1. Introduction: What is the problem/diagnosis or diagnoses?
2. Review of Literature: Past medical history, etiology of the problem, date of onset, social history, previous treatment, including surgeries for this problem (and results), and diagnostic tests.
3. Procedure (Treatment): Inclusive of treatment procedures, modalities, exercise (home and office) treatment time per session plus total treatment span (include frequency). If modalities were used, be specific to any particular, i.e., % of hydrocortisone cream if phonophoresis was used, (+) & (−) pole placement for iontophoresis, exact placement for magneto-therapy discs, etc. Mention specific treatment positions if appropriate for further classification.
4. Outcome (Analysis of Results): Both functional and structural outcomes should be listed here, i.e., pre- and post-tests. (Try to get 2-3 measurements each pre- and post-test, as it improves reliability and validity of treatment.) Measure outcomes functionally also. (Most clinics/practitioners are obtaining this information from patients as well as the “objective” data.) Include patient’s self-assessment as well as therapist’s patient assessment. Rate a percentage of improvement (usually a scalar measure).
5. Discussion: What do your findings mean? How do they add to the established body of knowledge? Where do you go with your results? Make recommendations for change for further analysis of the same subject.
7. Conclusions and Recommendations (for Further Study): Were the results successful? If so, how did you measure success? Effectiveness versus efficiency. Should techniques be modified? If so, how and why? Should the study be repeated?
8. Appendix: May include subject consent form (if appropriate), technical data, date of birth, dates of treatment (no name submission; use some identification process other than abbreviations or initials).
9. References: If appropriate or beneficial for further research.

References:
CranioSacral Dissection Class Sheds New Light on Effects of Palpation

by John E. Upledger, DO, OMM

In early April, 1999, a small group of us had the privilege of forming a new class to explore the craniosacral system of a cadaver that had not yet been embalmed or frozen. Our goal was to get a true glimpse of the membrane system without the influence of embalming agents.

To preserve the intracranial membrane system of this 80-year-old male who'd died of lung cancer not 24 hours before, we performed a parietal window dissection. We carefully removed brain tissue with no instruments but our gloved fingers. We also fully exposed the spinal dural mater to explore the interrelationships, and effects upon each other, of the intracranial and spinal dural membranes.

These interactions in such a fresh cadaver were remarkable. We could see and feel the tensions developed in the falx and tent as we gently tractioned the dural tube from points between the occiput and the saccocrvococygeal complex. The reverse was also true. As we lifted the frontal, parietal or sphenoid bones, we could feel and see the effects upon the spinal dura mater. It was all very exciting.

Confirmation of the Effectiveness of Palatine Bone Techniques

Our findings as we explored the effects of various activities upon the palatine bones were even more enlightening. As you know, a “stuck” palatine bone can cause major problems, from severe headaches to visual disturbances and even seizures. And it can be very difficult to release.

First we evaluated the resistance of motions induced by our fingertips on the palatine bones. The resistance was quite high—it required a push of at least half an ounce (15 grams +/-) to move either palatine in a cephalad direction.

Pressing on the eyeball did not cause any movement in an inferior direction. This wasn't surprising since there was no “life” in this body. (We questioned the concept of “life,” however, when we noticed the dural membrane stretched at about 5 grams of traction, yet it seemed to contract against us as we increased the traction.)

We then dissected the right eyeball and its surrounding fat pads, which were copious even though the cadaver was lean and muscular. The fat pads clearly occupied at least 40 to 50% of the volumetric space in the orbit. We exposed the superior aspect of the vertical pillar of the right palatine bone. Yet we were careful not to disrupt the fascial lining of the orbit so we couldn't be accused of liberating fascial restrictions attached to the intratorbital aspect of the palatine bone.

We then induced palatine bone motion with one finger upon its orbital surface and another finger upon its horizontal contribution to the hard palate in the mouth. The vertical and transverse mobilities of the palatine bone were still very restricted.

