Introduction to Osteopathy in the Cranial Field

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The Osteopathic Cranial Academy
Objectives

- What is OCF?
- Dr. Still
- Dr. Sutherland
- Stillness
- Primary Respiration
- Five Phenomena
What is OCF?

- *Diagnostic* and *Treatment* approach that can be learned by all Osteopathic physicians and applied in all specialties

- Described by William Garner Sutherland, DO following his explorations of Osteopathy that were stimulated by Dr. A.T. Still, MD, DO
Anatomy,
As I stood there thinking in the channel of Dr. Still's philosophy...
What is OCF?

- Extension of Osteopathic principles to all aspects of the body, including the head
• “the object of the physician is to find health, anyone can find disease.”

• -A.T. Still, MD, DO
What is OCF?

• *Supports* the innate healing wisdom within
• The body is a living, breathing, self corrective mechanism dwelling in a spiritual realm.
Primary Respiration

• Physical, Emotional, Energetic expression of Stillness as the Life Force that animates each Living Being
• Stillness = Health
“be still and know...”
“be still and know that I am”
When two great forces oppose each other, the victory will go to the one that knows how to yield.
• When two great forces oppose each other, the victory will go to the one that knows how to yield.

Dis-ease vs. Health
• Can you coax your mind from its wandering and keep to the Original Oneness?
• Can you cleanse your inner vision until you see nothing but the light?
• Can you love people and lead them without imposing your will?
• Simplicity, Patience, Compassion

• These three are your greatest treasures.
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• Simple in actions and in thoughts, you return to the Source of Being.
Introduction to Osteopathy in the Cranial Field

Tom Moorcroft, DO
And
Daniel Shadoan, DO
“To the digger who will take time to dream and the dreamer who will wake up and dig, the science of Osteopathy will unfold into a magnitude equal to that of the heavens.”

- William Garner Sutherland, DO
The Primary Respiratory Mechanism

- Sutherland’s model to explain a complex phenomenon, studied for over 30 years before going public
- Had been a journalist who chose words carefully
- However, map does not equal the territory
Primary Respiratory Mechanism

- Primary - fundamental
- Respiratory - concerned with respiration on a cellular level
- Mechanism - “the fundamental processes involved in or responsible for an action, reaction, or other natural phenomenon” (Webster’s Dictionary)
The Five Phenomena

1) Inherent Motility of the Central Nervous System
2) Fluctuation of the Cerebrospinal Fluid
3) The Mobility of the Intracranial and Intraspinal Membranes
4) Articular Mobility of the Cranial Bones
5) Involuntary Movement of the Sacrum between the Ilia
1) Inherent Motility of the CNS

- The Central Nervous System moves in:
  - Alternating phases
    - Short and wide
    - Long and thin
- Manifests as a coiling and uncoiling of the neural tube
Continuity

- CNS continuous with PNS via nerves throughout body.
- Therefore motion is palpable everywhere
2) The Fluctuation of Cerebrospinal Fluid

- Sutherland used Webster’s definition of fluctuation: “the movement of a fluid contained within a natural or artificial cavity and observed by palpation or percussion”

The CSF “...has a potency with an Intelligence... This potency is an invisible “fluid” within the cerebrospinal fluid.”

- TSO p. 31

The CSF receives and is endowed with “the breath of life” and “the CSF is in command” and has an “unerring potency”

- (OCF, 1st ed., p. 15)
3) The Mobility of the Intracranial and Intraspinal Membranes

- Reciprocal Tension Membrane of the Dura Mater “...is an interosseous membrane that holds the bones of the neurocranium together and allows a certain range of normal movement at the joints.” TSO, p. 39.
- “Suspension-Automatic-Shifting-Fulcrum”
“Visualize two upright poles with a wire stretched between them which is on continual tension.

