



# CranioSacral Therapy

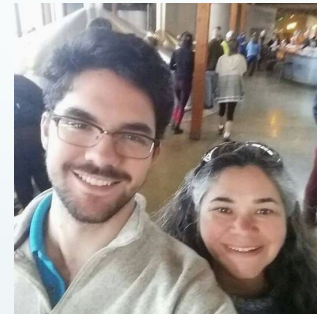
CranioSacral Therapy as a Viable Modality for Pain Management for EDS

Eloise Stager, LMT, CST  
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4 Main Street  
New Milford, CT 06776

# About Me

## Eloise Stager, CST, LMT

- Mom of 3 (2 with EDS)
  - Matt \*(23), Kayla (20), Jackie\* (16)
- I have EDS (I think)
- CT Zebras EDS Support Group, Lead
- Licensed Massage Therapist
- CranioSacral Therapist, Upledger Institute
  - Certified and perusing Diplomate







# How/Why did I get Here?

Because of Jackie

hEDS  
Gastroparesis  
POTS  
Chiari  
CCI  
CA+ Ion Channel  
Deficiency  
Intracranial Hypotension  
MCAS  
Raynaud's  
Mild Clotting Disorder



More Importantly,

She is not EDS  
She is..

Funny  
Talented  
Smart  
Caring  
Compassionate  
Clever  
Beautiful  
Resilient  
16



# PART 1 - Overview of CST

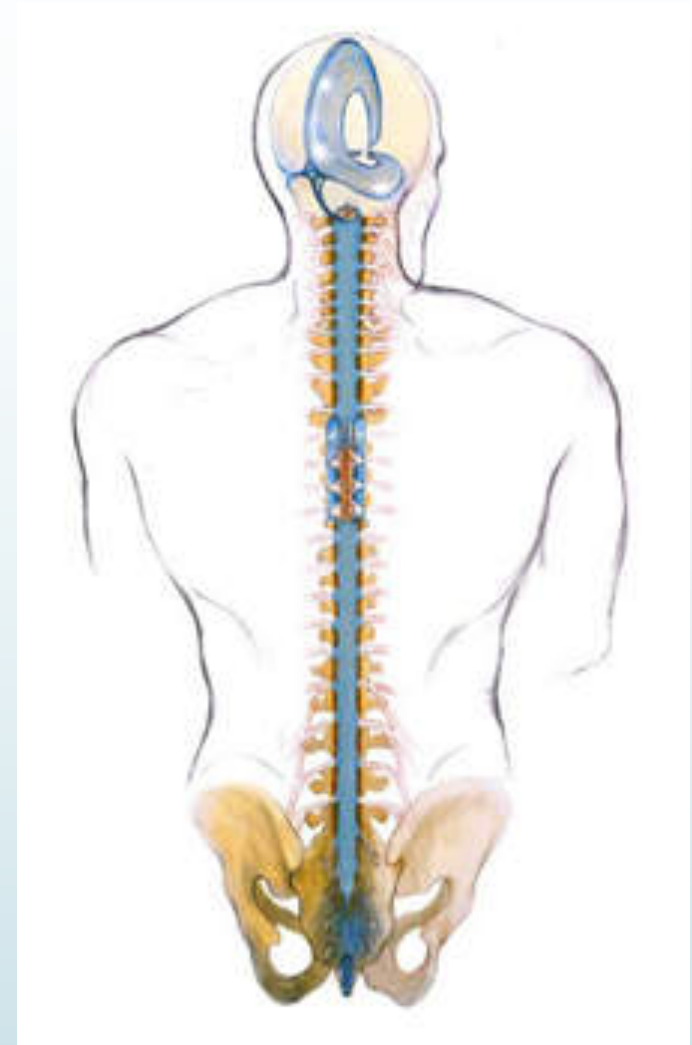
# What is CranioSacral Therapy?

- Very gentle Manual Therapy with Osteopathic Roots
- Developed by Osteopath Dr. John Upledger, in the late 1970's
- Facilitates functional improvement of the Central Nervous System by encouraging the release of fascial and musculoskeletal restrictions that might be impairing it.
- The CranioSacral System is the main system of craniosacral therapy.



# The CranioSacral System

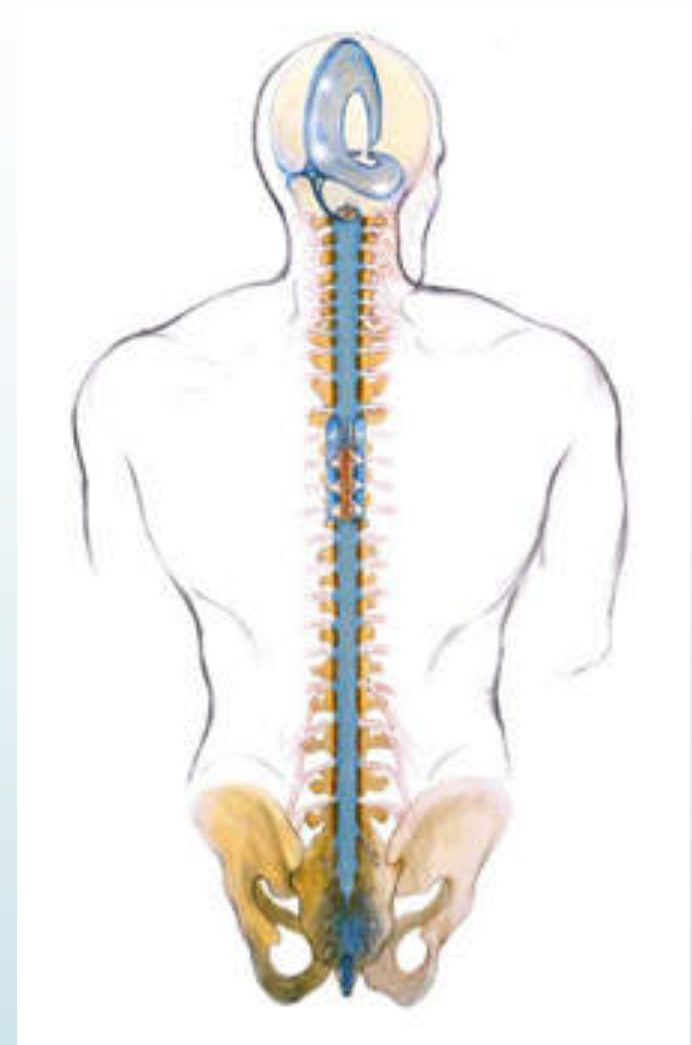
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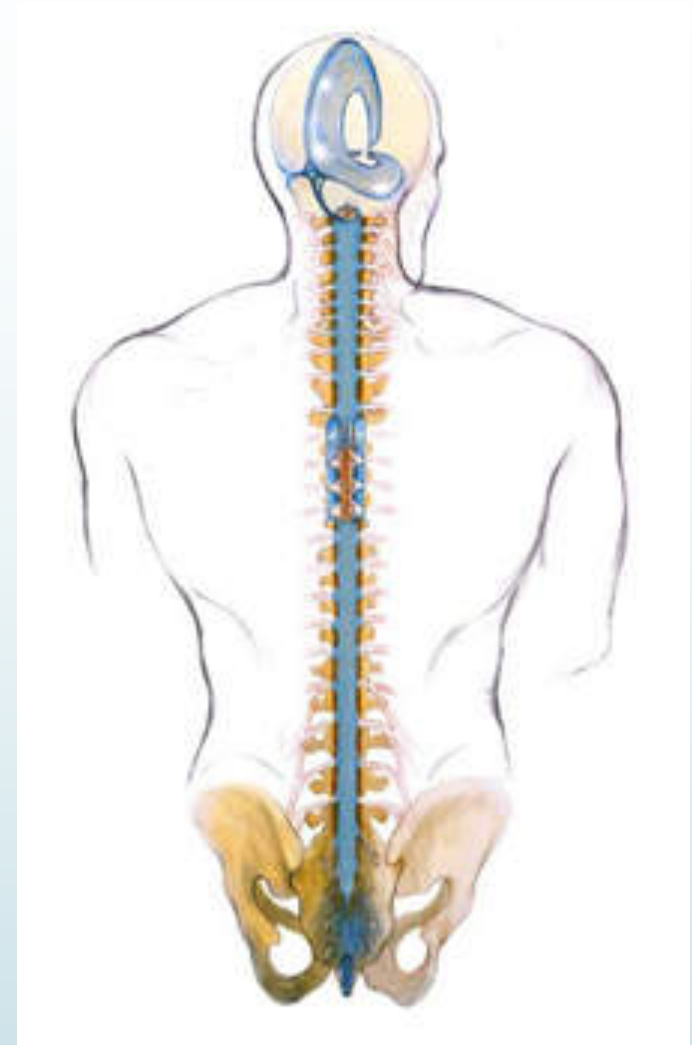
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- The CSR has its own set of characteristics that we use for assessment (SQAR).



