

Craniosacral Therapy Core Curriculum

This document is intended to define the categories of knowledge and minimum educational standards for training practitioners eligible to register with the CNHC's section for Craniosacral Therapy. The Core Curriculum is a more detailed descriptor of the teaching and learning required to ensure students have assimilated National Occupational Standards.

This document should be read alongside the following National Occupational Standards (final version June 2010):

<http://www.skillsforhealth.org.uk/>

CNH6 Provide Craniosacral Therapies to clients.

CNH1 Explore and establish the client's needs for complementary and natural healthcare.

CNH2 Develop and agree plans for complementary and natural healthcare with clients.

These standards are mapped into the Core Curriculum as follow:

CNH6 Knowledge and Understanding appears as 6K/... Performance Criteria appears as 6P/...

CNH1 Knowledge and Understanding appears as 1K/... Performance Criteria appears as 1P/...

CNH 2 Knowledge and Understanding appears as 2K/... Performance Criteria appears as 2P/...

The authors of the Core Curriculum have sought to define appropriate Craniosacral Therapy standards in a way that is inclusive of variations in philosophy and approach. The Core Curriculum has therefore been written using language that is as neutral as possible. It is not expected that the various training providers will use a uniform terminology. Refer to the Glossary at the end of this document for definitions of the terminology used.

The overall aims of the course

To train students to levels of competence, skills, sensitivity and knowledge so that they can demonstrate an ability to provide safe, effective, and ethical practice of Craniosacral Therapy without supervision.

Educational Levels and Qualifications

Pre-requisites for entry to training: Anatomy and Physiology

Prior medical or therapy qualification, which include minimum of 80 hours of classroom study in anatomy and physiology or a correspondence course which include a minimum of 100-150 hours of home study including personal tutor feedback on home study assignments.

The course will cover all of the major body systems, to a minimum standard of Level 3 of 'Educational and Learning Qualifications'
http://www.direct.gov.uk/en/EducationAndLearning/QualificationsExplained/DG_10039017

Students who can demonstrate in-depth prior study as part of an extensive healthcare or scientific qualification may be deemed to have met the A and P requirements: physiotherapy, osteopathy, chiropractic, acupuncture or degree.

For those who do not meet this requirement, a qualifying course in anatomy and physiology may be taken prior to or concurrently with the training in craniosacral therapy. Additional studies in anatomy and physiology specific to the practice of craniosacral therapy are required as part of craniosacral therapy trainings, details of which are included in the Core Curriculum below.

Modules and Modes of Training: levels and hours

Craniosacral therapy trainings may comprise several modes of study, delivered intensively (full time) or extensively (part-time). These trainings should include the following minimum hours of specific Craniosacral Therapy learning:

- Classroom study: 300 hours including approximately 150 hours formal theory and 150 hours practical work
- Home-based study: 250 hours
- Additional supervised practical sessions: either in class or as part of home study 150 hours

Total of 700 hours.

Courses should ensure levels of skill and knowledge equivalent to Entry Level 4/5

http://www.direct.gov.uk/en/EducationAndLearning/QualificationsExplained/DG_10039017

Core Curriculum Categories

- 1. Craniosacral Therapy Principles & Philosophy**
- 2. Anatomy & Physiology**
- 3. Assessment and Clinical Evaluation**
- 4. Contraindications**
- 5. General Therapeutic Principles and Clinical Practice**
- 6. Psycho-social Skills**
- 7. Professional Development, Ethics & Practice Management**
- 8. Research Awareness**

Because students may train in Craniosacral Therapy after another health qualification, the above categories within the Craniosacral Therapy Core Curriculum have been split into two parts:

