

## **Consent form for Craniosacral therapy and Pediatric treatment**

Craniosacral Therapy is palpation-based work that comes from the Osteopathic tradition of American medicine. It is a natural and organic form of therapy. Changes (it makes no difference whether the changes look good or bad initially, just that there is a change occurring) should occur in 4-6 sessions. Craniosacral therapy focuses on restrictions or traumas already inside the baby/child that must **come out of the tissue** to regain health and wellness. Restrictions in the fascia are not commonly observed or diagnosed in conventional medicine and the ASD label is assigned too easily nowadays leaving parents stranded with kids who exhibit a wide variety of complications and therapists unwilling or unable to do therapy needed to facilitate corrections in a timely manner. This, combined with the reluctance of conventional medicine to own its part in all of this (too much Pitocin, fundal pressure, C-sections, and no palpatory follow up with the OB/GYN) leaves everyone at a loss.

CST uncovers and recreates the position of injury, strain, or trauma, allowing trauma to come out of the soft tissue. This trauma most often occurs from womb positioning complication, labor and delivery insults, and even vaccination complications months after delivery. These fascial complications are often not perceived due to lack of palpation skills in practitioners of conventional medicine (misdiagnosing hypertonic as hypotonic), an unwillingness to do unpleasant therapies, and a wait and see attitude that has become common place in the pediatric world. Because of the mechanics of conventional delivery and the common practice of using fundal pressure (pushing on the mother's belly either during birth or caesarean section delivery) fascial strains are common in many pediatric patients, especially in the neck, throat and mouth.

Parents are required to receive a CST session with mouth work prior to having their children worked on with CST. They are then able to have a personal experience of what the child/baby is experiencing during a session- from blending and matching resistance, to feeling releases in the tissue. This creates more of a sense of trust with the work and therapist.

**Mouthwork:** frees up the soft tissue/fascial strains around and within the mouth due to restrictions in late pregnancy and the birth process with labor and delivery. These tissues have direct connections with the head, neck, shoulders, throat, chest, and back, which benefits the visual and auditory systems, helps with swallowing, speech, tongue motor activity, while helping with breathing, heart rate, digestion, elimination and finally, the child's ability to calm and relax themselves. A healthy nervous system will benefit the child in both their educational and recreational pursuits as well as social integration into society.

Without mouthwork, many of the issues described previously will not clear, even with quality external work on these same structures. In working with children who have teeth, we usually wear a little plastic ring guard under our gloves to allow the child to relax their jaw on the ring, further assisting the work. Mouthwork can take an entire session and the skilled therapist will often wind up working in a child's mouth either the first session or within the first few sessions. Doing mouthwork in a timely fashion will benefit the child's continued progress, sometimes allowing the child to catch up on critical milestones that will facilitate greater integration in life.

Children labeled **autistic/ASD or PDD, hyperactive, or orally defensive** will require high skill and experience on the part of the therapist to be effective in achieving results in the mouth due to continuous movement and defensiveness for the mouth work. Parents will want to be aware that these more-involved children will often bite their lips which may cause some bleeding in sessions and which can look dramatic but creates no lasting consequences. Due to stagnation in the mouth/neck area, children will often sweat a lot, have gums that bleed easily, and display a high level of oral defensiveness that will not even permit a dentist to do their work without putting the child under a general anesthetic. Baby teeth can become loose and in some extenuating circumstances, even come out.

**Seizures/epilepsy disorders:** In years of working with children with seizure disorders, from absent to grand mal, we find areas of soft tissue restriction most commonly in the upper torso including elbows, shoulders and the neck. However, tissue restrictions could come from anywhere in the body and create enough of an electrical impulse through irritation to also bring about epileptic attacks due to problematic womb positioning and/or a birth/delivery trauma.

A child receiving the CST work will often experience more frequent and severe seizures, albeit, for short periods of time after their sessions. It is very common that children will often appear to go backward in their developmental processes to get hold of a new piece, bringing it forward so they can then integrate it into where they are now. Also, parents who bring their children in already on seizure medications will see the results take longer and are a bit slower. Medications that suppress seizure activity can interfere with natural therapies like CST which free up fascia and elicit seizures so that they may discharge from the tissue and nervous system, thus ridding the body of this tension/tightness.

**I have read the above consent. I have also had an opportunity to ask questions about this consent, and by signing below, I agree to the above named procedures. I intend this consent form to cover the entire course of the treatment for my baby/child's present condition and for any future condition(s) for which I seek treatment.**

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**Printed Name, Signature, Date**

**WITNESS:**

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**Printed Name, Signature, Date**