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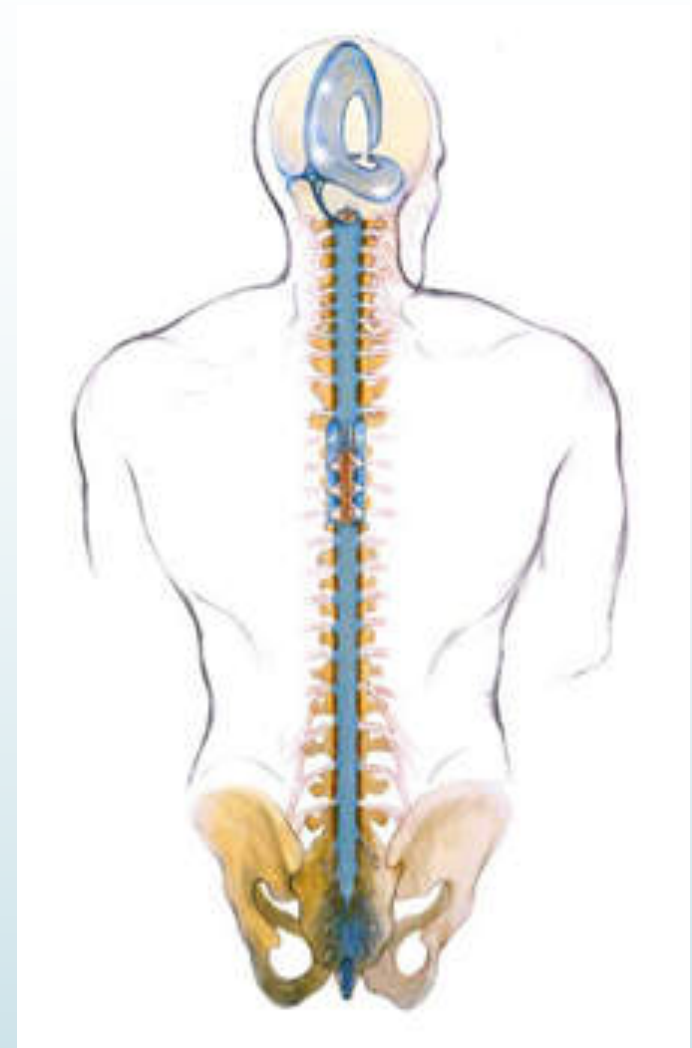
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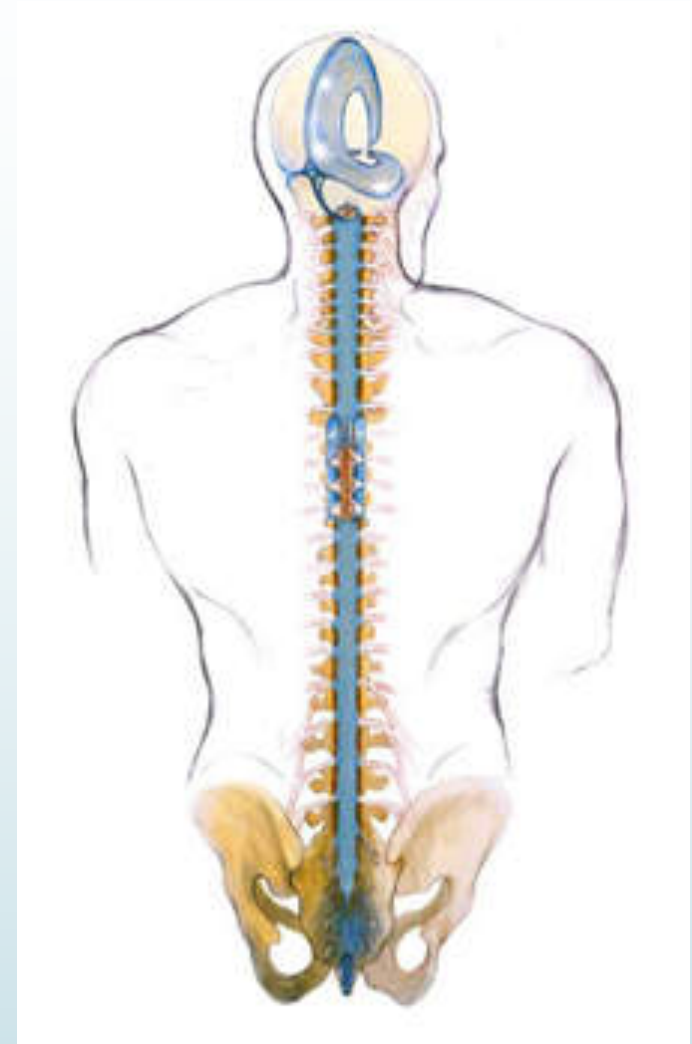
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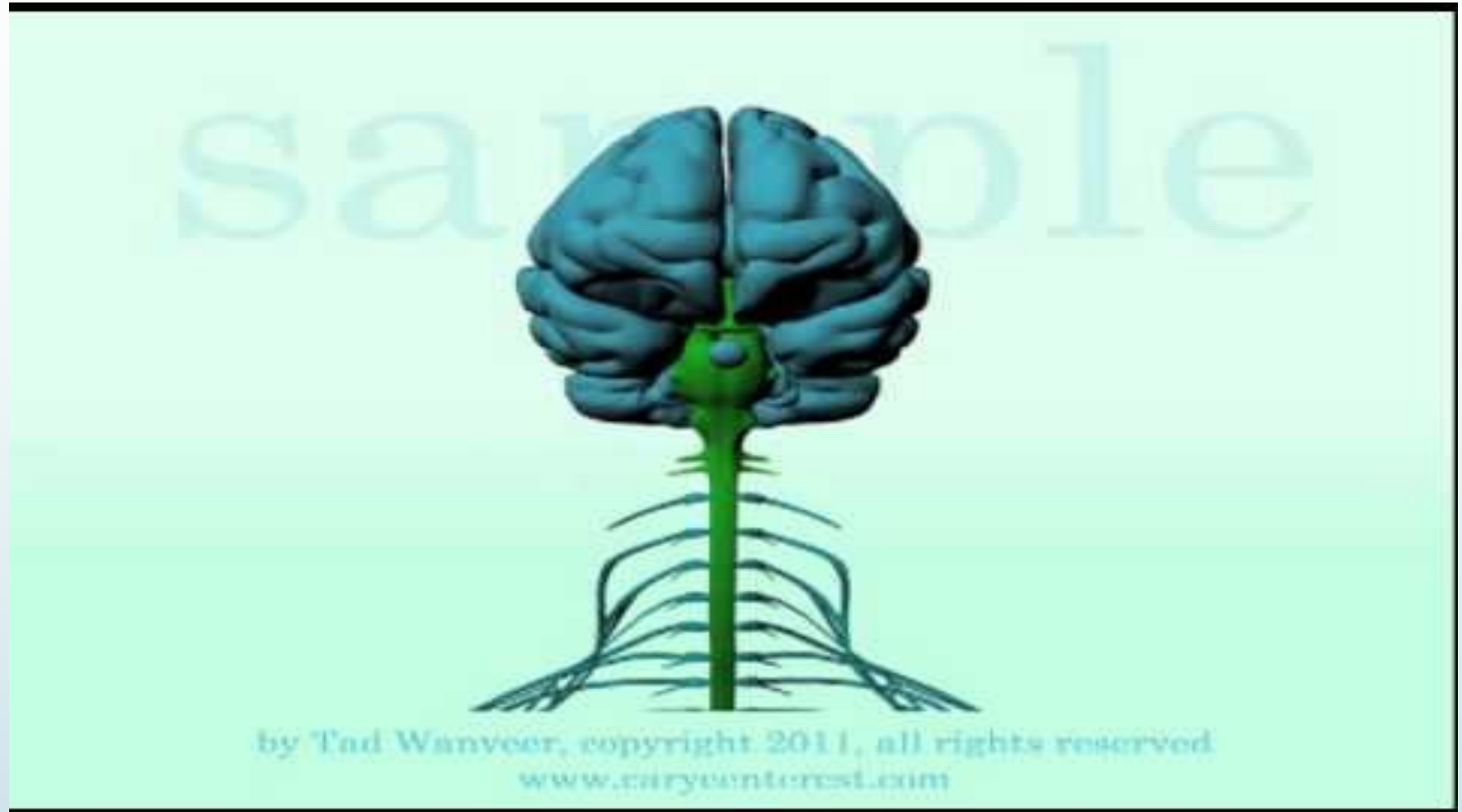


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- More research is evolving to help explain the subtleties of the CS System.