1. Training which is generic to most touch/health therapies
2. Training which is specific to craniosacral therapy.

Craniosacral Therapy Principles and Philosophy Level 4/5

| Generic | Craniosacral Therapy Specific |
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| <p>Aims <i>To provide:</i></p> <ol style="list-style-type: none"> 1. An understanding of the philosophy of health and disease. | <p>Aims <i>To provide:</i></p> <ol style="list-style-type: none"> 1. A historical overview of the development of craniosacral therapy and key craniosacral therapy pioneers. 6K/1 2. An understanding of the philosophical and theoretical foundations of craniosacral therapy. 6K/1 3. An understanding of the principles of the clinical application of craniosacral therapy. 1K/1 4. A specific understanding of the expressions of subtle rhythmic motion throughout the body and practical skills for working with these rhythms. 6K/3b |
| <p>Learning Outcomes <i>The practitioner should be able to:</i></p> <ol style="list-style-type: none"> 1. Describe the relationship of craniosacral therapy to other therapeutic modalities. 2. Discuss key similarities and differences between the conventional medical model and craniosacral therapy. | <p>Learning Outcomes <i>The practitioner should be able to:</i></p> <ol style="list-style-type: none"> 1. Describe the historical origins and evolution of craniosacral therapy. 6K/1 2. Demonstrate knowledge of key craniosacral therapy pioneers. 6K/1 3. Demonstrate knowledge of craniosacral therapy philosophy, core principles and definitions. 6K/2 4. Describe different models of craniosacral therapy practice. 6K/3 |

Anatomy & Physiology Level 4/5

| Generic (the following generic requirements maybe studied prior to or concurrently with a craniosacral therapy training) | Craniosacral Therapy Specific |
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| <p>Aims <i>To provide:</i> 1. A knowledge and understanding of anatomy and physiology covering all the major body systems.</p> | <p>Aims <i>To provide:</i> 1. A knowledge of anatomy, physiology and pathology essential and relevant to craniosacral therapy. 1K/15</p> |
| <p>Learning Outcomes <i>The practitioner should be able to:</i> 1. Explain the basic physical terms used in the study of anatomy and physiology and locate key surface landmarks and structures within the body. 6K/33 2. Describe the structure and functions of normal organelles, cells, tissues and organs of the body. 3. Explain key homeostatic mechanisms within the body. 6K/33m 4. Describe the structure and function of the major physiological systems of the body including their integration within the body. 6K/33a-1</p> | <p>Learning Outcomes <i>The practitioner should have a working knowledge of the following anatomical and physiological relationships within the body:</i> 1. Fluid systems including: 6K/23 - cerebrospinal fluid and its longitudinal fluctuation 6K/28 - the brain ventricles: 3rd ventricle, 4th ventricle, lateral ventricles and Aqueduct of Sylvius - the venous sinus system of the head and jugular foramina - fluid fluctuation throughout the whole body 6K/25 - the lateral fluctuation of fluids - still points; CV4 and EV4 6K/15 2. Central Nervous System (CNS) including: 6K/24 - the embryological development of the CNS in relation to the notochord 6K/30 - motility of the CNS including the cortex, limbic system, cerebellar hemispheres, brainstem and spinal cord 6K/13 - the neuro-endocrine link: hypothalamus, pituitary and pineal glands 6K29 - facilitated segments: somato-visceral and viscero-somatic patterns - brain stem facilitation - cranial nerves and the peripheral nervous system 6K/24 3. Reciprocal Tension Membrane (RTM) System including: 6K/28 - the falx cerebri, tentorium cerebelli and falx cerebelli - the spinal dura and “core link” to the sacrum</p> |