A pull on one pole causes the tense wire to pull on the other pole in the same direction and to the same degree.” COT p. 31
Reciprocal Tension Membrane

- The cranial bones all form in Dura which is firmly attached:
  - In the Cranium - the falx cerebri, tentorium cerebelli and falx cerebelli
  - At the 2nd and 3rd Cervical Vertebrae
  - At the 2nd Sacral Segment
  - At the 2nd Coccygeal Segment via Filum Terminale Externis
RTM Continuity Throughout the Body

- Epineurium surrounds peripheral nerves
- This tissue is continuous with both Dura and Arachnoid mater
- Continuity of dural tension as pervasive as motility of CNS.
- Perineurium/Arachnoid connection allows for continuity of Cerebrospinal fluid and periphery - tracers in CSF tracked to lymph
4) The Articular Mobility of the Cranial Bones

- “The mobility of the bones of the skull is accommodative to that motility within the brain and spinal cord and to the fluctuation of cerebrospinal fluid.” TSO p. 19
5) The Involuntary Mobility of the Sacrum between the Ilia

- The sacrum follows the occiput, rotating around a respiratory axis at the second sacral segment (S2)
- The movement of the occiput is transmitted to the sacrum via the Core Link of the Reciprocal Tension Membrane.
“There is much to discover in the science of osteopathy by working with the forces within that manifest the healing processes. These forces within the patient are greater than any blind force that can safely be brought to bear from without.”

- William Garner Sutherland, DO
Palpation

- Birds have excellent vision, dogs have excellent smell,
  - humans have excellent touch which co-evolved with brain
- Tactility allows for surface palpation
- Proprioception allows feeling through things
- Everyday Examples
  - sweeping, driving, cutting,
  - writing
    - feel of ball-point, gel, sharpie, etc.
    - not based on grip
Palpation with Mind

- Sense of someone staring at you, ability to feel mood, emotion
Palpation with Mind

- Hunter and hunted
  - Approach wild animal - must keep mind broad and blank, piercing gaze (eyes of the hunter) drives wild animals away
    - Subtle aspects withdraw if you focus too hard
Foreground vs. Background

- Vision unable to focus on foreground and background simultaneously
  - Hold up and look at finger, then shift to background
- Palpation can sense foreground in hands and background with mind simultaneously
• Palpation
  • Plastic contact, hands merge with patient
  • Not feather touch, not brick hands
  • Keep your mind relaxed and open, allow the information to come to you
  • Patient - instruct your partner if contact feels too strong, physically or mentally
Primary Respiratory Mechanism Lab

- Find a comfortable position for yourself and for the patient
  - Make sure table is a comfortable height
  - Rest forearms on table if possible
Lab

- On Hands - handshake
  - Just feel for any motion present
- Primary vs. Thoracic Respiration
  - Feel heart rate, breathing and then other motion
    - On rib cage alone
    - On thigh and rib cage
    - On thigh alone
Primary Motion

- Inhalation Phase - widening, shortening
  - Flexion and External Rotation
- Exhalation Phase - narrowing, elongating
  - Extension and Internal Rotation
PRIMARY RESPIRATORY MECHANISM

INHALATION
- CNS - SHORT & FAT
- FLUIDS - SWELLING
- DIAPHRAGMS - FLATTEN
- PAIRED BONES - ER
- MIDLINE BONES - FLEXION

EXHALATION
- CNS - LONG AND THIN
- FLUIDS - RECEEDING
- DIAPHRAGMS - PEAK/TENT
- PAIRED BONES - IR
- MIDLINE BONES - EXTENSION
<table>
<thead>
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<tr>
<td>Sacrum</td>
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Palpatory Signatures

- Fluid - feels like a tidal or wave motion
- Membrane - has a pull or directional force
- Bone - is hard
Vault Contact

- Place
  - Index fingers on GW of sphenoid
  - Middle fingers anterior to Ear
  - Ring fingers posterior to ear (mastoid process)
  - Pinkies at lateral angles of occiput
  - Thumbs off the head
Potency of CSF

- Observe fluid movement
- Directing the tide
  - Have patient dorsiflex ankles
  - Have patient inhale and hold breath
Occipito-Mastoid Suture

- Let's observe a key regions in the skull
  - one finger along mastoid process
  - one parallel finger on occiput posterior to mastoid process
- Direct fluid from opposite pole of cranium
- Reassess for Inherent Motion
The goal of an osteopathic treatment is to affect a more efficient interchange between all the fluids of the body and across all their tissue interfaces. - WGS
Review

- Diggers vs. Dreamers
- 5 Phenomena
- Palpation
- Take a 40 hour course
  - June in Indianapolis
  - Also SCTF, Viola Frymann both in Summer