# Flexion / Extension – Tad Wanveer, CST-D





# Fascia

- Head to Toe and everywhere in between
- Around and in the fibers of every organ, joint, blood vessel
- Around the brain, ventricular system and spinal cord (dura)
- Continuous, uninterrupted connective tissue
- Primarily Collagen
- Normal fascia should be tightly woven
- We Know that EDS is a collagen disorder, HOWEVER, it can still develop compensating tension patterns that can drag on the central nervous system.

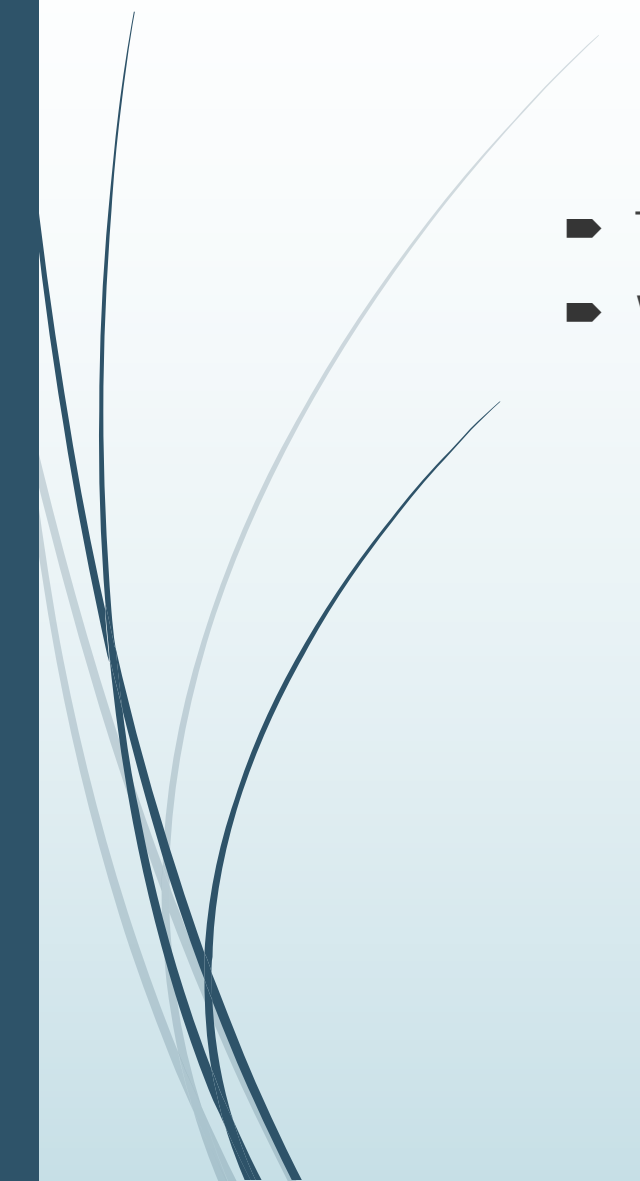


# CST Basic Tenants

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- We meet the client "where they are"
- We use the CSR and clues in fascial tension to help guide the session
- We treat people, not disorders, syndromes, diseases, or illnesses
- We strive to provide a non-judgmental, neutral, healing environment



# What's a Treatment Session Like?

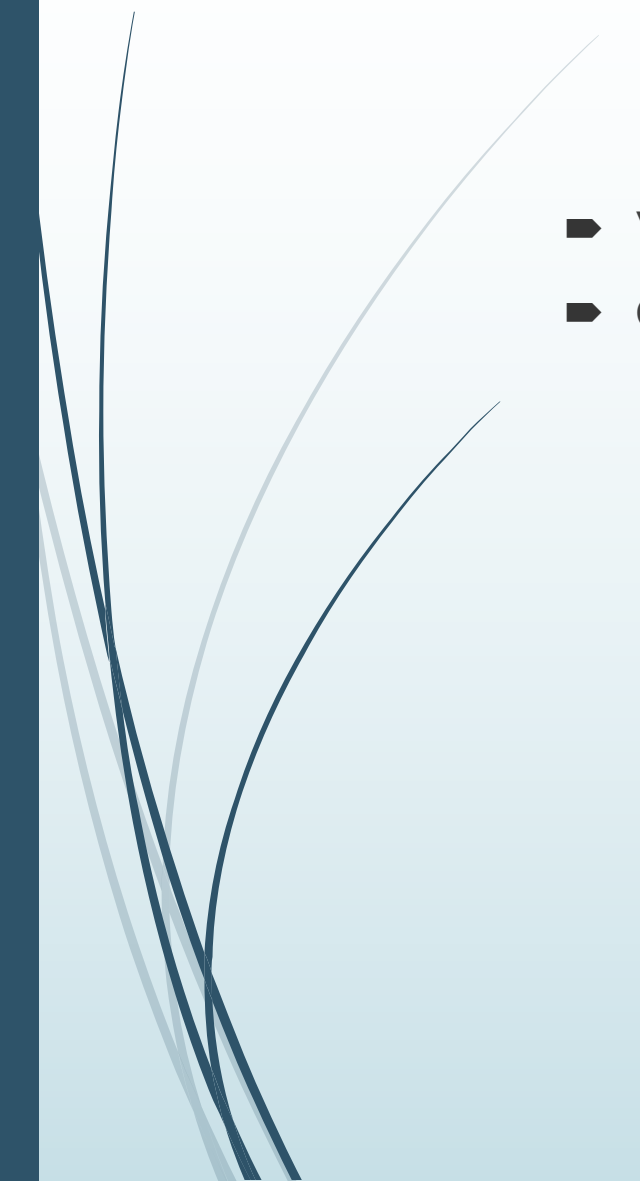


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  - New Pattern is usually a place of ease for the tissue
- Very new therapists and very advanced therapists use the same basic principles-however, the more training a therapist has, the more efficient and fine-tuned the treatment.