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| | <ul style="list-style-type: none"> - the three meningeal layers: pia mater, arachnoid and dura - continuity of the RTM system with cranial bones - continuity of the RTM system with body fascia <p>4. Bones: 6K/22, 33a, 33f</p> <ul style="list-style-type: none"> - the motility and mobility of sphenoid, occiput, temporal bones, parietal bones, frontal bone, ethmoid, mandible, maxillae, vomer, palatine bones, lacrimal bones, zygomae and the bony orbit - sutural relationships and intraosseus patterns of the above - the infant's skull 6K31 - sphenobasilar dynamics including patterns of inhalation/flexion, exhalation/extension, torsion, side-bending/rotation, vertical strains, lateral strains and compression - the sacrum, sacroiliac joints and lumbo-sacral junction 6K/26 - the occipito-atlantal junction - spinal vertebrae - temporo-mandibular joint - hyoid bone <p>5) Whole body and connective tissues: 6K/25</p> <ul style="list-style-type: none"> - fascia and its arrangement throughout the body - fascial glide - the transverse diaphragms - tissue memory - introduction to the body viscera 6K/27 - general pelvic dynamics - the appendicular skeleton 6K/33a |
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Assessment and Clinical Evaluation Level 5

| Generic | Craniosacral Therapy Specific |
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| <p>Aims</p> <ol style="list-style-type: none"> 1. To understand and identify the multiple causative factors which may create a functional disturbance. 1K/3 2. To recognise how structural, biochemical, mental/emotional, spiritual, genetic and environmental factors may all contribute to the client's condition. 1K/4,5 | <p>Aims</p> <ol style="list-style-type: none"> 1. To understand from a craniosacral therapy perspective the development of disease and the processes of adaptation and factors involved. 6K/2 2. To competently apply and evaluate Craniosacral Therapy assessment and diagnostic methods. 1P/1, 9 3. To apply evaluation skills, including observation and palpation, in the assessment of craniosacral therapy function and dysfunction. 6K/4,12,13 4. To orient to the health of the client and the most effective Craniosacral Therapy approaches of treatment. 6K/7 5. To develop perceptual and palpatory skills to assess the expressions of subtle rhythmic motion within the client's physiology. 6K/4a,b,c 6. To differentiate different rhythmic motions/"tides" within the client's physiology. 6K/4c,d 7. To develop the ability to sense subtle motion and qualities of function within the wholeness of the client and to be in therapeutic relationship with specific aspects of the system. 6K/4e 8. To develop the skills to perceive and understand the effects on the body of physical and emotional shock and trauma. 6K/18 9. To understand the physiological progression of healing and how to approach a treatment in each individual circumstance. 6K/17 10. To identify states of inertia and conditioned patterns of motion within the individual's physiology and how these respond to craniosacral therapy treatment 6K/15 |
| <p>Learning Outcomes <i>The practitioner should be able to:</i></p> <ol style="list-style-type: none"> 1. Take a case history and evaluate the client's clinical signs and symptoms. 6K/4,5 6P/1 2. Demonstrate an understanding of conditions affecting the musculoskeletal, integumentary, nervous, endocrine, cardiovascular, lymphatic, respiratory, gastrointestinal, reproductive and urinary systems. 1K/15 3. Evaluate the impact of the client's lifestyle and environment on their | <p>Learning Outcomes <i>The practitioner should be able to:</i></p> <ol style="list-style-type: none"> 1. Apply all the above clinical assessment and evaluation skills within a clinical context. 1P/7,9 2. Assess the appropriateness of the client's condition for craniosacral therapy treatment. 6K/5 1K/10 1K/11 3. Prioritise the findings of the craniosacral therapy assessment, taking into |

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| health. 1K/4 4. Interpret and evaluate assessment and diagnostic results in relation to the individual. 6P/6, 6K/7, 2K/2, 1K/7 5. Recognise the cumulative effect of predisposing factors on the expression of health. 2K/10, 9 | account the client's needs and abilities. 6K/7,8 1K/14 |
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Contraindications Level 4/5