Then another therapist moved a finger into the mouth, contacting the internal aspect of the right zygoma. The zygoma was decompressed laterally. This technique broadened the floor of the orbit and dramatically freed the palatine bone so that its responses to very slight finger-induced motions were extremely smooth and easy.

I have been using this technique for some time based on the theory that a stuck palatine bone might often result from an abnormal medial compression of the zygoma. It has seemed effective to move the zygoma laterally in order to release the bone. It was most gratifying to see and feel how well the technique works.

The principle is simply to widen the floor of the orbit using the zygoma as your “handle.” As the floor widens transversely, the trapped palatine bone is released and can move vertically either up or down. Usually it's caught in a cephalad (upward) position. Having witnessed the amount of fat in this orbit, and the small area the palatine bone contributes to the intratorial surface, it would appear to take an inordinate amount of pressure upon the eyeball to significantly facilitate palatine motion in a caudal (downward) direction. I much prefer to use the zygoma bone as the recipient of my force. After all, the eyeball is a delicate and intricately designed bag of fluid with numerous subcompartments that can be much more easily damaged than the zygomatic bone.

Even with my level of experience in dissection and treatment, I found this recent dissection enlightening and confirming. We intend to continue these explorations on a regular basis through our new Craniosacral Dissection class. Yet unlike other dissection courses, ours will continue to focus on fresh, unembalmed cadavers, highlighting functional explorations rather than static observations. They will be limited to 12 people in each class and every participant will do hands-on work.

These new two-and-a-half-day intensive courses are being held at the University of Texas Medical Branch in Galveston. For dates, please call Educational Services toll-free: 1-800-233-5880, ext. 89000.
by John E. Upledger, DO, OMM

Two recent experiences prompt me to share my evolving concept of fear. I thank God, his or her local representatives, and my soul for the growth opportunities they provided.

An SER Brings Back a Painful Past

I’m on the massage table going through a SomatoEmotional Release. The process is an ongoing saga that began several years ago.

It’s been well established that, shortly after my birth, my mother would often go into a rage at my presence. At the time I believed I was an unwanted nuisance. Yet it wasn’t until this SER experience that I understood the error of this assumption.

The abusive treatment began when I was 3 months old. I could actually visualize it in my right lung. But if I coughed and made noise I’d get hurt by my mother, so I learned how to “breath around” the infected area.

I was becoming a master at rejecting the fear response, maintaining control, becoming invisible. All I needed was a keen awareness to survive.

The Lessons of a Lifetime

My sister, who has always been there for me, taught me about love. And my mother, she taught me to be wary of danger without being afraid.

My grandfather taught me about street wisdom. My sister, who has always been there for me, taught me about love. And my mother, she taught me to be wary of danger without being afraid.

The Past Brings Perspective

My mother, my sister, my maternal grandfather and I were all of the same spirit. We were sent down by a soul to teach each other the lessons for which we were Earthbound.

Perhaps you can understand why I’ve never been angry with my mother. Instead I feel compassion – she must have been mentally off balance during those first years of my life. Without reservation, I accept that she was teaching me not to be victimized by fear.

I recall being seriously afraid only twice later in my life: once as a child faced with a bully totting a BB gun, and later as a young adult – the only medical personnel aboard a Coast Guard cutter rescuing 11 men whose tugboat had sunk 300 miles out in the Gulf of Mexico. Those occasions only reinforced my lessons. I have never again allowed fear to paralyze my brain.

Thank you mother, you did an excellent job. My life has been full of dangerous experiences. My ability to be aware without feeling fear has served me well.

The Core Stimulation of PTSD

It’s several weeks now after that SER with all my realizations still fresh. I’m working with a Vietnam veteran during a 10-day intensive treatment program for Post-Traumatic Stress Disorder (PTSD).

This particular vet is an ex-marine who lied about his age and was sent to Vietnam at 16. Under orders he became a brainwashed, highly trained killer. He carried a machine gun with instructions to shoot anything that moved. He now says he killed at least several people nearly every day for a year.