# Pelvic and Respiratory D. Releases

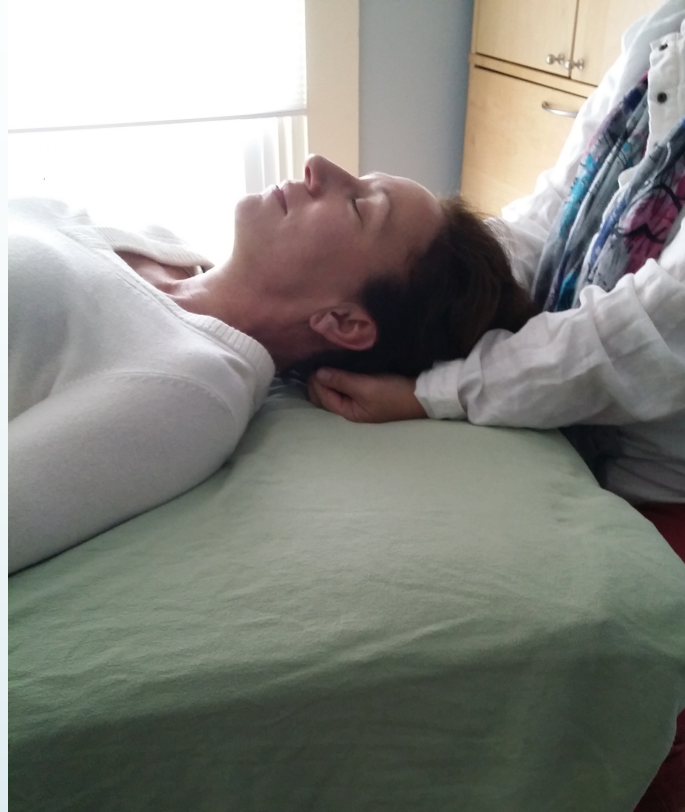




# Respiratory, Thoracic & Hyoid D. Releases



# Hyoid, O/C1, Frontal





# Frontal, Parietal and Sphenoid Decompression



# Temporal Bone Release





# SI Joint Release





# Dural tube mobilization, TMJ Release and Still Point




# Finishing Touch





# Quick Summary of CST

- 
- Gentle and Relaxing
  - Osteopathic Roots
  - Potential to improve CNS



## Part 2 - CST for EDS

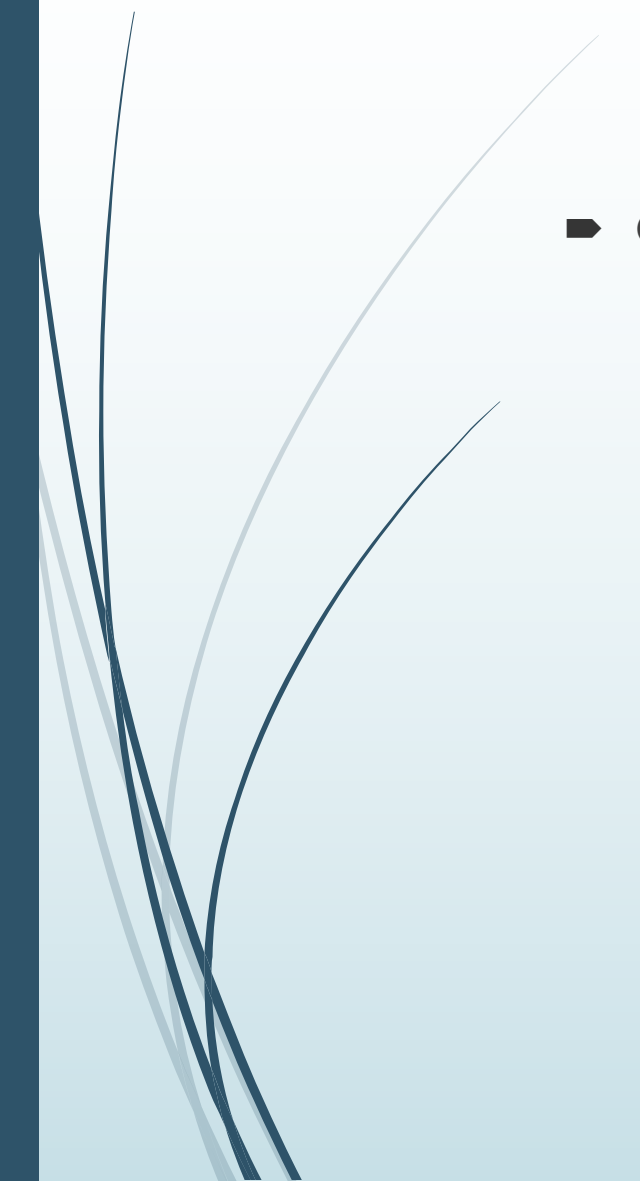


# Why CST for EDS?

- Our Central Nervous System controls everything!
- 

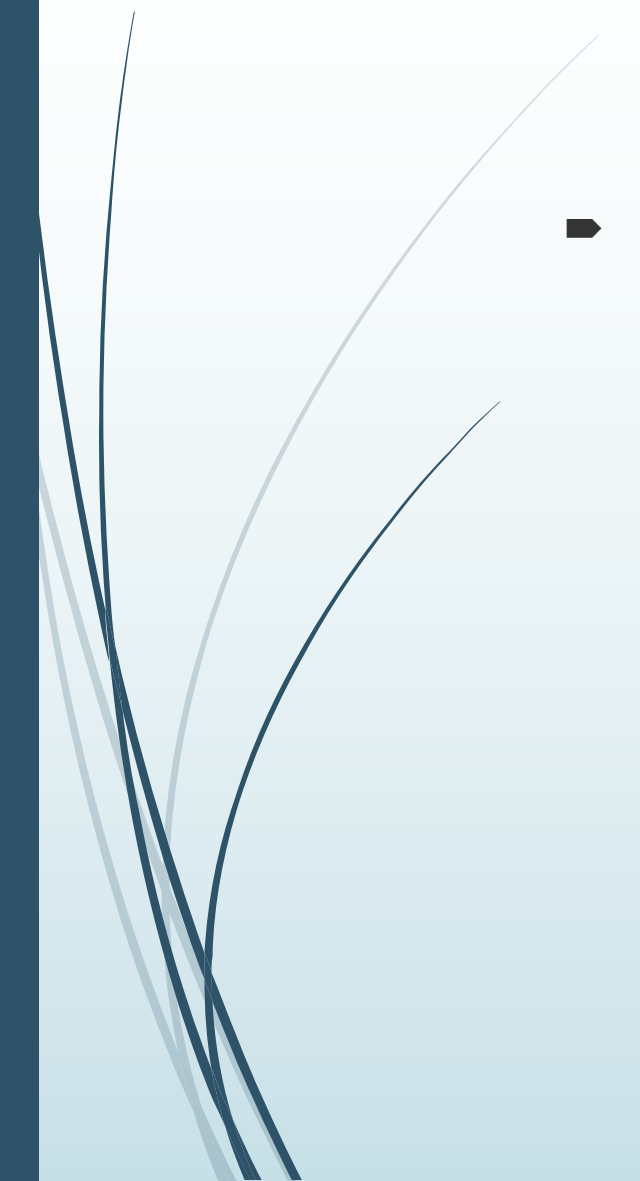


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  - Senses- taste, smell, sight, hearing, touch
  - Organ function