| Generic | Craniosacral Therapy Specific |
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| <p>Aims <i>To provide:</i></p> <ol style="list-style-type: none"> 1. The knowledge to engender a critical awareness of ‘red flag’ symptoms and develop an understanding of the limits of the practitioner’s own therapeutic capabilities, thereby enhancing the skills for appropriate referral. 6K/10, 5, 1K/13, 1P/8, 2P/3 2. To be aware of the relevant indications and of any absolute and relative contra-indications to treatment. 6K/9, 1P/9 | <p>Aims <i>To provide:</i></p> <ol style="list-style-type: none"> 1. An understanding of any relative local or non-local contraindications to craniosacral therapy treatment. 6K/5,6 These contraindications may include: <ul style="list-style-type: none"> - any known situations where it is undesirable to change intracranial pressure: eg any acute intracranial hemorrhage, aneurism, encephalitis, hydrocephalus, recent fracture, epidural leaks, herniated medulla oblongata. 6K/9a - any situation where there is constant, unremitting, unexplained pain 6K/9b - in conditions of severe and/or acute mental disorder 6K/6e - severe emotional trauma - recent surgery or trauma, serious pathology 6K/9e,9f 1P/8, 2. An understanding of conditions where particular craniosacral therapy treatment techniques should not be used. 6K/5, 1K/13, 2P/4 |
| <p>Learning Outcomes <i>The practitioner should be able to:</i></p> <ol style="list-style-type: none"> 1. Recognise potential ‘red flag’ signs and symptoms and recognise when to recommend clients for orthodox medical assessment. 6K/10, 2K/4 | <p>Learning Outcomes <i>The practitioner should be able to:</i></p> <p>Adhere to any relative or absolute contraindications to craniosacral therapy treatment as above. 6K/9,10</p> <p>Therapist to be reflective of their competence to work with clients presenting with varying levels of emotional, mental and physical disorders 6K/17a,b,c,d and working with pregnancy, babies and children 6K/9c,d</p> |

General Therapeutic Principles and Clinical Practice Level 5

| Generic | Craniosacral Therapy Specific |
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| <p>Aims <i>To provide:</i></p> <ol style="list-style-type: none"> 1. An appreciation of the concept of health, effective functioning and well-being consistent with the principles of craniosacral therapy. 6K/2 2. An understanding of the effects of stress and trauma from a physiological perspective 6K/18 | <p>Aims <i>To provide:</i></p> <ol style="list-style-type: none"> 1. The ability to implement craniosacral therapy safely and in accordance with professional codes of practice. 6K/3 6P/5 2. The development of practitioner self-awareness skills including the ability to ground and orient within the therapeutic relationship and to be aware of one's own subtle physiological rhythms 6K/3d,e 3. The skills to engender a safe and appropriate therapeutic relationship with clients, including the ability to: 6P/3,4 <ul style="list-style-type: none"> - negotiate appropriate contact through touch 6K/4a - use light touch 6K/4a, - work with a sense of presence 6K/3e - give appropriate space to the client 6K/6, 6P/2 - apply good listening and communication skills. 6P/1,8 4. The ability to sense and skilfully work with the following anatomical and physiological relationships: 6K/13,3g <ol style="list-style-type: none"> a) Cerebrospinal fluid (CSF) including: 6K/23 <ul style="list-style-type: none"> - the longitudinal fluctuation of CSF - the brain ventricles: 3rd ventricle, 4th ventricle, lateral ventricles, and the Aqueduct of Sylvius - the venous sinus system of the head and jugular foramina - the longitudinal fluctuation of fluid throughout the whole body - the lateral fluctuation of fluids. b) The central nervous system (CNS) including: <ul style="list-style-type: none"> - the embryological development of the CNS 6K/30 - the motility of the CNS including the cortex, limbic system, cerebellar hemispheres, brainstem and spinal cord - the neuro-endocrine link: the hypothalamus, pituitary and pineal glands - facilitated segments: somato-visceral and visceros-somatic patterns 6K/29 |