Since then I’ve encountered many potentially intimidating situations traveling the path laid out for me. For me to do what I’ve had to do in this lifetime, I could not have been controlled by fear. Fortunately, I was a quick learner. By the time I was 4 years old the rages and abuse stopped.

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Fear: Down Deep and Personal

I knew this all sounds so brutal. But during my SER session I came to know that my mother, my sister, my maternal grandfather and I were all of the same spirit. We were sent down by a soul to teach each other the lessons for which we were Earthbound.

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There are numerous characters involved in the body’s immune response. In this new four-day course, we’ll present them and study their attributes and functions. The goal is to learn how to better assist the immune system as it performs its magic.

Each immune cell type has its own consciousness. Here you’ll learn how to communicate with these different cell types to find out how to help them improve their performance—especially when invading microorganisms gain a foothold, or when neoplasticity changes occur.

We’ll also study and communicate with the various glands and organs involved in the immune system, such as the liver, spleen, thymus, lymph nodes and nodules. And we’ll explore the production of the various molecules of communication, including cytokines and other molecules of protein such as the various gamma globulins.

The fascinating new workshop will follow The Upledger Institute’s classic “Learning by Discovery” program, in which lectures are supported by demonstrations and hands-on practice. It’s full of practical approaches developed by Dr. John Upledger after years of personal clinical experiences.


Tuition: $750 U.S.

For more information, please call Educational Services toll-free: 1-800-233-5880, ext. 89000.

I asked how long it had been since it had relaxed. RAS said it didn’t know—it had never relaxed. So I asked the amygdala if they were in charge of RAS’s activity level. They said RAS was out of their control and had been for a long time.

**Gauging the Effects of His Fear**

I asked our veteran to visualize a gauge from 0 to 100 that represented his RAS activity level. He did, seeing a gauge common on oxygen tanks, with the reading indicated by a needle. His RAS was running at 80. I again explained how this level probably helped save his life in Vietnam, but it could be harmful now. I asked if he’d be willing to lower the reading to 50, which he did. As he reported his progress we felt his tissues relax. We soon sensed his fluid and energy flow improve as well.

Then I asked him to try for 25. He got the gauge down to 20 but began to experience severe back and chest pain. Spontaneously the gauge returned to 50 and the pain left. When he forced the gauge below 50 again the pain returned.

This pattern repeated several times until it became clear that pain was the voice of something inside him that didn’t want the RAS activity down. So I asked pain about the situation. It said it was dangerous for the veteran to relax his guard. He could be killed.

After some conversation we realized fear controlled the RAS activity level. It had been responsible for our veteran’s inability to embark on a post-war healing process. Yet it felt justified, responsible for his survival in Vietnam—though it didn’t realize the war was over.

**Mother Enters the Picture Yet Again**

Suddenly I saw how my own experiences with my mother could help here. I learned that you can be alert to danger without using fear as the stimulating mechanism. Fear actually reduces the effectiveness with which we respond to danger.

I shared this with our veteran. He understood. His RAS liked the idea of not being driven by fear. His amygdala were overjoyed.

Yet fear was totally unreasonable, so it had to be forcibly removed. That involved a lot of strong therapist “intention” along with a few therapeutic surprises. In any case, the fear suddenly discharged, the pain left, and the RAS gauge dropped to 20, where I’m pleased to say it’s remained.

This chapter has a happy ending. Our veteran, at his own suggestion, flew home. He called us after his safe return to proudly tell us his flight was uneventful. He experienced no fear.