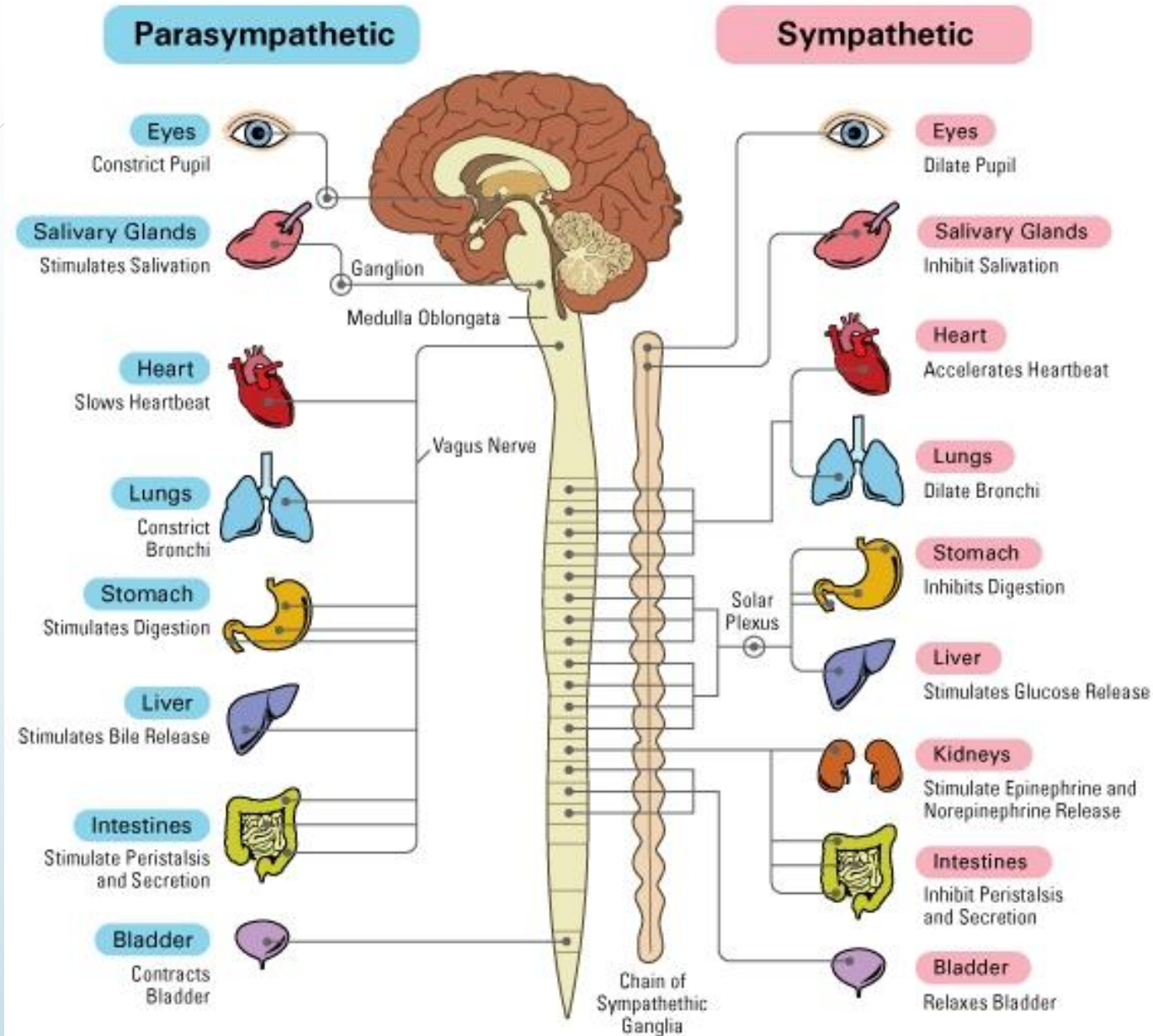


# Dysautonomia

- Autonomic Nervous System Dysregulation
- Two branches; Parasympathetic, Sympathetic
- People with EDS seem to be stuck in a Hyperactive Sympathetic State
  - POTS
  - Gastroparesis
  - Temperature Regulation
  - Circulation
  - Voidance issues
  - (Anxiety)
- CranioSacral Therapy can facilitate balance of the ANS by way of CNS function

## Schema Explaining How Parasympathetic and Sympathetic Nervous Systems Regulate Functioning Organs

Rest and Digest



Fight, Flight, Freeze

And, the ANS self-monitors itself.

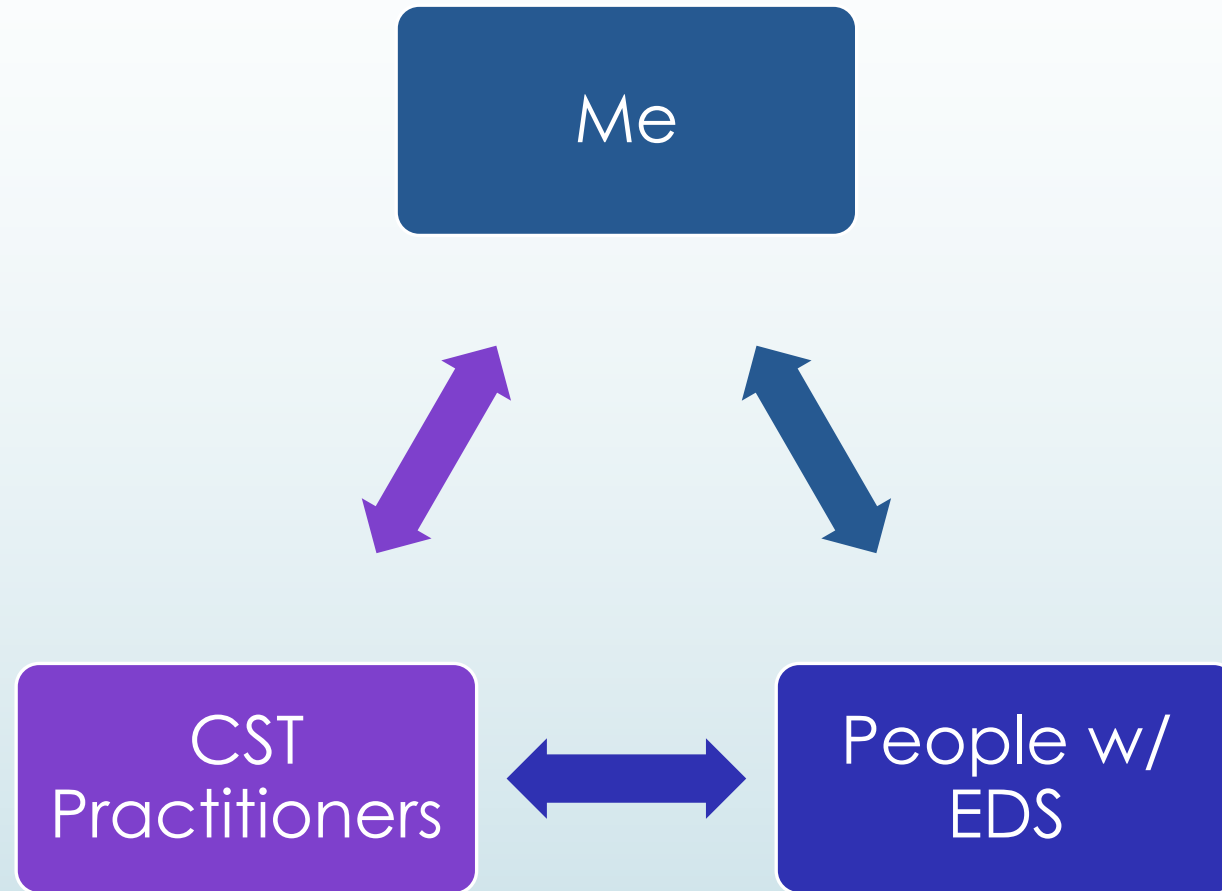




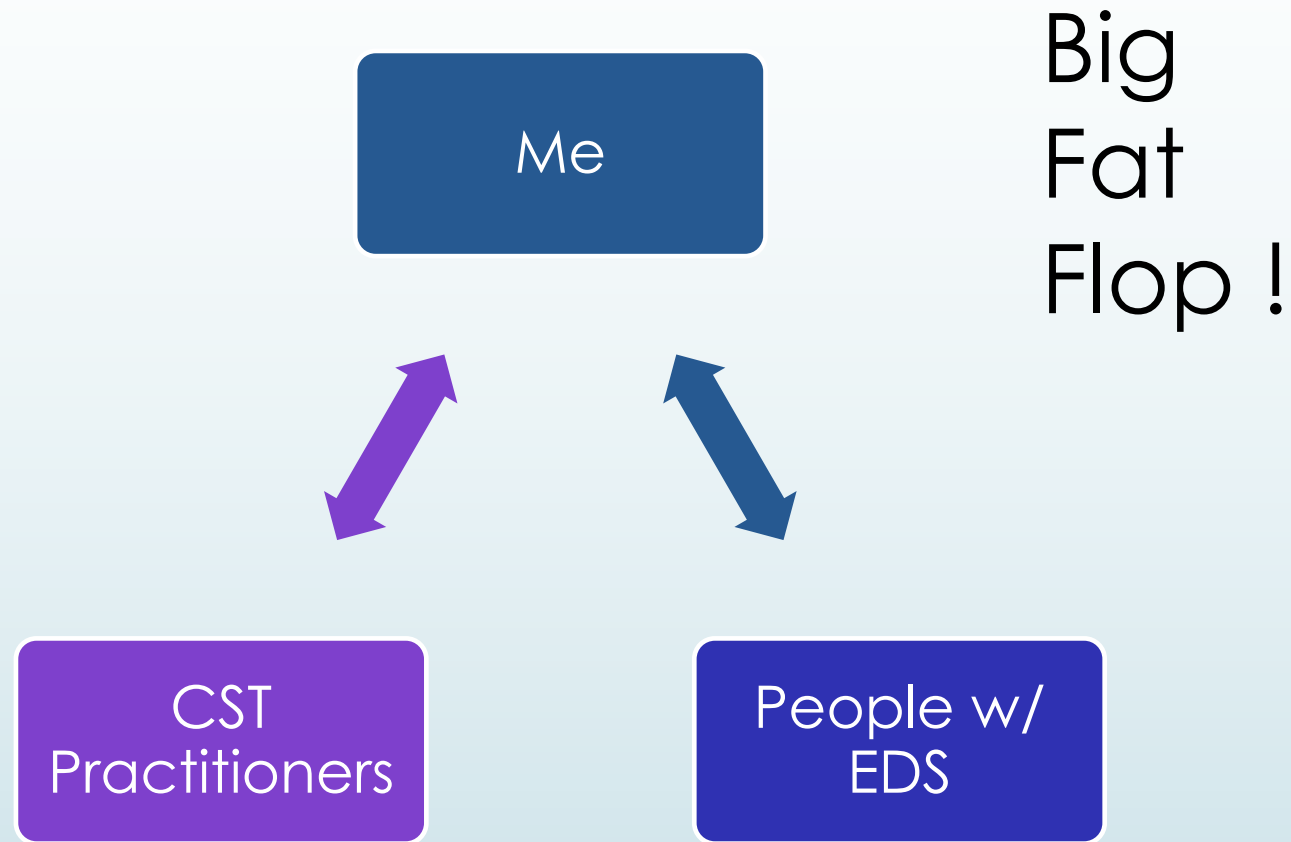
# EDS and CST-Big Picture

- I Found myself in a unique position as a CST with EDS and with kids with EDS
- I couldn't find anyone who was a CST who knew much about EDS
  - and if there should be any technique modifications for our uniqueness
- Colleagues, instructors were under-educated in Ehlers-Danlos Syndrome and Connective Tissue Disorders overall.
- I quickly learned that I was the only CST exploring this field
- So I decided to try to bridge the gap

I tried to facilitate a reciprocal relationship....



