

Upledger CranioSacral Immersion Report for Dr. John E. Upledger Program for Military Post-Traumatic Stress

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Study Design:

The Upledger Military Veterans Post-Traumatic Stress Disorder (PTSD) Program was a five-day Upledger CranioSacral Therapy Intensive Program that ran from Tuesday, November 8th through Sunday, November 13th 2016. The first day was a short meet and greet of the therapists and the veterans. The five-day intensive started the next day. Six military veterans participated in the program. Two were Vietnam veterans and the remaining four were in more recent conflicts. There were approximately 20 therapists. Each veteran received Upledger CranioSacral Therapy from a team of three Upledger CranioSacral therapists, with each team led by a Primary Therapist who was an Upledger CranioSacral Therapy Diplomate. Support therapists all were a minimum of an Upledger CranioSacral Therapist Techniques certified. Each day, veterans received Upledger CranioSacral Therapy for approximately 2.5 hours in the morning and 2 hours in the afternoon.

Best Practice Approach:

While the data is very encouraging, it is limited by the lack of control group, lack of randomization, and small sample size. It will be important to have more clients to build the case for larger, more controlled studies.

Conclusions:

We found a 20-point drop (twice the minimal clinically important difference, MCID) in the PTSD Check List (PCL) for each of the four participants followed for five months after the Upledger CranioSacral Immersion Program. This result was both clinically and statistically significant.

Two of the three participants with a presumptive Post-Traumatic Stress Disorder (PTSD) diagnosis no longer had a presumptive diagnosis at the five-month follow-up. Depression as measured by the Patient Health Questionnaire (PHQ-9) also showed both clinically (MCID) and statistically significant changes.

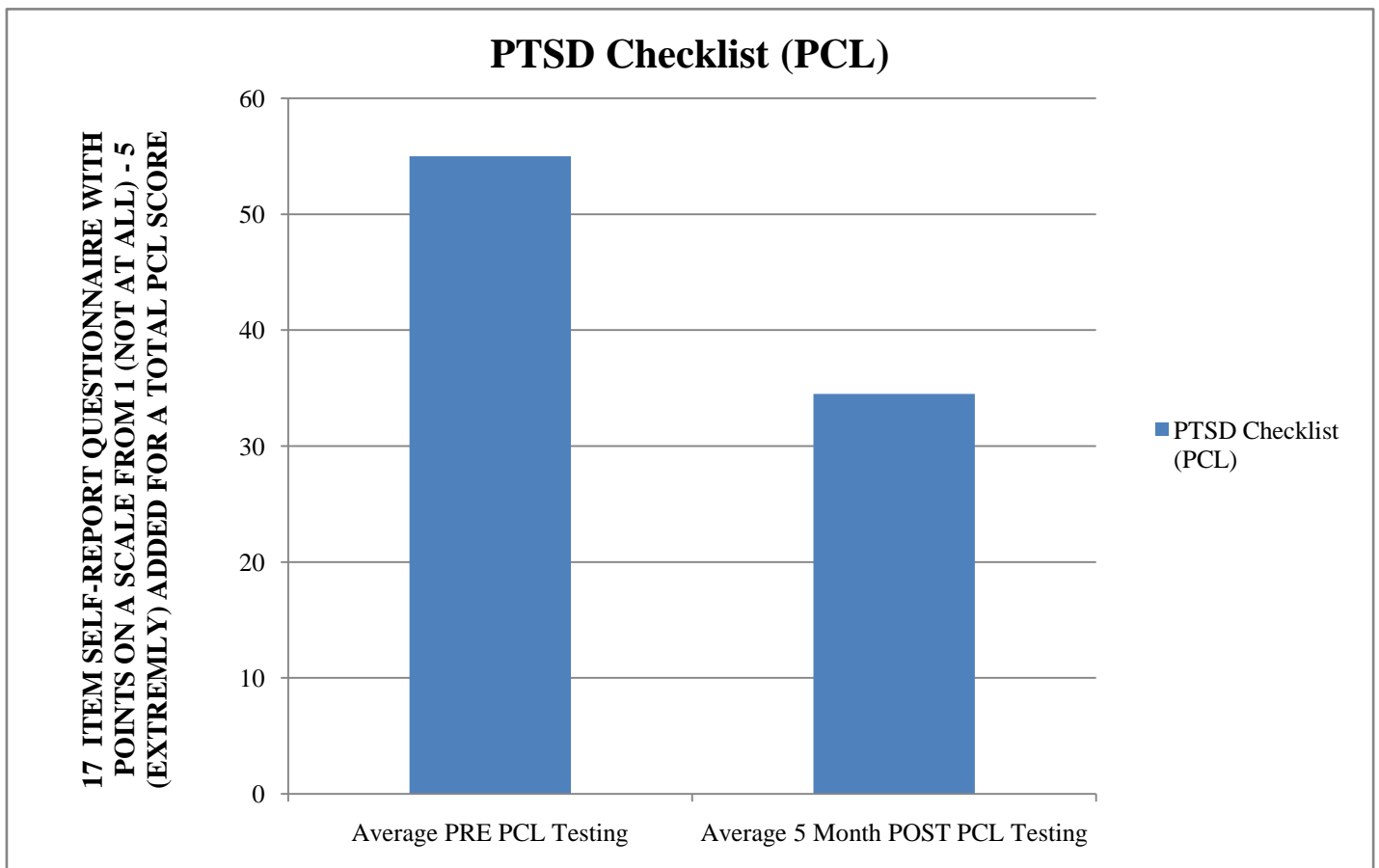
Although the Insomnia Severity Index (ISI) showed no statistically significant changes, three of the four veterans showed improvement in their ISI score at the five-month follow-up.