I learned something from all this as well. Yes, we can have an alert and dependable RAS without fear. And the therapist often gets the “knowing” just in time for the next patient.
Course Calendar: April 1, 2000 - January 31, 2001

My courses require prerequisites. Call today for information or to register: 1-800-239-8700, ext. 8000.
Spring 2000

Vascular Manipulation II
CT: Hartford — Sept 9-12, 2000
MA: Boston — Apr. 15-18, 2000
NJ: Newark — June 20-22, 2000
Canada: Edmonton — Sept 23-26, 2000

Vascular Manipulation II
NJ: Newark — Nov. 16-19, 2000
LA: Baton Rouge — Apr. 28-30, 2000

Practical Integration of Vascular Manipulation
CA: San Francisco — Sept 24-27, 2000
FL: Palm Beach — Sept 8-10, 2000

Ave. Vascular Maniuplation II
NJ: Newark — Nov. 30-Dec, 2000

Vascular Approach to Trauma and Whiplash
CA: Palm Springs — July 20-22, 2000

Ave. Vascular Manipulation II
FL: Palm Beach — July 25-27, 2000

Clinical Symposium With Jean-Pierre Renal, RPT, DO
CA: Palm springs — Jan 23-26, 2000
FL: Palm Beach — July 31, 2000

Mechanical Link" P
NY: New York — July 14-17, 2000
Canada: Montreal — Oct 22-25, 2000

Mechanical Link II
CA: Palm Springs — July 23-26, 2000
MN: Minneapolis — Oct 19-22, 2000

Mechanical Link III
Please call for dates and locations.

Ave. Mechanical Link

Lymph Drainage Therapy II
CA: Phoenix — Sept. 28-30, 2000
CA: Big Bear — Apr. 5-8, 2000
CO: Colorado Springs — Apr 6-9, 2000
CT: Hartford — Sept 9-12, 2000
FL: Palm Beach — Nov 30-Dec 3, 2000
Tampa — Jan 13-16, 2000
MI: Detroit — Nov 2-5, 2000
MN: Minneapolis — June 11-14, 2000
OH: Columbus — Apr 8-10, 2000
IL: Chicago — June 14-17, 2000
OH: Columbus — Apr 8-10, 2000
MA: Boston — Aug. 3-6, 2000

Lymphatic Drainage Therapy II
MA: Boston — Aug. 3-6, 2000

Lymphatic Swelling Care
OR: Columbia — Aug. 8-10, 2000

Heart-Centered Therapy
FL: Palm Beach — Sept 8-12, 2000
OH: Columbus — July 15-18, 2000
TX: Austin — Apr 27-30, 2000

LFT's Bodywork, Cellular Tools For Lymphoedema Management
MA: Boston — Dec 7-10, 2000

Lymphedema/CDF Certification
MA: Boston — Dec 7-10, 2000

Neurovascular Therapy for the Paraspinal Spinal Misalignment
CT: Newton — Sept 15-17, 2000
FL: Orlando — Aug 30-31, 2000
Tel Aviv — Aug 25-27, 2000
MO: St Louis — Apr 7-9, 2000
PA: Erie — July 14-16, 2000
TN: Nashville — Aug 19-20, 2000
WA: Seattle — Aug 15-18, 2000
WI: Appleton — Sept 8-10, 2000

Neurovascular Therapy for the Upper Extremity
NJ: Newton — Dec 3-5, 2000
DC: Washington — June 2-4, 2000
FL: Melbourne — June 4, 2000
OR: Oregon — Oct 9-11, 2000
St Petersburg — Aug 28-30, 2000
Tel Aviv — Nov 3-5, 2000
MN: Minneapolis — Nov 3-5, 2000
MO: St Louis — July 27, 2000
PA: Erie — Sept 22-24, 2000
Qld: Queensland — Nov 10-12, 2000
TN: Nashville — Dec 1-3, 2000
WA: Seattle — Nov 10-12, 2000
WI: Appleton — Nov 12-19, 2000

Neurovascular Therapy for the Lower Extremity
FL: Melbourne — Aug 10-13, 2000
Maine — July 21-23, 2000
OR: Oregon — Dec 10-12, 2000
St Petersburg — July 28-30, 2000
MO: St Louis — Sept 15-17, 2000
PA: Erie — Dec 1-3, 2000