# What actually happened...



# What actually happened...And...

Most of the instructors I spoke with were supportive and interested.... So, I wrote a paper for the craniosacral therapy community with a brief description of EDS, my observations with EDS clients and offered some technique modifications. The paper was first published with The Idea Crucible, an online blog page for CST's, hosted by Eric Moya, CST-D.

Me



CST

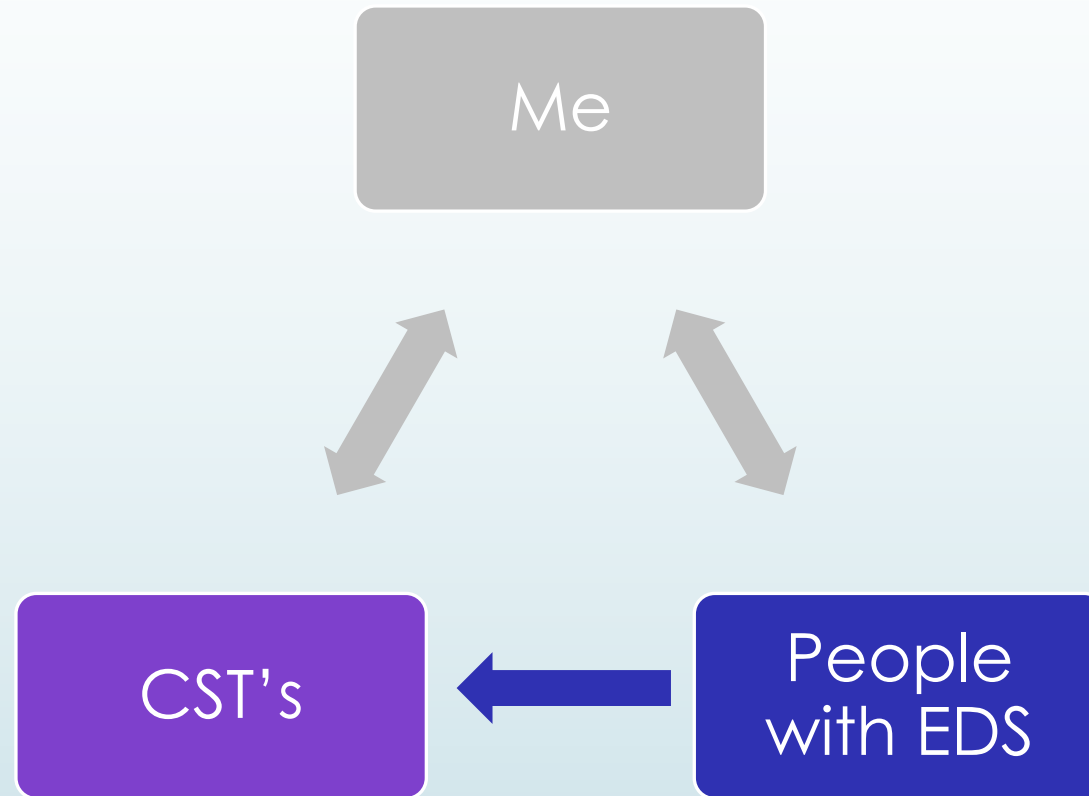
EDS

Tried to Introduce CST as a viable modality for pain management for people with EDS. Couldn't reach many people.

Then, a second chance came along, and here I am!

# What COULD happen...

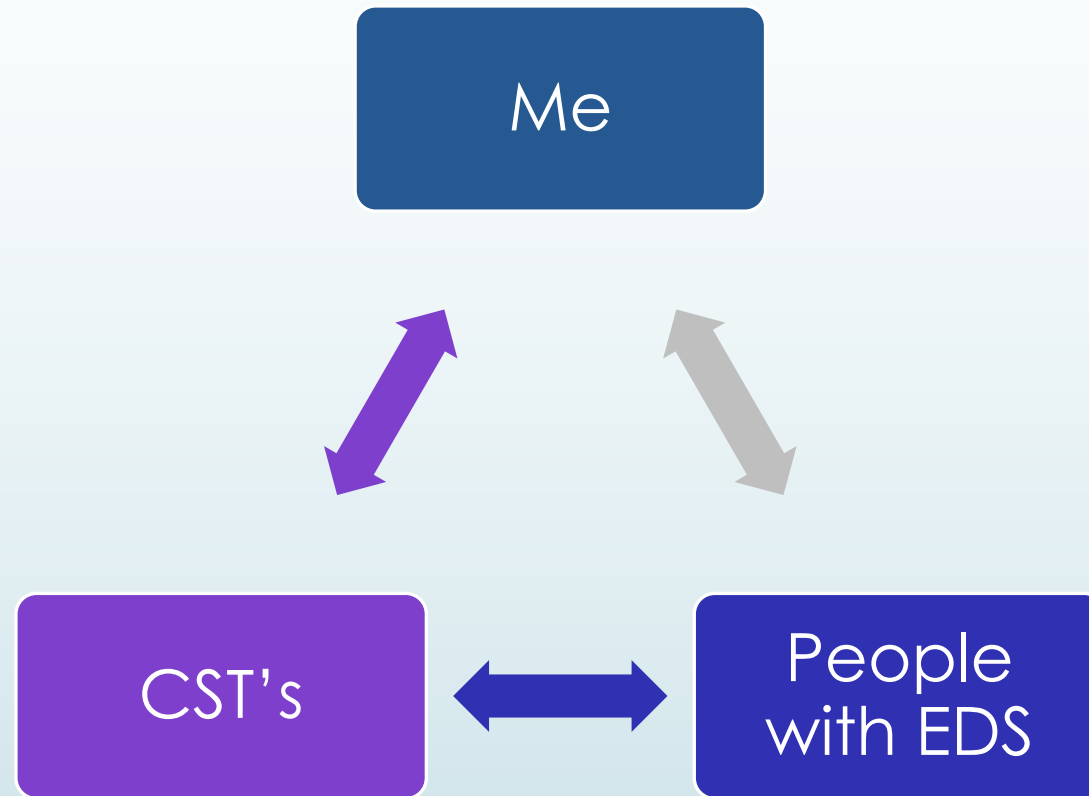
Now, it's your turn to find a CST!



