

Multi-practitioner Upledger CranioSacral Therapy

Descriptive Outcome Study 2007-2008

R E HARRISON MbChB, MRCP, MFHom, CST

J S PAGE CST-D, MCSS

Keywords: Upledger CranioSacral Therapy; Clinical outcomes; Systematic data collection; General well being; Internal locus of control

INTRODUCTION

There is increasing use of systematic data collection both as a valid research method (Walach, Jonas, Lewith 2002, Glikson M 2007), to direct further research and to inform patients and health professionals wishing to evaluate the likely economic advantages of treatment with a particular form of Complementary Medicine.

Upledger CranioSacral Therapy (UCST) is a form of gentle 'hands on' body work that allows for exploration of emotional issues where indicated (Upledger, 1991). It is in widespread use in both the UK and USA. In 2006 the Upledger Institute UK decided to look into how best to present UCST to other health care professionals and this study is in response to that. Working both in private practice and as a NHS General Practitioner (GP), the authors are often asked about UCST. For many health care professionals UCST is one of a plethora of 'body work' therapies on offer. Their questions focus not so much on what the therapy is, but who do we treat, what conditions get the best results and how many sessions is a patient likely to need? This descriptive study aims to be a starting point for addressing these questions.

While the main data collected refers to patients treated by ten UCST practitioners working in a variety of settings around the UK, an identical study was being carried out simultaneously of patients treated by a single UCST practitioner in a single NHS General Practice. Data from this study will be referred to later in the results section as 'single practitioner' data.

DESIGN

In July 2007 UK Upledger practitioners were sent an invitation to contribute patients to the study. Ten therapists expressed an interest and each enrolled up to ten consecutive new patients presenting for UCST. Patients were asked to complete one questionnaire at the start of treatment (appx 1), and another at discharge or after their sixth session if still receiving treatment (appx 2).

RESULTS

A total of 73 patients were entered by 10 practitioners.

1:4 male : female

Average number treatments: 4 ½

Average ages:

43yrs (range 7 yrs – 68 yrs)

5 babies averaging 2 months

Number GP visits in preceding year:

1 in 5 had seen GP > 7 times

1 in 7 had seen GP > 10 times

Average consulting rate 3.8 visits p.a.

Other NHS contact:

1 in 3 had seen Hospital consultant for their main problem

1 in 2 had received Physiotherapy for their main problem

Presenting Problems:

Each patient was invited to name two problems they were hoping for help with: one main problem, and one secondary problem. In the following table we present the multi-practitioner data independently and the combined results of multi and single practitioner data. While we can assume that most patients from the multi-practitioner group have chosen CST for themselves, the single practitioner patients were selected by doctors in one General Practice (GP) as being likely to benefit from CST. The larger number of patients in the combined group makes it more possible to look at the range of conditions treated and outcomes scores for specific symptoms.

**Table 2. Number of patients presenting with each main problem
multi-practitioner group and combined data**

Multi-Practitioner data only (Total 73 Patients)	Number Patients	Combined multi-practitioner and single practitioner data (Total 130 Patients)	Number Patients
Neck Pain	13	Headaches and Migraine	23
Back Pain	10	Neck Pain	22
Other Musculoskeletal Problems	9	Back Pain	15
Depression/Anxiety/Stress	9	Other Musculoskeletal Problems	13
Unsettled babies	5	Depression/Anxiety/Stress	18
Headaches and Migraine	6	Unsettled Babies	12
Sleep Problems	4	Sleep Problems	4
TemporoMandibular Dysfunction	3	Gastrointestinal Problems	4
Chronic Fatigue	2	TemporoMandibular Dysfunction	3

Shoulder Pain	2	Neuralgia	3
Neuralgia, Dizziness, Tinnitus, Others	9	Shoulder Pain	2
		Dizziness, Tinnitus	3
		Chronic Fatigue	2
		Others	6

Table 1. Reported impact of patient's main problem on their life

Major	27 patients
Moderate	37 patients
Minimal	9 patients

In both groups back pain and musculoskeletal problems were the commonest secondary problem.