Neurovascular Therapy for the Cervical & Anterior Spinal Misalignment
CT: Newton — Apr 14-18, 2000
FL: Melbourne — Oct 15-18, 2000
Maine — Sept 22-24, 2000
St Petersburg — Oct 6-8, 2000
IL: Chicago — June 23-25, 2000
LA: Baton Rouge — Apr 28-30, 2000
MI: Minneapolis — Apr 7-9, 2000
MO: St Louis — Nov 17-19, 2000
PA: Quakertown — June 4, 2000

Neurovascular Therapy for the Cervical & Anterior Spinal Misalignment
CA: San Francisco — Sept 26-Oct 1, 2000
IA: Iowa City — Nov 16-19, 2000
ID: Twin Falls — Sept 7-10, 2000
IL: Chicago — Nov 9-12, 2000
KY: Louisville — Oct 8-11, 2000
MA: Cambridge — July 14-16, 2000
Cambridge — Oct 24-26, 2000
MD: Annapolis — Nov 5-8, 2000
Baltimore — Dec 6-11, 2000
Columbia — Oct 24-26, 2000
ME: Blue Hill — Sept 27-Oct 1, 2000
MI: Sterling Heights — July 20-22, 2000
NE: Omaha — June 22-25, 2000
VA: Virginia — June 5-9, 2000
NV: Reno — Apr 27-30, 2000
OR: Youngstown — July 20-23, 2000
PA: Chambersburg — Aug 23-26, 2000
TX: Austin — July 20-23, 2000
VA: Richmond — June 11-14, 2001
VA: Charlottesville — Apr 7-15, 2000
Canada: Holly Rocks — Sept 11-14, 2000

Zero Balancing® Form and Palpation I
CA: Manhattan — Apr 13-15, 2000

Zero Balancing® Form and Palpation II

Pain Manageable Joint
AZ: Tucson — Apr 15-16, 2000
IL: Chicago — July 6-9, 2000
MA: Cambridge — June 1-4, 2000
MD: Baltimore — Apr 6-9, 2000

Geometry of Healing
IL: Chicago — Oct 22-24, 2000
TX: Austin — Oct 12-15, 2000

Zero Balancing® Traditional Approach
MA: Cambridge — Apr 1-2, 2000

Spinal Balance the Viewers
CO: Boulder — Aug 3-6, 2000
NV: Reno — Aug 10-13, 2000
VA: Charlottesville — June 1-4, 2000

False Muscle & Flexibility®
FL: Orlando — Aug 12-15, 2000
FL: Coral Gables — Sept 21-24, 2000
NY: Saugerties — Jan 4-7, 2001
TX: Austin — Jan 14-17, 2001

Zero Balancing® Isoff any and All
MA: Cambridge — Apr 20-25, 2000
CA: San Luis Obispo — Apr 20-25, 2000
OR: Portland — Apr 20-25, 2000

Proneus Approach® I
CO: Boulder — Oct 21-23, 2000
CA: Santa Cruz — Oct 21-23, 2000

Proneus Approach® II
MA: Boston — Apr 17-20, 2000

Proneus Approach® III: The Headgame
Please call for dates and locations.

CA: Laguna Beach — Mar 14, 2001
Painful Mobility®
Please call for dates and locations.

This schedule is current at the time of printing and is subject to change.
Earn Continuing Education Credits for Classes in Complementary Care

The Upledger Institute offers classes that satisfy continuing education requirements for many different professions. Before attending a workshop, simply verify CEU acceptance with your professional state board.

Call A Travel Coordinator for Airfare Discounts to Select Classes 1-800-445-6776

Latest CEU Approvals by Professional State Boards —

- **Alaska** Physical Therapists can now earn CEUs for CranioSacral Therapy I & II.
- **Florida** Physical Therapists can now earn CEUs for CranioSacral Therapy I & II, CranioSacral Therapy for Pediatrics, SomatoEmotional Release I & II, Visceral Manipulation I and Lymph Drainage Therapy I.
- **Iowa** Massage Therapists can now earn CEUs for CranioSacral Therapy Overview and Introduction to CranioSacral Therapy.
- **Minnesota** Physical Therapists can now earn CEUs for particular classes in CranioSacral Therapy I & II, CranioSacral Therapy for Pediatrics, Mechanical Link I and Lymph Drainage Therapy I.
- **New Mexico** Physical Therapists can now earn CEUs for CranioSacral Therapy I & II, SomatoEmotional Release I, Visceral Manipulation I & II, Visceral Manipulation II, Advanced Visceral Manipulation, Practical Integration of Visceral Manipulation, and Lymph Drainage Therapy I.