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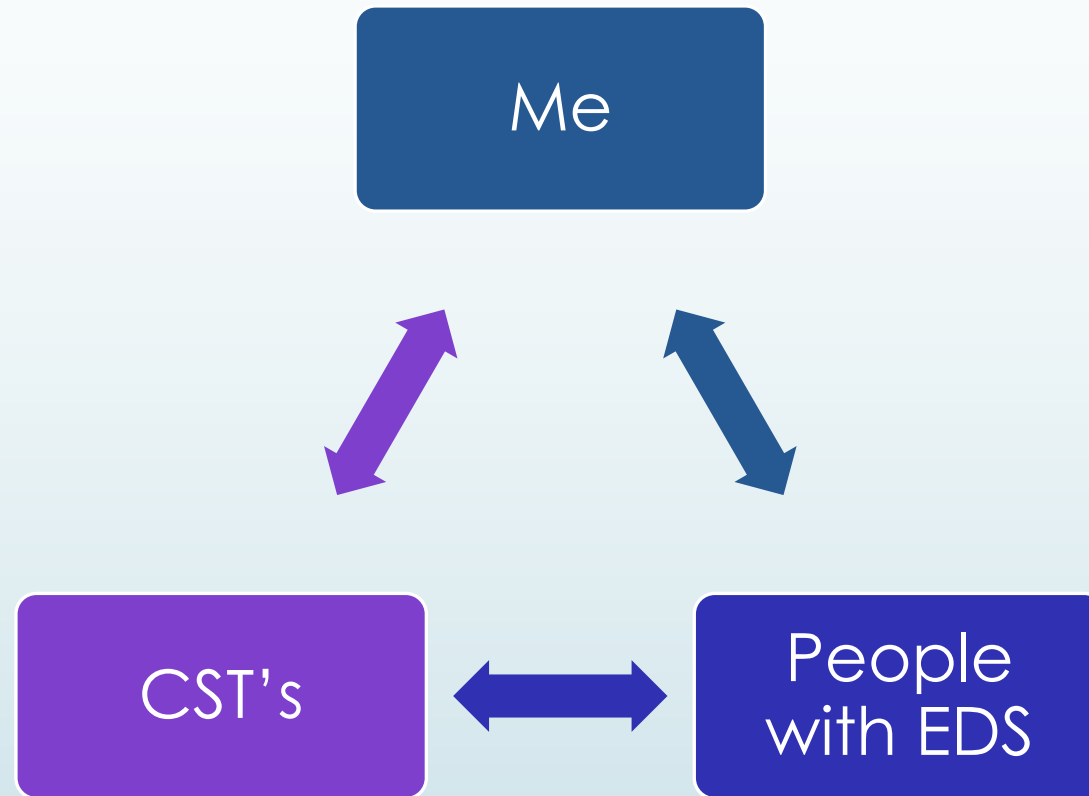
And connect them back to me!



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# Curiosity

- Were there any technique modifications that were necessary to best support the client with EDS?
- Is the quality of the CSR different in people with EDS?
- If, yes, is it important, or just a variation of normal?
- Is anything additional necessary to balance the ANS/ reduce symptoms of Dysautonomia?
- Who's heard of EDS, worked with clients with EDS or can offer feedback and constructive advice?





# Parameters and Limitations

- The number of people with EDS who seek CST is limited
- The number of CranioSacral Therapists who have patients with EDS is limited.
- Only worked with clients local to me- travel difficult for most
- I was able to provide approximately 50 treatment sessions in total, over two yrs.
  - ~ 10 Women b/t the ages of 15 and 70 / varying frequencies, all hEDS, from CT
  - All had individual experiences in life that shaped them and therefore their session.
- I received about five reports from therapists across the globe who worked with clients with EDS, on multiple occasions. Observations are consistent with my own.
  - Collaboration, education and awareness of other therapists is ongoing



# Methods

- Approached sessions and treatments as I would all clients.
- Approached each client individually (basic principle of treatment).
- Learned that basic protocol approaches were inadequate.
- Began to modify the approach and observe what worked and what didn't.



# My observations - Non-EDS vs EDS

## Non-EDS

- ▶ Fascial glide has end feel

## EDS



# Non-EDS vs EDS

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- ▶ 5 grams of end range encouragement is well-tolerated and therapeutic.

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**Hypermobile**



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**Hypermobile**
- **Characteristics of the CSR Quality are unique.**



# ANS

- Most clients have Dysautonomia
- I was unable to ascertain beneficial change to the ANS due to inconsistent treatment.
- Extremely important to receive consistent CST to address Dysautonomia
- Of note was decreased anxiety, and improved sleep
- Gastroparesis and POTS more difficult to assess



# Findings and Applications

## EDS

- Fascial glide does not have a natural, self regulated end-feel.
- Technique pressure (typically 5 grams at end-range), is not well-tolerated.
- The self regulating mechanisms of biomechanics, brain function and emotion (BodyMindSpirit) are often found to be dislocated-

## **Hypermobile**

- **CSR**

## Applications

- Fascial Glide responds better with proprioceptive feedback to obtain therapeutic benefit.
- Less than 5 gr makes a big difference (Dynamic Poise)
- CST can be the key to unlocking hypermobility of BMS by facilitating awareness and integration.
- Tx remains the same




# Results of CST for EDS

- Reduced Pain
- 



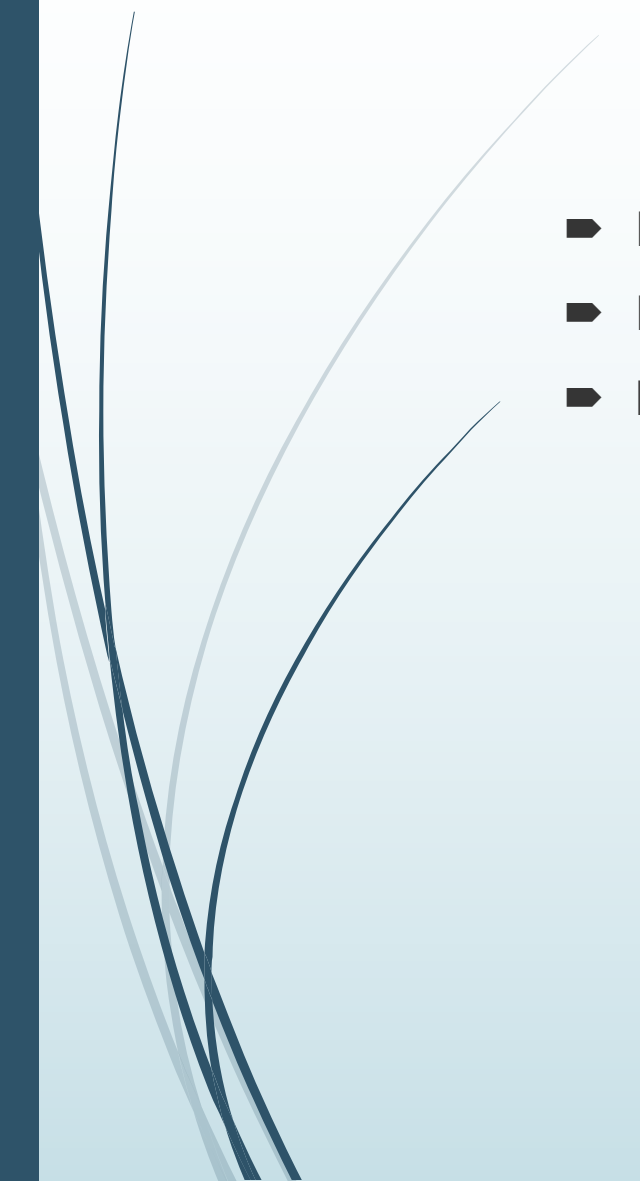
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  - (Due to overall hypermobility and body working overtime, all the time).



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- How many medications are on the market to address these issues? Side effects?



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(Due to overall hypermobility and body working overtime, all the time)
  
- How many medications are on the market to address these issues?
- Side effects?
  
- Side Effects of CST = Relaxation and sense of improved quality of life






# Curiosity

- Were there any technique modifications that were necessary to best support the client with EDS? **YES**
- Is the quality of the CSR different in people with EDS? **YES**
- If, yes, is it important, or just a variation of normal? **Believe a variation**
- Is anything additional necessary to balance the ANS/ reduce symptoms of Dysautonomia? **Consistent CST, Ongoing**
- Who's heard of EDS, worked with clients with EDS or can offer feedback and constructive advice? **Still Searching**



## For the most part...

- CST for folks with EDS yielded same benefit as general public- to be expected...However...
  - Modifications were unexpected
- 



# CST Modifications for EDS

- Very Light touch, less than 5 gr
- Add proprio-feedback to fascia
- “Dynamic Poise” is a promising approach
  - Tad Wanveer, CST-D
- Co-treat with PT, Core strengthening, meditation, counseling (if necessary)



# Comorbidity Modifications / Contraindications

- Chiari, Tethered Cord, CranioCervical Instability
- Not exclusive to EDS
- No traction, inferior or superior
- No C1 release
- Only Cranial Decompression techniques for those with Chiari
- Recommend that you find a very experienced CST if you have any of the above.



# Other Thoughts and Considerations

## -The Dura

- Dura is primarily collagen/connective tissue
- Three layers
- Provides continuous, dynamic container for brain, spinal cord, CSF
- Extends with and covers spinal nerve roots, and divides the brain into its hemispheres.
- Provides a suspension environment in which the brain can float
- Can laxity of this system cause....
  - Impaired self-monitoring and regulation of ANS?
  - Impaired brain function due to lack of physical support for CNS?
  - Detrimental intracranial pressure changes due to poor integrity, loss of “float”?
  - Result in increased concussion syndromes? Minor bumps, cause major problems?