The Patient-Reported Outcomes Measurement Information System (PROMIS-29) had changes in multiple Health Related Quality of Life (HRQoL) domains, with statistically and clinically significant changes in Social Function, Anxiety, Depression, and Fatigue. The changes in Physical Function and Pain Interference were statistically significant.

Similarly, the Measure Yourself Medical Outcome Profile 2 (MYMOP2) showed statistically significant changes for Symptoms 1, Activity and general well-being over the five-day clinical immersion. Finally, the Defense & Veterans Pain Rating Scale (DVPRS) showed a trend over the five days for lower pain scores, and within each day, pain decreased from the morning to the end of the day.

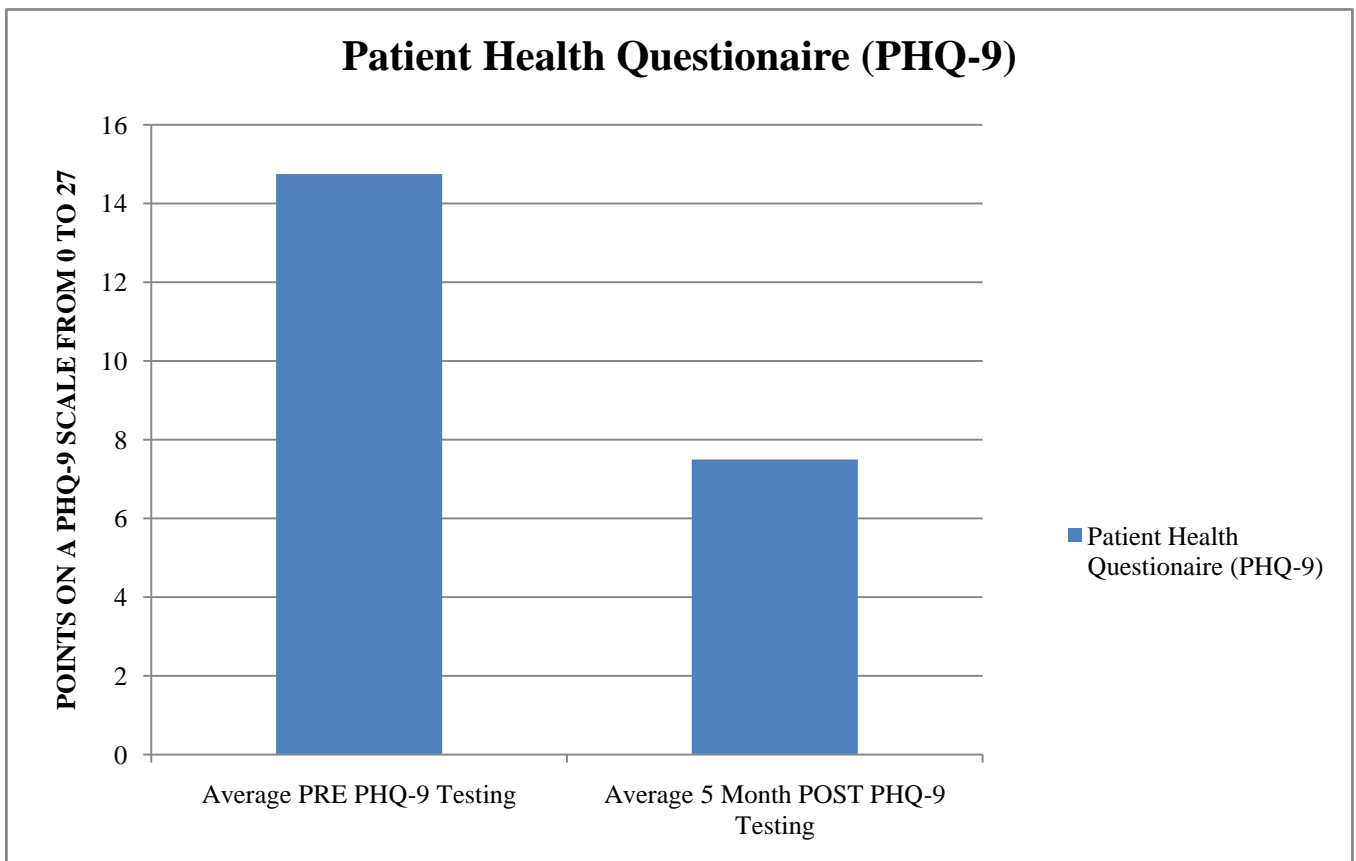
PTSD Checklist (PCL)