Legend

- ★ = Most or all classes approved for CEUs
- ❖ = Some classes approved for CEUs
- ✓ = No CEUs required
- ● = Approvals pending
- ✗ = No state licensing

Information is current at time of printing. Please call for travel, up-to-date details.
J oin a Study Group

Share Your Experiences and Sharpen Your Techniques in a Supportive Atmosphere

The study groups listed here have satisfied the requirements to become officially sanctioned by The Upledger Institute. The leaders are either teaching assistants or certified in their therapies, and they’ve been personally recommended by a UI-certified instructor.

To receive an application to form a UI-approved study group, please call 1-800-233-5880, ext. 8900. All study groups shown here were approved as of December 1, 1999. To have your group listed in our next newsletter, your application must be submitted to UI and approved no later than April 1, 2000.

Legend

CST = CranioSacral Therapy
CSI = CranioSacral Therapy I
ICSII = CranioSacral Therapy II
SERI = Somatic Emotional Release I
SERII = Somatic Emotional Release II
ADV = Advanced CranioSacral Therapy
ADVII = Advanced II CranioSacral Therapy
TBS = The Brain Speaks
CSP = CranioSacral Therapy for Pediatrics
YM = Visceral Manipulation
YMIA = Visceral Manipulation IA
YMII = Visceral Manipulation II
YMIII = Visceral Manipulation III
AM = Advanced Visceral Manipulation
AMII = Advanced Visceral Manipulation II
Mark Your Calendar for These Upcoming Upledger Institute Speaking Engagements

April 14-16, 2000
FOTA – 2000 Annual Convention & Exhibit Program
Fort Lauderdale, Fla.
Sheryl McGavin, MBA, OTR/L
“Incorporating the CranioSacral Therapy Approach Into Occupational Therapy Practice”

May 15, 2000
AMTA New Jersey Spring Retreat
Convent Station, N.J.
Gayle Breman, MSW, LMT
“Introduction to CranioSacral Therapy”

May 16-18, 2000
American Academy of Physician Assistants (AAPA) Annual Convention
Chicago, Ill.
Russell A. Bourne, Jr., PhD
“Complementary Medicine in the 21st Century”

May 30, 2000
AAPA Annual Convention
Chicago, Ill.
Bruno Chikly, MD (France)
“Post-Mastectomy Care and Lymph Drainage Therapy”

June 30, 2000
Tenth Annual ISSSEEM Conference
(International Society for the Study of Subtle Energies and Energy Medicine)
Boulder, Colo.
John E. Upledger, DO, OMM
“Further Exploration Arising from the Practice of CranioSacral Therapy”

July 30-31, 2000
Face & Body Annual Business Seminar and Exhibition
San Jose, CA
Dean Chang, CMT
“Mini-Face-Lifting and Total Skin Care”

Congratulations and Well Wishes...
• Ken DiPersio, LMT, and Gadi Nelinger, PT (Israel), have been named UI-certified CranioSacral Therapy I instructors.
• Lisa Polec, DC, has been named a UI-certified Visceral Manipulation IA instructor.

A Warm Welcome...
• Madison Doreen Pack, new daughter of Mary Lou Galantino, PhD, PT, and husband David Pack
• Nicole Lane Collins, new daughter of UI Educational Services Representative Elide Collins and her husband Lane
• Ashlee Marie Bowser, new daughter of UI Educational Services Representative Angela Bowser and her husband Tim

Our Heartfelt Condolences...
• Jean-Pierre Couturier, father of UI HealthPlex staff clinician Cloe Couturier, LMT/CO, passed away on January 4, 2000. We offer our prayers.

