

## Comparing Craniosacral Therapy to Osteopathic and Sacro Occipital Technique Chiropractic Cranial Practitioners.

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### *Introduction: Seeds of Conflict*

It has been suggested that conflict between the osteopathic and chiropractic profession started with perception that D.D. Palmer<sup>1</sup> purportedly stole spinal manipulation from A.T. Still<sup>2,3</sup>, and then later from the perception that M.B. DeJarnette<sup>4</sup> stole cranial manipulation from W. G. Sutherland<sup>5</sup>. Even though DeJarnette later gave Sutherland credit for his cranial discoveries, Sutherland's osteopathic students seem to have determined that DeJarnette didn't give enough credit or soon enough. This creates a bit of a backdrop to explain what may seem like antipathy by the cranial osteopaths towards chiropractors and particularly towards any chiropractor that utilizes cranial or studies sacro occipital technique (SOT).

### *History of Cranial Manipulative Developments*

The first doctors trained in cranial care initially studied with William Garner Sutherland, DO who was a pioneer cranial anatomist and clinician. A chiropractor Nephi Cottam<sup>6</sup> at the time of Sutherland simultaneously also developed and taught a method of craniopathy, however its methodology was different and it has not been taught for decades. Sutherland called his work "Osteopathy in the Cranial Field<sup>7,8</sup>" and the Sutherland Cranial Teaching Foundation (SCTF)<sup>9</sup> was started to continue his work. Presently the SCTF is still in existence and continues to this day. The Cranial Academy<sup>10</sup>, an offshoot of SCTF starting up in the early 1960s with goals of being innovative and teaching dentists and medical doctors cranial techniques. Dr. Upledger was one of their lead researchers and split off in the late 1970s after writing his book *Craniosacral Therapy*<sup>11</sup>.

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### *Craniosacral Therapy*

Craniosacral therapy (CST) as taught by Dr. Upledger and his instructors is taught from his book<sup>11</sup> and he supports his premise of teaching it to anyone regardless of their background or training because he doesn't want the work lost and that he feels not enough people are doing it. Over the past few decades Dr. Upledger has created a virtual empire of masseuses and lay persons trained in craniosacral, which has led to confusion to many patients who do not understand the difference between CST and that of osteopathic or SOT cranial interventions. Still to Dr. Upledger's credit he also has created a larger societal understanding of therapeutic applications affecting the head or cranium.

In general CST's focus is on relaxing the person rather than actually making a clinical change in a specific type of clinical presentation. It is for this reason their lack of training for differential diagnosis, being able to assess pathology, and know who and when to refer, has been questioned<sup>12</sup>. In some instances this can create a gray area where patients needing care from a doctor are left in the hands of a layperson without the knowledge of primary healthcare or knowing how to appropriately triage.

### *Osteopathic and SOT Chiropractors Cranial Doctors*

In contrast to craniosacral therapists both osteopaths<sup>13</sup> and chiropractors<sup>14</sup> are trained in differential diagnosis, can assess pathology, and know when refer. They offer primary care diagnosis and treatment and treat clinical conditions with specific clinical applications of cranial manipulative therapy.

While osteopaths and chiropractors address the entire craniospinal system, organs, and entire musculoskeletal system, chiropractors (especially SOT doctors) rely on a neurologically based specific indicator system, with reflex and pain modifiers that specifically allow the chiropractor to address each individual's condition or health status. Also SOT as developed by DeJarnette to generalize patient presentations into a system of categories creating a "map" to assess the body in three dimensions, holographically, and with a matrix of function in patterns <sup>15</sup>. To SOT doctors this gives them a place to go that seems clear to the patient and doctor as compared to the subtle palpations commonly used by the osteopathic cranial doctor and currently questioned by the research community <sup>16</sup>.

### ***Chiropractors, Chiropractic Research and Cranial Methods of Care***

As chiropractic attempts to build an evidence base of information we must be careful not to equate the chiropractor's ability to function as a primary care healthcare provider with a lay person or masseuse. Therefore it is important that in our literature we utilize terms such as chiropractic cranial manipulation, chiropractic cranial therapy, or SOT cranial therapy, instead of craniosacral therapy (CST) <sup>17</sup>. It is also highly suggested that chiropractors realize that it is both more beneficial from a diagnostic and therapeutic position to study chiropractic cranial technique methods such as those taught by sacro occipital technique organizations since they have taught cranial technique and certified chiropractors, since their inception.

### ***Dental Cranial Collaborative Treatment***

Both the osteopaths and chiropractors have involvement with dentists treating TMJ disorders (TMD), although SOTO-USA is the only chiropractic-based organization in the Alliance of TMD Organizations, an alliance that represents over 17,000 dental members <sup>18</sup>. SOTO-USA has been involved with TMD dental chiropractic collaborative research for years <sup>19-32</sup> and is

pioneering this field of interdisciplinary care. SOTO-USA has been furthering dental chiropractic collaborative models of care for TMD and teaching Dental Chiropractic Cranial Collaborative at yearly symposiums, this year in New Orleans, October 28-31<sup>st</sup> <sup>33</sup>.

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