The main difference in the two groups is a predominance of headaches and migraine in the single practitioner group. Doctors in the practice had been encouraged by the CST therapist to refer these patients as they seemed to do particularly well.

Outcome results from multi-practitioner patients:

Of the 73 patients for whom we have initial data, 46 also completed an outcome questionnaire either on discharge or at their sixth session if treatment was ongoing. We used a modified Glasgow Homeopathic Outcome Score (GHHOS) (Reilly, Mercer, Bikker, Harrison 2007) to look at their progress. Patients are invited to give a score from -1 to +4 for: a. their main problem, b. any 'secondary problem' affected by treatment and c. any change in their general well being.

Table 3. Summary of outcomes scores for 46 multi-practitioner patients

Modified Glasgow Homeopathic Hospital Outcome Score	Main problem: Number of patients	General well-being: Number of patients
Cure (+4)	1	2
Major Improvement (+3)	21	9
Improvement of value in daily living (+2)	12	19
Minimal Improvement (+1)	10	6
No Change (0)	2	4
Deterioration (-1)	0	1

Summary of 46 patients with outcome data:

34 (74%) reported valuable or better improvement in their main problem
31 (67%) reported valuable or better improvement in a secondary problem
30 (65%) also reported valuable or more improvement in their general well-being.
15 of the 20 patients on medication for their main complaint (70%) reported being able to decrease or stop it.

In the single practitioner group where it was possible to monitor GP consulting patterns, patients showed a 60% reduction in their GP consultation rate in the six months following CST treatment. Interestingly this applied whether patients had reported an improvement or not.

Table 4. Selection of Patient's comments on CranioSacral Treatment (*Italics authors' additions*)

My insomnia is a long term problem but (<i>with CST</i>) I feel I have begun a profound change in my mental attitude to it.
Our experience of CST was very positive and the approach is very encouraging for a new mum. (<i>Mother of unsettled colicky baby</i>)
Since starting CST I am much more aware of the physical sensation 'anxiety' causes. This seems to make it easier to quickly let go. I think this is a great step forward.
The treatment helped Max (<i>2months old</i>) relax and become calmer in himself. It has helped his breathing and ability to turn his head.
(<i>CST</i>) has helped me identify underlying issues and deal with them. I can't begin to express how wonderful that has been. (<i>Low back pain and chronic neck stiffness</i>)
Although my main problem has only improved slightly, in terms of general wellbeing the treatment gave me hope and the faith to continue looking for answers for this. (<i>Brainfog</i>).
I feel very strongly (<i>that my improvement is due to CST</i>), these are longstanding problems which had not changed in a long time.
I felt better when the treatment started but now it has reverted to what it was before. (<i>Migraine</i>)
I feel my improvement is totally due to CST – I feel better after a few sessions than after six months of GP and medicines. (<i>Headaches</i>)
Migraine has been a longstanding problem and I am very happy with the improvement.

What problems is CST most effective for?

To address this question data from the multi-practitioner and single practitioner studies have been combined.

The larger number gives us some idea of outcome according to main presenting problem.

Table 4. Average outcomes scores for most frequent main problems single and multi-practitioner data combined

Main problems	Average Score
Unsettled babies	+3.1
Headache/Migraine	+2.5
Neck Pain	+2.5
Back Pain	+2.3
Depression/Anxiety/Stress	+2.2
Other Musculoskeletal problems	+2.2

	GHHOS
-1	Deterioration
0	No change
+1	Minor improvement
+2	Improvement of value in daily living
+3	Major improvement
+4	Cure

DISCUSSION

Summary of main findings; Patients presented with a wide variety of problems. Many had already been seen in secondary care and/ or treated with physiotherapy for their main problem so the patient group may represent a fairly high cost to the NHS generally. Patients received an average of 4.5 treatment sessions (usually ½ - 1 hour). The combined results on 130 patients with follow up suggest that after unsettled babies, patients with headache/migraine, neck and back pain and those suffering from stress, anxiety and depression may respond well to CST. In the single practitioner group where it was possible to record this, treatment was followed by a marked reduction in GP attendance in the six months following treatment.