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| | <ul style="list-style-type: none"> - brain stem facilitation - the function of cranial nerves and the peripheral nervous system 6K/24 c) The Reciprocal Tension Membrane (RTM) System including: 6K/28 - the falx cerebri - the tentorium cerebelli - the falx cerebelli - the spinal dura and the three meningeal layers: pia mater, arachnoid and dura; the spinal dura and core link to sacrum - the continuity of the RTM system with cranial bones - the continuity of the RTM system with body fascia. d) The cranial bones including: 6K/22 - the motion (mobility and motility) of the sphenoid, occiput, temporal bones, parietal bones, frontal bone, ethmoid, mandible, maxillae, vomer, palatine bones, lacrimal bones, zygomae and the bony orbit. - sutural relationships and intraosseus patterns of the above - sphenobasilar dynamics including patterns of inhalation/flexion, exhalation/extension, torsion, side-bending/rotation, vertical strains, lateral strains and compression e) The sacrum including: 6K/26 - the motion of the sacrum (mobility and motility) and its interconnections - the sacroiliac joints and lumbo-sacral junction. 5. The ability to sense and work with interconnections within the whole body including: 6K/25 - the role and function of fascia - the transverse ‘diaphragms’ in the body - the appendicular skeleton - the occipito-atlantal junction - the spinal vertebrae and midline function - the temporo-mandibular joint - the hyoid bone - the body viscera 6K/27 |
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| | <p>6. The ability to be sensitive to work with and know limitations when working with pre-natal and birth dynamics including: 6K/30,31</p> <ul style="list-style-type: none"> - pregnancy and birth - birth trauma and its effects - birth patterns and intraosseous strains - the treatment of babies and children <p>7. The ability to perceive the function of natural fulcrums including the sphenobasilar junction, Sutherland’s Fulcrum and lamina terminalis.</p> <p>8. The ability to facilitate still points - CV4, EV4 and states of therapeutic stillness. 6K/15</p> <p>9. The ability to help the integration and grounding of the client 6K/16- eg. working with still points, sacrum/occiput, ethmoid/coccyx. 6K/19,20</p> <p>10. The ability to support the client’s self-healing capabilities. 6K/12</p> <p>11. The ability to follow the client’s natural priorities of treatment. 6K/14 1K/8</p> <p>12. The ability to appreciate the mind-body continuum; and the wholeness and integrated function of the client. 6K/29</p> <p>13. The ability to apply appropriate craniosacral therapy skills for shock and trauma including using verbal skills to support healing processes. 6K/18</p> |
| <p>Learning Outcomes <i>The practitioner should be able to:</i></p> <ol style="list-style-type: none"> 1. Recognise and therapeutically relate to the systemic effects of stress on structure and function. 6K/18 2. Provide clear and accurate advice with regard to any relevant aftercare and self-care 6P/9 6K/21,8 1K/14 6P/10 3. Evaluate the outcomes and effectiveness of the craniosacral therapy to inform future plans and actions 6P/10 6K/20,21 | <p>Learning Outcomes <i>The practitioner should be able to:</i></p> <ol style="list-style-type: none"> 1. Apply all the above skills within a therapeutic context. 6K/11 2. Describe physiological processes that underpin the principles of craniosacral therapy. 6K/2 3. Demonstrate the ability to implement craniosacral therapy skills for the purpose of enhancing well-being. 6K/11 |

Psycho-social Skills Level 5

| Generic | Craniosacral Therapy Specific |
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| <p>Aims</p> <ol style="list-style-type: none"> 1. To provide an understanding of the role of emotions in health and disease processes. 2. To provide a theoretical and practical knowledge of various approaches and verbal skills for addressing emotional issues. 3. To have skills and competencies to encourage self-regulatory processes within the client. 6K/17,12 4. To recognise and work with emotional expression in a safe and supportive manner. 6P/8 5. Have an understanding of the dynamics of transference and counter transference. 6. To understand the role of stress and trauma and how they are mediated within body physiology. 6K/18 7. To have the skills and knowledge to work competently and safely. 6K/18 | |
| <p>Learning Outcomes <i>The student should be able to:</i></p> <ol style="list-style-type: none"> 1. To appreciate the role of the mind, body, spirit and emotions and social interactions in health and disease. 2. Demonstrate knowledge of appropriate therapeutic skills to relate to emotional conditions. 6P/6,8 3. To identify when to refer a client on to a specialist practitioner 6K/5,10 1K/13 2P/3 | <p>Learning Outcomes <i>The practitioner should be able to:</i></p> <ol style="list-style-type: none"> 1. Apply all the generic psycho-social skills within a therapeutic context. |