New Certified CranioSacral Therapy Teaching Assistants
• Donna Busse, RRT, LMT, CST
• Judith Sanford, LMT

New Certified Visceral Manipulation Teaching Assistants
• Annabel Mackenzie, CSP
• Tom Takahachi, DC

New Certified CranioSacral Therapy...
Techniques Level:
• Stacia Beva, LMT, CST
• Susan Brown, CST
• Delores Boule, PTA, AMTA, CST
• Sally Cassell, LMT, CST
• Elizabeth Cornell, LMT, CST
• Geraldine Doyle, CST
• Camilla Glenn, LMT, CST
• Felicia Larana, MS, PT, CST
• Margie Lee, PT, CST
• Terry J. Lieber, DC, CST
• Heather Linnemeyer, CST
• Chenta Llanes, PhD, CMT, CST
• Maria Margarita Maranon, LMT, MFA, CST
• Dottie Marinel, ASCT, CST, CST
• Karla Mueller, MEd, CST
• Debbie Pope, OTR/L, CST

Milestones
• Tim Hutton, PhD, LMP, CST-D
Post-Traumatic Stress Disorder Research

Continued from front cover

between their improvements and the treatments they received at HealthPlex.

"Most of these veterans were having a very tough time just functioning in society," says Russell A. Bourne, Jr., PhD, UI HealthPlex Chief of Staff. "At the end of 10 days of treatment here they demonstrated far healthier profiles. Statistically significant improvement was noted in all 13 PTSD variables tested. In the world of science, it just doesn't get any more clear-cut than this. CranioSacral Therapy and SomatoEmotional Release have proven their effectiveness."

To receive a detailed copy of the report, please call Educational Services at 1-800-233-5880, ext. 89000.

Continued from page 11

2000 HealthPlex Clinical Services

Intensive Therapy Programs

Brain & Spinal Cord Dysfunction
Improving Structure and Function
Two-Week Programs: Apr. 3-14, Apr. 24-May 5, May 15-26, May 28-June 9, June 12-23, June 26-July 7, July 10-21

Therapist Rejuvenation Replenishment and Renewal
One-Week Program: May 8-12

Learning Disabled Children Facilitating Success
One-Week Program: Apr. 17-21, July 24-28

Addictive Behaviors
One-Week Program: Please call for dates.

Study Groups

Continued from page 11

Vancouver, BC
Annabel MacKenzie
604-987-0751
Focus: VM

Vancouver, BC
Brenda Pulvermacher, BSc, CSP
604-987-0751
Email: jmathias@direct.ca
Focus: CSI

Winnipeg, MB
Tanis Moore & Genora Whiteside, LMT
204-376-5317
Email: tmor@ecn.mb.ca
Focus: CST

New Zealand
Dunedin, Otago
Nellie Ralston
(03) 473-0095
Focus: CST

Advanced I CranioSacral Therapy

Palm Beach, Fla. - Dec. 6-10, 1999

Back row (l-r): Joanne Groat, MA, CMHT; Scott McGeorge, T&O; Carol Alvarez, CMT (preceptor); Roy Desjarlais, LMT; CST-D (instructor); Bruce Moran, LMT, CPT; Terrence Grywinski, LMT; Jennifer Atkinson, LMT; Front row (l-r): Gloria Coppola, CMT; Patrick Speer, CMT (preceptor); Virlal Mehta, MS, LMT, NCTMB; Elizabeth Kusnetzky, LMT; Monica Clift, MSTPT; Judith Klingerarnst, RNMT.

Madison, Va. - May 17-21, 1999

Back row (l-r): Gail Papison, PT; Ron Bjick, LMT; Roy Desjarlais, LMT, CST-D (instructor); Mark Mclean, PT, CST; Susan Grant, CAT; Diana Bahn, LMT; Front row (l-r): Suzanne Herberts, SP; Rebecca Parker; Susanne Bovinizer, MT (preceptor); Maureen O’Neal, CMT; Ethel Nelson, PT; Lee Beilfuss, LMT (preceptor); Jacqueline Riser, LMT (preceptor); Lorena Claire Mann, RGN, MT, SCM.