- The PCL is a 17 item self-report questionnaire asking about key PTSD symptoms taken from the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) over “the past month.”
- We used the PCL-Civilian (PCL-C), which asks about symptoms related to generic “stressful experiences.”
- The severity of how much each symptom bothers the client is rated on a Likert-type scale ranging from 1 (not at all) to 5 (extremely).
- The PCL can be used for PTSD screening, as an aid in the diagnosis of PTSD and can monitor changes in PTSD symptoms.
- Lower scores mean improvement, thus the graph shows the clients dropped approximately 20 points which suggests clinical improvement in symptoms.



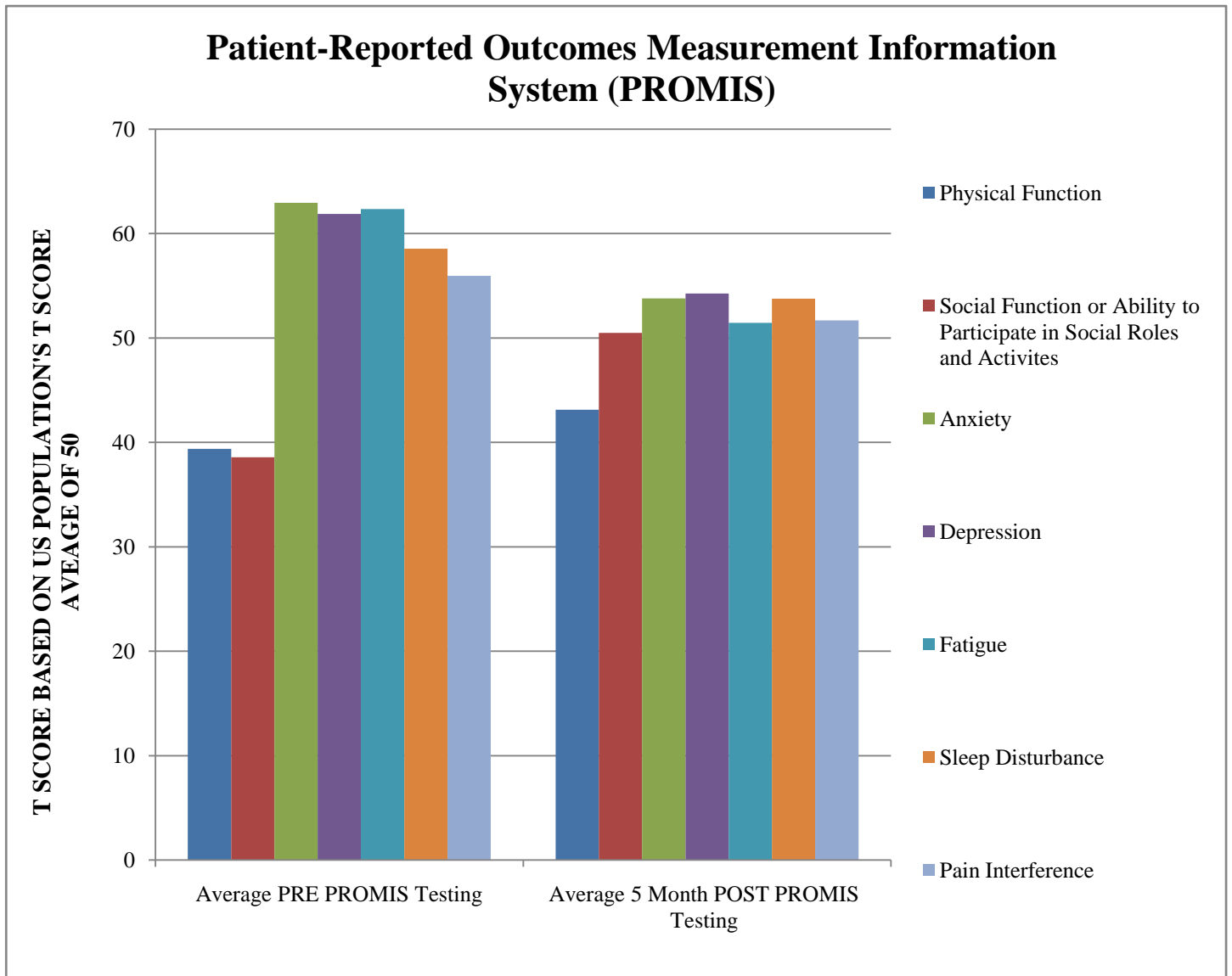
Patient Health Questionnaire (PHQ-9)

- The PHQ-9 is a 9-item self-report questionnaire that screens for depression using the nine DSM-IV criteria. The time frame of the PHQ-9 is “the last 2 weeks.”
- All six participants filled out the PHQ-9 on the first day of the Immersion. Of the six, two screened for severe depression, three for moderate depression, and one for mild depression.
- Of the four participants who filled out the PHQ-9 at the 5-month follow-up, one severe depression had changed to moderate (a change of two categories), two moderate depressions had changed to mild depression, and one moderate depression had changed to minimal depression (a change of two categories).
- Three of the four follow-up participants had a MCID.