Professional Development, Ethics and Practice Management Level 5

| Generic | Craniosacral Therapy Specific |
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| <p>Aims</p> <ol style="list-style-type: none"> 1. To educate practitioners about the importance of the ethical, legal and professional requirements of good practice. 6P5, 2K/11 2. To ensure practitioners are aware of First Aid and Health and Safety and professional ethical competencies in accordance with an appropriate code of practice. 6K/2 6P/5 3. To engender methods of reflection for the continual development of the professional practitioner as a life-long learner. | <p>Aims</p> <ol style="list-style-type: none"> 1. To develop clinical competencies and practice Craniosacral Therapy evaluation and treatment skills within a professional clinical environment. 2. To familiarise the practitioner with appropriate forms of continuing professional development in craniosacral therapy. |
| <p>Learning Outcomes <i>The student should be able to:</i></p> <ol style="list-style-type: none"> 1. Discuss moral and ethical values relevant to professional practice. 2. Discuss the legal and legislative obligations to clients, the public in general and the craniosacral therapy profession as a whole. 3. Practise in accordance with an appropriate regulatory body Code of Professional Conduct. 6P/5,11 4. Become aware of and remain within appropriate professional therapeutic boundaries. 5. Apply a non-judgmental attitude to clients and practice without discrimination with regard to race, colour, religion, social standing or sexual orientation. 6. Discuss the meaning of implied and informed consent and the application thereof. 2P/5,6 8. Evaluate knowledge and practical skills and use reflective practice as a means of personal and professional development. 9. Evaluate the complexities of the client-practitioner relationship. 10. Explore the scope and limitations of communication in the context of the therapeutic setting and the client's needs. 11. To competently practise client/practitioner relationship skills by establishing good contact and building confidence and trust, using time management and providing clear information. 6P/9 | <p>Learning Outcomes <i>The practitioner should be able to:</i></p> <ol style="list-style-type: none"> 1. Discuss the legal and professional requirements of being a practitioner. 2. Explain to clients the principles and application of craniosacral therapy practice. 2P/1,2,4 3. Comply with the need to obtain informed consent from clients. 2P/6 4. Obtain an appropriate case history from the client. 1P/9 1K/8 1P/5,6 5. Be familiar with and comply with an approved Craniosacral Therapy Code of Ethics and Standards of Practice. 6P/5,11 6. Adapt the craniosacral therapy approaches used as a client's condition changes. 6P/6 6K/7,11 7. Establish and maintain professional boundaries. 8. Keep client records in accordance within all legal and professional requirements. 6K/111P/10 2K/11 9. Identify and access sources of advice, guidance and continuing professional education that will enable their growth and development as a professional craniosacral therapy practitioner. 10. Evaluate the outcomes and effectiveness of craniosacral therapy. 6K/21 |

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| <p>12. To understand, and apply if necessary, First Aid in a clinical environment.</p> <p>13. To understand current Health and Safety requirements.</p> <p>14. To maintain accurate records in accordance with professional and legal requirements. 6P/11</p> | |
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Research Awareness Level 5

| Generic | Craniosacral Therapy Specific |
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| <p>Aims</p> <p>1. To understand the principles, possibilities and limitations of clinical research.</p> | <p>Aims</p> <p>1. Have an introductory knowledge of scientific research relevant to craniosacral therapy.</p> |
| <p>Learning Outcomes</p> <p><i>The practitioner should be able to:</i></p> <p>1. Understand the principles of evidence-based medicine and its possible importance or limitations when used to inform decisions in clinical practice.</p> | <p>Learning Outcomes</p> <p><i>The practitioner should be able to:</i></p> <p>1. Have an awareness of research in the field of craniosacral therapy and develop the ability of critical thinking.</p> |

Glossary

This glossary does not seek to offer exhaustive or detailed definitions for the terms below. Its function is to allow trainers and practitioners to recognise equivalent terminology used by the wider profession.