Note: Please call the study group contact directly regarding space availability, prerequisites, dates and times, as details sometimes change. A nominal fee may also be charged.
Big Head!
By Dr. Pete Rowan
This colorful, fun, easy-to-read book presents a life-size human brain piece by piece, from a single cell to the complex structure inside the human head. You’ll learn more about the tasks your brain performs, from monitoring your senses to storing your memories — and all the other elements that go into making you You! Recommended by John Worcester, LMT, CST. (hardcover) $20.00

The Celestine Vision
by James Redfield
In this exciting addition to his Celestine series, James Redfield delves into the hidden energies of our life dramas and shows us the mystical experiences that can help resolve them. (softcover) $13.99

Healing From the Core 2000:
A Journey Home to Ourselves CD Set
by Suzanne Scurlock-Durana, CST-D
The complete guide to learning how to feel fully alive: grounded, energized, relaxed, with healthy boundaries. (7 CD set) $99.00

Energetic Healing:
Embracing the Life Force
by Arnie Lade, AcT
This book is a guide to the inner landscape of subtle energy. It explores the role, manifestation, utility and healing power of our life force/energy in a concise, informative fashion. A compelling and original model of energy is provided — one that bridges many seemingly separate disciplines to reveal their unity and usefulness. (softcover) $17.95

Myofascial Pain Syndromes:
The Travell Trigger-Point Tapes
by Janet G. Travell, MD, and Ben Daitz, MD
This complete set of six videotapes gives you a complete foundation in the concepts of Myofascial Pain Therapy through specific trigger points. Topics include: Introduction to Myofascial Pain Therapy; Myofascial Pain Syndromes of the Head, Face, Neck and Shoulder Girdle; Myofascial Pain Syndromes of the Upper Torso and Shoulder; Myofascial Pain Syndromes of the Shoulder and Arm; Myofascial Pain Syndromes of the Low Back and Hip; and Myofascial Pain Syndromes of the Hip, Thigh and Calf. (set of 6 videotapes) $395.00

Molecules of Emotion Audiobook
by Candace B. Pert, PhD
Why do we feel the way we do? How do thoughts and emotions affect our health? Dr. Candace Pert offers decisive answers to these and other questions pondered by scientists and philosophers for centuries. Her conclusions offer a new understanding of the power of our minds and emotions to affect health and well-being. (2-tape audiobook; approx. 3 hrs. total) $18.00

Flash Cards: Muscles
by Gerald S. Kirby, PhD, and Alan Y. Cohen, MD
This informative pack of flash cards is designed to help you learn both the anatomy and clinical function of the human skeletal muscles. (250 cards) $10.95

Teslar Watch
Enjoy the benefits of technology while protecting yourself from its effects with the help of the Teslar watch. Tests at Stanford University Medical Center indicate it helps eliminate the effects of electricity’s electromagnetic fields from the body. The results? A 76% increase in the body’s immune-system capabilities. And protection against effects such as migraines, allergies, eye strain, joint discomfort, PMS, emotional highs and lows, and general uneasiness.

“The Teslar watch was recommended to me by Valerie Hunt, PhD, in early 1999. Its purpose is to protect the wearer from the electrical fields to which we are exposed...the video screens we watch...the high tension wires that pass over our heads...the cellular phones we use...so many sources.

“I believe the Teslar watch might more correctly be said to neutralize or protect us from electromagnetic fields, as well as a positively charged ionic atmosphere like that present on aircraft. Indeed, I’ve worn my watch for over six months now and find my fatigue from air travel greatly reduced.

“I like the results. I trust Valerie’s judgment. So I recommend the Teslar watch in good conscience as a protective aid against this electrically polluted environment that seems to be an integral part of civilization we’ve created.”
– John E. Upledger, DO, OMM, Palm Beach Gardens, Fla.

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