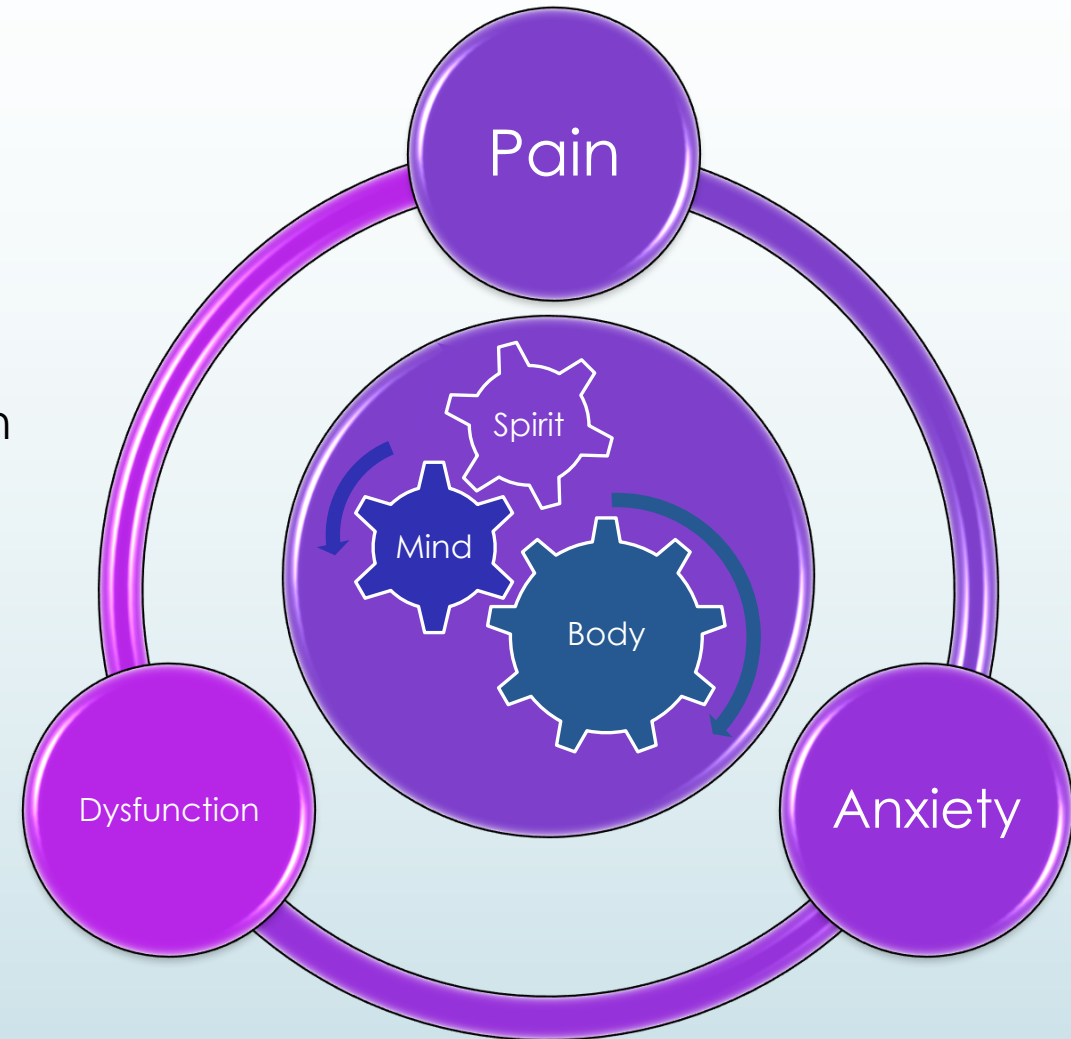
# Cranial Nerves

- 12 pair
- Most arise from brain stem
- All pass through part of the dural membrane
- Most pass through small holes where cranial bones join to travel to their destination
- Even with normal collagen, these cranial nerves can become impaired due to imbalanced tension patterns, torsions and compression of the craniocervical system.
- With CTD's / EDS , is there more risk for CN impairment?
- Vagus Nerve- ANS player

# MindBodySpirit Triad / Pain Cycle

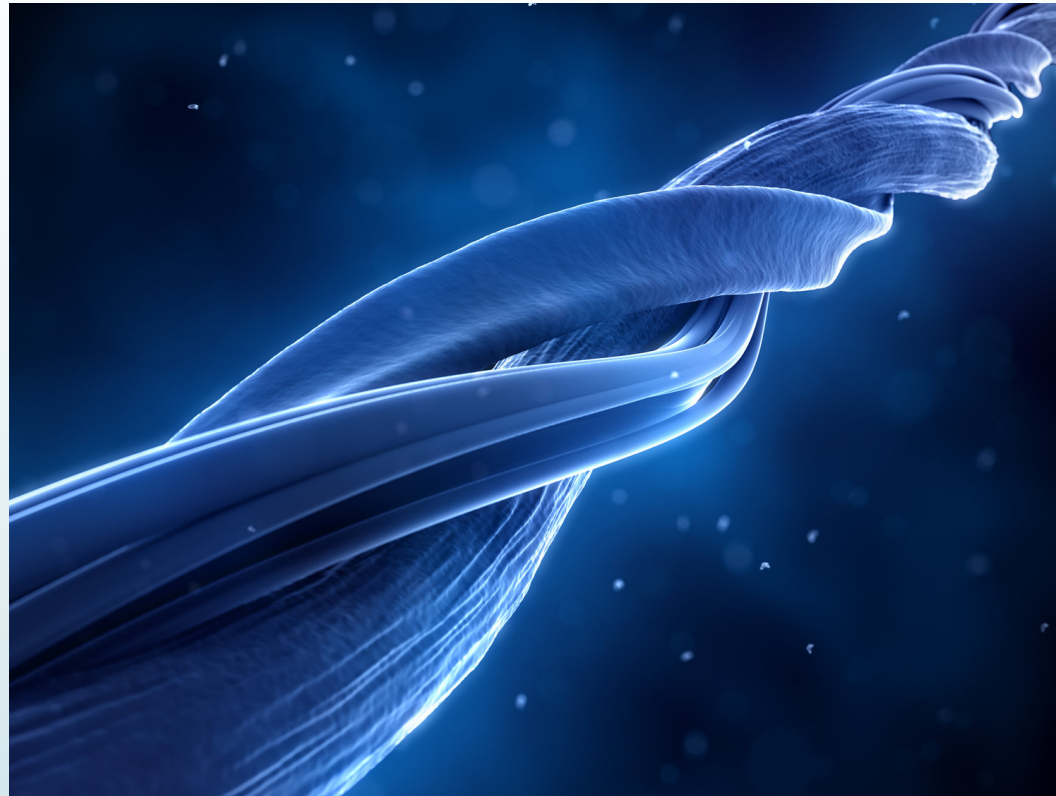
If any one wheel isn't turning properly, it effects the other wheels and the potential for pain cycle increases.

MindBodySpirit Triad  
"Braided" together





# Interesting tid bit





# Summary

## ► CST

- Potential to improve the function of the ANS with consistent treatment
- Likely to reduce pain
- Likely to improve proprioception
- Likely to improve sense of wellbeing



# Where do we go from here?

Within the year, I hope to....

- Host a Therapist workshop
- Trial EDS / CST clinic
- MAYBE (if the above goes well), a monthly EDS / CST clinic in CT
- You...
  - Can find a CST
  - Educate them on EDS
  - Share my contact info and essay (on my website- does need a little editing)
  - Encourage them to reach out to me if they have q's



# General Info

- The Upledger Institute : [www.upledger.com](http://www.upledger.com) ; 'find a therapist'
- The Idea Crucible: [www.theideacrucible.com](http://www.theideacrucible.com); Developer, Eric Moya, CST-D
- Tad Wanveer, CST-D; You Tube CST Genius and overall Great Guy-  
[www.youtube.com/user/Tadsong28](http://www.youtube.com/user/Tadsong28)
- CT Center for CranioSacral Therapy ; [www.ctcranio.com](http://www.ctcranio.com)
  - Eloise Stager, LMT, CST  
4 Main Street, New Milford, CT 06776  
860-367-2926  
[info.ctccst@gmail.com](mailto:info.ctccst@gmail.com)  
FB- CT Center for CranioSacral Therapy  
CST for Ehlers-Danlos Syndrome – Therapist Resource Only



THANK YOU!