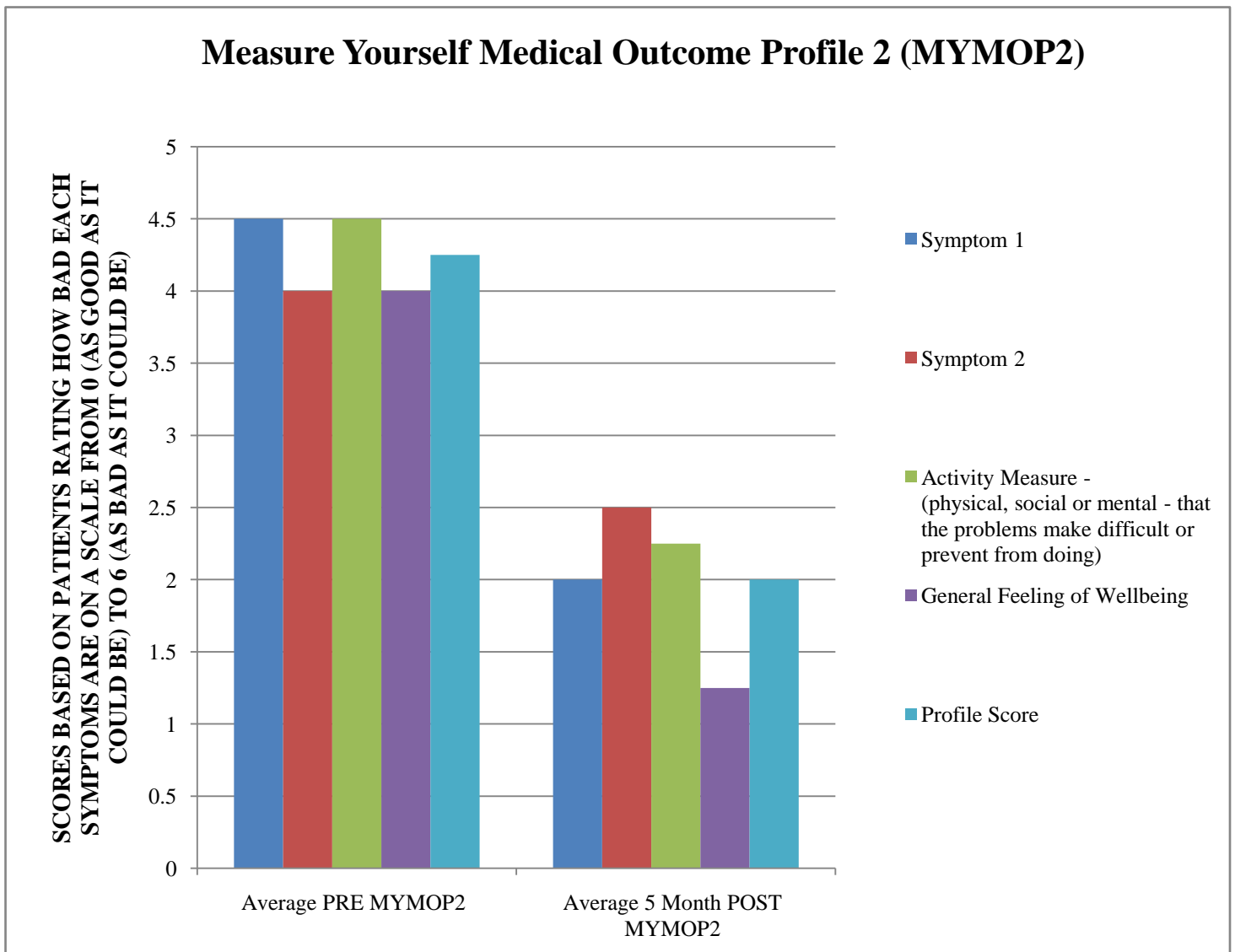
Patient-Reported Outcomes Measurement Information System (PROMIS)

- PROMIS is an initiative of the National Institutes of Health (NIH) Roadmap to standardize patient-reported outcomes.
- The time frame of the PROMIS-29 questions is the “past 7 days.”
 - The PROMIS-29 is a 29-item asks questions from seven HRQoL domains:
 - Physical functioning, anxiety, depression, fatigue, sleep disturbance, social functioning (ability to participate in social roles and activities), and pain.
- Higher scores mean more of the domain. Thus, the increase in the Physical Function and Social Function scales suggests that the clients had improved Physical and Social Function. On the other hand, scores dropped for Anxiety, Depression, Fatigue, Sleep Disturbance, and Pain Interference, which suggests that clients suffered less from each of these.



Measure Yourself Medical Outcome Profile 2 (MYMOP2)

- The MYMOP2 is a 6-item patient generated measure that is used as an outcome measure for primary care, and for complementary and alternative medicine.
- The time frame for the response is for the “last week.”
- The MYMOP2 is patient generated in that the patient decides what two symptoms (physical or mental) are bothering them the most and then rates how bad each of the symptoms are on a scale from 0 (as good as it could be) to 6 (as bad as it could be).



Defense & Veterans Pain Rating Scale (DVPRS) and Defense & Veterans Pain Supplemental Questions (DVPSQ)

- The DVPRS was developed to enhance the 11-point numeric rating scale for pain – 0 (no pain) to 10 (as bad as it could be, nothing else matters), by adding visual cues (facial expressions and colors), and word descriptors to better quantify pain intensity ratings.
- There are also four additional supplemental questions (DVPSQ) that quantify pain interference with activity and sleep, and pain effects on mood and stress.
- The DVPRS has been validated in military populations and has demonstrated acceptable internal consistency reliability, and test-retest reliability (Polomano RC et al, 2016; Nassif TH et al, 2015; Buckenmaier CC et al, 2013).

