

Craniosacral therapy and occupational therapy assignment



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Occupational therapy usually employs a combination of client education and therapeutic approaches such as alnico Acupressure, and Correctional therapy, with the aim of alleviating conditions such as back and neck pain, chronic fatigue, digestive issues, anxiety, stress and tension among other problems. Background History of Cranial Sacral Therapy Cranial sacral therapy is a therapeutic model that was initiated in the nineteenth century by Andrew Taylor Still, through his system of osteopathic medicine.

The approach of doctor Still in relation to cranial sacral therapy was found on four basic tenets, which states that the body possesses self-healing and self-regulatory semantics, the body functions as a total biologic unit, the structures and functions of the body are interrelated, and that abnormal pressure in one part of the body will produce abnormal pressures and strains in other parts of the body (Tale, 2013). However, the efficiency of this mode of therapy was further improved by William Sutherland, who extended this system to cranial osteopathy, and later on refined and taught by Harold Magnum, and John Pledged, respectively.

Pledged developed this technique into a simple but powerful system of treatment, which is simple to use and goes not require extensive medical training for it to be effective. This therapy has since then evolved to become a holistic therapy, which aims at assisting people to employ their own body healing capacities, and it trusts that all bodies have an inherent intelligence that usually keeps human beings in a balanced or equilibrium state (Elder et al. , 2013).

Discussion of Issues with the Cranial Sacral and Occupational Therapy The initial research carried out by medical practitioners and researchers such as John Pledger, highlighted that there was an existence of the Randal bone motion and that this concept could be used to develop an effective therapeutic model. Following this realization, techniques for evaluating and treating the dura membranes were developed. These researchers also distinguished cranial sacral therapy from other cranial techniques, which were focused on the osseous elements of the cranium (Tale, 2013).

According to (Tale, 2013), Cranial sacral therapy can be described as a light-touch non-invasive technique, which can be applied safely on patients of all ages, from newborns to older patients, and those whose main presenting symptoms is pain. It has also been highlighted that Correctional therapy usually complements the body's natural healing process. Correctional therapy, in combination with occupational therapy, can be used to manage various medical conditions that cannot be managed effectively just by using medications.

Most patients report improvement for a variety of medical conditions such as headaches, neck and back pain, temporomandibular joint syndrome, and motor coordination impairment. Occupational therapy in combination with cranial sacral therapy has also been used in the management of neuromuscular and immune system disorders, formability and other connective-tissue disorders. Learning difficulties such as attention deficit hyperactivity disorder and emotional difficulties are other conditions that can be managed effectively through the use of cranial sacral therapy (Agave, Gulling, Dill, Dietrich, & Banker, 2014).

The initial researchers considered the use of drugs in the management of some medical conditions to be harmful, thus leading to an improvement in the implementation of occupational therapy in collaboration with cranial sacral therapy, where they only used manual therapy to achieve remarkable success. Several issues have been highlighted considering the use of occupational and cranial sacral therapies in the management of various medical conditions (Evans, 2007).

For instance, most medical practitioners and other health care professionals believed that diseases usually target a specific part of the human body, and thus these parts should always be the points of foci during management. On the contrary, some scientists such as Andrew Taylor believed that patients should always be treated as a whole person, and not a disease entity, since he believed that a person cannot be ill in one area of the body without that illness effecting other areas (MantraΓn-penetrator, Castro-Sanchez, Garcia, Moreno-Lorenz, Careen, & Zebra, 2011).

Another issue that has been outlined concerning the use of cranial sacral therapy is the belief by some people that this mode of therapy does not contain any therapeutic value. Some researchers have highlighted that the underlying theory behind the use of cranial sacral therapy is false (Christine, 2009). For example, these researchers have stated that the bones of the skull usually fuse by the end of adolescence and that no research has demonstrated that manual manipulation can move the individual cranial bones.

Further, critics have stated that it is not easy to feel the rhythms of the Correctional system as clear as the respiratory and the cardiovascular systems, as claimed by Pledged, who is one of the founders of this model of therapy. However, on the contrary, some researchers who are in support of cranial sacral therapy have highlighted that the fact that some people find it difficult to detect the rhythms, means that those individuals are not properly trained in terms of offering services using cranial sacral therapy (Agave et al. , 2014).

Role of Occupation Therapy in Cranial Sacral Therapy Cranial sacral therapy practitioners usually represent many disciplines such as remedial massage therapists, physiotherapists, chiropractors, osteopaths, and occupational therapists. Cranial sacral therapy should involve the use of individuals with adequate skills in occupational therapy (Christine, 2009). This is because most activities that are carried out in the management of patients using cranial sacral therapy, such as Joint relaxation, and release of stress, usually involve the use of knowledge accrued from occupational therapy training.

Some of the activities that are usually carried out by occupational therapists include evaluation of physical function of an individual, including the musculoskeletal system, Joint function and limitations (Evans, 2007).

Occupational therapists can also take part in the evaluate of cognitive and psychosocial factors affecting activities, performance of basic activities such as dressing, bathing, and mobility. This group if health care provide can also help patients adapt to new equipment of management, such as splints, a ergonomic modifications.

These highlighted functions are solid proof that occupational therapy is closely associated with cranial sacral therapy. In fact, some researchers usually refer to cranial sacral therapy as a special form of occupation therapy (Tale, 2013). Researchers further describe that cranial sacral therapy can be used to help individuals with autistic features gain a calmer and more relaxed state of being by decreasing structural stress and strain.

In this aspect, occupational therapists have also been used to train the affected patients on how to cope with the new models of therapy aimed at improving their quality of life. The research on this topic is conclusive, even though it is still faced with some critics (Curtis, Gaylord Park, Parrot, Coble, Sanhedrin, & Mann, 2011). Conclusion Cranial sacral therapy has been described as a gentle, non-invasive therapy form bodywork, which can be used to manage conditions or problems associated with bones of the head, spinal column and the sacrum.

This mode of therapy is usually used to restore the natural position of the bones and to decrease the level of stress from chronic injuries, and provide relief from migraine headaches, neck and back pains. Occupational therapists have been found to have an important role in the implementation of cranial sacral therapy. For instance, this group of health care professionals has been highlighted to play an important role in offering scalp massage, joint relaxation, and other services that improve the quality of life of most patients.

My expectation about cranial sacral therapy is slightly different from my finding about this topic. For instance, it was not clear how cranial sacral

therapy can be used to achieve a lot of positive outcomes in patients suffering from diverse conditions such as attention deficit hyperactivity disorder, autism, and those who have been subjected to detrimental brain injuries.

References Agave, E. , Gulling, N. , Dill, P. , Dietrich, D. , & Banker, L. (2014).

Development and validation of a quantitative method to assess pedicle screw loosening in posterior spine instrumentation on plain radiography.