

## Multipractitioner Upledger CranioSacral Therapy: Descriptive Outcome Study 2007–2008

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### Abstract

**Objectives:** This study describes patients presenting for CranioSacral treatment, the conditions they present with, and the impact of treatment on both their symptoms and lives.

**Design:** The records of 157 patients treated with Upledger CranioSacral Therapy (UCST) were reviewed. Seventy-three (73) patients had been treated by 10 different practitioners working independently and 84 patients were treated by a single practitioner working within the National Health Service.

**Results:** Patients' ages ranged from neonates to 68 years. Seventy-four percent (74%) of patients reported a valuable improvement in their presenting problem. Sixty-seven percent (67%) also reported a valuable improvement in their general well-being and/or a second health problem. Outcome by diagnostic groups suggested that UCST is particularly effective for patients with headaches and migraine, neck and back pain, anxiety and depression, and unsettled babies. Seventy percent (70%) of patients on medication decreased or discontinued it, and patients' average general practitioner consultation rate fell by 60% in the 6 months following treatment.

**Conclusions:** The study suggests that further research into UCST as a treatment modality would be valuable for the abovementioned problems in particular.

### Introduction

THERE IS INCREASING USE of systematic data collection both as a valid research method<sup>1,2</sup> 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.<sup>3</sup> It is in widespread use in both the United Kingdom and United States. 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 National Health Service (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 on who do we treat, what conditions give 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 refer to patients treated by 10 UCST practitioners working in a variety of settings around the United Kingdom, 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 (10) therapists expressed an interest and each enrolled up to 10 consecutive new patients presenting for UCST. Patients were asked to complete one questionnaire at the start of treatment (Appendix 1), and another at discharge or after their sixth session if still receiving treatment (Appendix 2).

### Results

A total of 73 patients were entered by 10 practitioners. Background data collected from the patients are shown in Boxes 1 and 2.

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TABLE 1. NUMBER OF PATIENTS PRESENTING WITH EACH MAIN PROBLEM: MULTIPRACTITIONER GROUP AND COMBINED DATA

Multipractitioner data only (total 73 patients)	Number of patients	Combined multipractitioner and single-practitioner data (total 130 patients)	Number of 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	6	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

## BOX 1

1:4 male:female  
 Average number of treatments: 4½  
 Average ages:  
 43 yrs (range: 7 yrs–68 yrs)  
 5 babies averaging 2 months

## BOX 2

1 in 5 had seen GP >7 times  
 1 in 7 had seen GP >10 times  
 Average consulting rate 3.8 visits per annum

## Other NHS contact

One (1) in 3 had seen a hospital consultant for their main problem. One (1) in 2 had received physiotherapy for their main problem.

TABLE 2. REPORTED IMPACT OF PATIENT'S MAIN PROBLEM ON THEIR LIFE

Major	27 patients
Moderate	37 patients
Minimal	9 patients

TABLE 3. SUMMARY OF OUTCOMES SCORES FOR 46 MULTIPRACTITIONER 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

## Presenting problems

Each patient was invited to name two problems they were hoping for help with: one main problem, and one secondary problem. In Table 1, we present the multipractitioner data independently and the combined results of multi- and single-practitioner data. While we can assume that most patients from the multipractitioner 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

TABLE 4. SELECTION OF PATIENT'S COMMENTS ON CRANIOSACRAL TREATMENT

My insomnia is a long-term problem but (*with CST*) 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. (*Mother of unsettled colicky baby*)  
 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 (*2 months old*) relax and become calmer in himself. It has helped his breathing and ability to turn his head.  
 (*CST*) has helped me identify underlying issues and deal with them. I can't begin to express how wonderful that has been. (*Low back pain and chronic neck stiffness*)  
 Although my main problem has only improved slightly, in terms of general well-being the treatment gave me hope and the faith to continue looking for answers for this. (*Brain fog*).  
 I feel very strongly (*that my improvement is due to CST*), these are long-standing problems that had not changed in a long time.  
 I felt better when the treatment started but now it has reverted to what it was before. (*Migraine*)  
 I feel my improvement is totally due to CST; I feel better after a few sessions than after 6 months of GP and medicines. (*Headaches*)  
 Migraine has been a long-standing problem and I am very happy with the improvement.

Italics indicate authors' additions.  
 CST, CranioSacral treatment; GP, general practitioner.

TABLE 5. AVERAGE OUTCOMES SCORES FOR MOST FREQUENT MAIN PROBLEMS SINGLE AND MULTIPRACTITIONER DATA COMBINED

Main problems	Average score		Glasgow Homeopathic Hospital Outcome Score
Unsettled babies	+3.1	-1	Deterioration
Headache/migraine	+2.5	0	No change
Neck pain	+2.5	+1	Minor improvement
Back pain	+2.3	+2	Improvement of value in daily living
Depression/anxiety/stress	+2.2	+3	Major improvement
Other musculoskeletal problems	+2.2	+4	Cure

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. The reported impact of patients' main problems on the patients' daily lives is shown in Table 2.

In both groups, back pain and musculoskeletal problems were the most common 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 multipractitioner 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)<sup>4</sup> to look at their progress. Patients are invited to give a score from -1 to +4 for (1) their main problem, (2) any "secondary problem" affected by treatment and (3) any change in their general well-being (Table 3).

*Summary of 46 patients with outcome data*

Thirty-four (34) (74%) patients reported valuable or better improvement in their main problem. Thirty-one (31) (67%) patients reported valuable or better improvement in a secondary problem. Thirty (30; 65%) also reported valuable or more improvement in their general well-being. Fifteen (15; 75%) of the 20 patients on medication for their main complaint reported having decreased or stopped its use.

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 6 months following CST treatment. Interestingly, this applied whether patients had reported an improvement or not (Table 4).

*What problems is CST most effective for?*

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

The larger number gives us some idea of outcome according to main presenting problem (Table 5).

**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 6 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.

*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 are limited clinical data published on its use.<sup>5,6</sup>

*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 toward an appropriate treatment modality. Since patients present for help with specific problems, these need 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,"<sup>7</sup> and one important goal of UCST is to 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 well-being. The patients' comments and scores (65% reporting improvement in general well-being independent of any change in their "main problem") illustrate that this process can be supported by UCST.

**Conclusions**

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

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### Disclosure Statement

No competing financial interests exist.

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*(Appendix follows? )*