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| Patient-practitioner boundary | “Boundaries are mutually understood, unspoken physical and emotional limits of the relationship between the patient and the nurse” (Faber, 1997) A clear experiential sense of demarcation between the patient and practitioner. |
| Core link | A term coined by Dr W. G. Sutherland referring to the dural membrane connecting the foramen magnum and sacrum. |
| Cranial rhythmic impulse (C.R.I.) | <p>Also known as cranial rhythm, craniosacral motion or craniosacral rhythm.</p> <p>The most superficial rhythm described within the primary respiratory system, which has an average rhythmic motion of 6-12 cycles per minute. Different theories exist to explain its origins, including that it results from the rhythmic production and reabsorption of cerebrospinal fluid (Upledger). It may result from an interaction of different factors including autonomic nervous system activation, and muscular and respiratory activity.</p> <p>Evidence suggests quite a wide range for the palpated rates (Green, Martin et al. 1999).</p> |
| Craniosacral therapy | <p>Also termed Cranial Sacral Therapy, Cranio-sacral Therapy, Cranial Therapy, Craniosacral Work, Craniosacral Biodynamics.</p> <p>A system of holistic health care that places an emphasis on supporting the expressions of the rhythmic motion in the body. This term was coined by Dr John Upledger.</p> |
| Craniosacral motion | See C.R.I. |
| Craniosacral rhythm | See C.R.I. |

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| CV4 | A therapeutic approach that facilitates systemic stillness and physiological rest within the exhalation/extension phase of subtle rhythmic motion. |
| Dynamic stillness | The intrinsic ground of stillness from which all expressions of life and motion arise |
| Energy cyst/entrapped force vector | Encapsulated area of kinetic energy that develops in response to a physical trauma whose force the body has been unable to dissipate. |
| EV4 | A therapeutic approach that facilitates systemic stillness and physiological rest within the inhalation/flexion phase of subtle rhythmic motion. |
| Extension/Exhalation | A phase of rhythmic motion in which the midline bones of the body narrow and rotate in the opposite direction to the sphenoid, the paired bones rotate internally, the fluctuation of cerebrospinal fluid recedes towards the lower pole of the body, and there is a general narrowing of body structures from side-to-side and a lengthening from front to back. |
| Flexion/Inhalation | A phase of rhythmic motion in which the midline bones of the body widen and rotate in the opposite direction to the sphenoid, the paired bones rotate externally, the fluctuation of cerebrospinal fluid rises towards the upper pole of the body, and there is a general widening of body structures from side-to-side and a shortening from front to back. |
| Facilitation/Facilitated Segment | Facilitation indicates an area (spinal segment) of impairment or restriction that develops a lower threshold for irritation or dysfunction when are structures are stimulated. It maybe activated by reflexes of either somatosomatic or viscerosomatic type. Chronically hyper-irritable and hyper-responsive segment of the spinal cord. (Di Giovanna) |
| Fascia | A type of connective tissue containing collagen and elastin fibres, and ground substance, which covers, supports and connects all the different structures of the body and that forms a continuous network throughout the body (Gray's Anatomy). |
| Fluid drive | The strength or force behind the longitudinal fluctuation of cerebrospinal fluid, due to the amount of potency it carries. |
| Force vector | The pathway in which kinetic energy enters the body as a result of a physical trauma. |
| Fulcrum (plural: fulcra) | A point around which motion takes place. A fulcrum is the support about which a lever pivots. |