Strengths and weaknesses of study; For a future study the full GHHOS should be used in the follow up questionnaire including the minus scores -1(slight deterioration) to -4 (death) as the absence of these may have introduced a positive bias into the results.

1. **Comparison with existing literature;** Experience suggests that UCST is valuable for a variety of health problems as well as for relaxation, personal development and promoting general well being, but there is limited clinical data published on its use (Mehl-Madrona et al. 2007) (Hehir B. 2003).

2. **Implications for future research or clinical practice;** This study attempts to present our work as UCST practitioners to colleagues with a limited interest in complementary medicine who may wish to direct patients towards an appropriate treatment modality. Since patients present for help with specific problems, these needs to be our starting point, however the presenting problems are not necessarily the best predictor of good outcome. Regardless of their condition, patients' response to treatment is often closely linked to having what we may call an 'inner locus of control' (Gershaw, D.A. (1989) and one important feature of UCST is that it can help people develop this. When dealing with any chronic condition we are looking to help the patients manage their problems and gain an improvement in their general

wellbeing. The patients' comments and scores (65% reporting improvement in general wellbeing independent of any change in their 'main problem') illustrate that this process can be supported by UCST.

This multi-practitioner study suggests that systematic recording of clinical data in CST is feasible and capable of informing future research.

ACKNOWLEDGEMENTS

We wish to thank the Upledger Institute UK for making this study possible and their invaluable support to all of us. Thanks also go to the therapists who have submitted patients, the patients themselves and those who encouraged the authors to persist with this work.

REFERENCES

Hehir B. Head cases: an examination of craniosacral therapy. RCM Midwives. 2003 Jan:6(1):38-40

Gershaw, D.A. (1989). Line on life locus of control. IN:Simons, Irwin and Drinnin's Psychology: The search for understanding, West Publishing, 493 - 495

Glikson M. The use of CST in a physically impaired population in a disability service in Southern Ireland. JACM vol 13 No 9, Nov 2007 1075 – 5535

Mehl-Madrona et al. The Impact of acupuncture and craniosacral interventions on clinical outcomes in adults with asthma. Explore (NY) 2007 Jan- Feb:3(1):28-36

Reilly, Mercer, Bikker, Harrison Outcome related to impact on daily living BMC Health Serv Res 2007;7:139

Upledger J E, Your Inner Physician and You, 1991, North Atlantic Books, PO Box 12327, California 94701

Walach H, Jonas WB, Lewith GT. The role of outcomes research in evaluating complementary and alternative medicine. Alter Ther Med 2002: 8:88-95.

Appendix 1

CRANIOSACRAL THERAPY QUESTIONNAIRE Pre Treatment

Patient's date of birth: Male/Female Therapist's name:
Date first treatment:

Therapist please complete above this line

1. What is the main problem for which you are seeking help?

2. What other current problems do you hope it might help?

3. How long have you had the main problem?

4. What medication, if any, do you take for it?

5. What impact is the main problem having on your life?
Minimal / Moderate / Major

6. While seeking help for your main problem, have you:
 - a. seen a hospital specialist? Yes / No
 - b. been admitted to hospital? Yes / No
 - c. received physiotherapy? Yes / No
 - d. received any alternative therapy? Yes / No

7. How many times have you seen your GP in the past year?

0 1 2-5 6-10 >10 **Please circle**

Appendix 2

CRANIOSACRAL THERAPY QUESTIONNAIRE

'Outcome'

Patient's date of birth:

Therapist's name:

No. treatments received:

Date final (or 6th) treatment:

Therapist please complete above this line

1. What was the main problem for which you were seeking help?

2. Was any other (secondary) problem helped by treatment?

3. Please chose a score for each of the next three questions reflecting any changes since starting treatment:
 - +4– problem resolved
 - +3 – major improvement
 - +2 – improvement of value in daily living
 - +1 – minimal improvement
 - 0 – no change
 - 1 – deterioration

a. change in main problem _____

b. change in secondary problem? _____

c. change in general well being? _____

4. Please indicate to what extent you feel these changes are related to the CranioSacral treatment.

5. Have you decreased any regular medication as a result of treatment?

6. Please use other side of sheet to make add any further comments.