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| Grounding | A sense of embodied experience. |
| Healing crisis | An acute reaction occurring as part of a healing process, when the body attempts to dissipate the elements that cause and maintain disease. |
| Inherent treatment plan | The treatment priorities of the patient's own physiology. |
| Intraosseous strain | A strain pattern within a bone. |
| Involuntary mechanism | See Primary Respiratory Mechanism. |
| Lateral fluctuation | Any lateral or circular motion of fluid and or potency created by the presence of an inertial fulcrum. |
| Longitudinal fluctuation | The motion of fluid and potency along the longitudinal axis of the body occurring during the cycles of primary respiration. Usually used to describe the inherent motion of cerebrospinal fluid. |
| Midline | The central axis of the body, which divides it equally into right and left, and anterior and posterior. |
| Mind-body continuum | Unity of body and mind as an expression of the health of each. The interconnection and unity in the functioning of mind and body. |
| Mobility | The ability to move spontaneously and actively. Also describes the motion that occurs between one body structure and another. |
| Motility | Inherent physiological motion of tissue. |
| Natural fulcrum | Naturally occurring loci around which motility and life processes are organised. |
| Neural tube | A hollow structure formed in the embryo from which the central nervous system grows. |
| Neutral | A point at which the tensions and/or underlying forces around an inertial fulcrum have reached a balance (i.e. point of balanced tension or state of balance). Practitioner neutral - a level of attention which is ideal for craniosacral palpation and treatment, where the practitioner's attention is at rest between 'coming and going' and is devoid of expectation or need. |

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| Notochord | A rod-shaped cord of cells, formed along the midline, defining the axis for embryological development, sometimes known as the primal midline. |
| Pattern of experience | A conditioned pattern, which has become fixed in the body due to stress or trauma. |
| Primary respiratory mechanism (PRM) | A term used by Sutherland to describe an interconnected system of anatomical and physiological relationships located at the core of the body. The PRM has five components: 1) the inherent motility of the Central Nervous System; 2) the fluctuation of cerebrospinal fluid; 3) the mobility of the intracranial and intraspinal dural membranes; 4) the mobility of the cranial bones; 5) the involuntary motion of the sacrum between the iliac bones of the pelvis. |
| Primary respiratory system | The system of rhythmic motions produced by the Breath of Life and the ground of stillness from which these rhythms arise. |
| Reciprocal tension membrane system | The dural membrane system which surrounds and partitions the central nervous system, and which is attached to and continuous with cranial bones and the sacrum. It is relatively inelastic and always held in a state of reciprocal tension during its motion. |
| Resource (-ing) | Something that supports health and balance (contacting and encouraging). |
| Shock | An event that can overwhelm our ability to respond effectively. |
| Shutdown | A sudden cessation of the cranial rhythmic impulse and/or mid-tide which occurs with a state of overwhelm. |
| Stillpoint | A temporary cessation of the cranial rhythmic impulse and/or mid-tide, marked by a time of deep physiological rest (during which the fluids can recharge with potency). |
| Sutherland's Fulcrum | The natural fulcrum of the reciprocal tension membrane system, located at the front end of the straight sinus (formed within the junction between the falx cerebri and the tentorium cerebelli). |
| Transverse diaphragms | Areas of the body where significant transverse (horizontal) arrangements of fascia are located: eg the cranial base, thoracic inlet, respiratory diaphragm, pelvic floor. |
| Tide | An involuntary rhythmic motion expressed in cycles of inhalation and exhalation. |

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| Tissue memory | The imprint of experiences, perhaps containing an emotional or psychological aspect, which are held within tissues |
| Trauma | An overwhelming event or series of events, created by danger or injury that mobilises the body's protective mechanisms. |
| Traumatisation | The result of being overwhelmed by trauma and not having the resources to dissipate the effects. |

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