

CranioSomatic Therapy for the Common Compensatory Pattern

The typical human body is asymmetrical in both structure and function. Contributing significantly to these asymmetries is the body's neuromusculoskeletal compensations for the almost-universal presence of two chronic craniosacral patterns: a Right Torsion and a Left Lateral Strain. The postural compensations resulting from these two cranial patterns include both a lateral tipping of the sacrum to the right in the coronal plane and a compensatory spinal scoliosis with four opposing curves. The lumbar curve is convex to the right with a right rotation of the lumbar vertebrae. These postural compensations result in an un-level pelvis and shoulder girdle, which may produce neck and shoulder pain, low back pain, and various other symptoms.

Additionally, the Left Lateral Strain produces a shearing of both the cranium and the pelvis in the horizontal plane with the left side moving anteriorly and the right side moving posteriorly. The anterior shearing of the cranium can frequently be observed in the close-up facial views of TV commentators and their guests. Due to the anterior movement of the greater wing on the left, the left eye may appear slightly larger and more forward than the right.

The chronic Right Torsion and the Left Lateral Strain patterns may be the underlying etiology of the Common Compensatory Pattern (CCP) described by Zink and Lawson¹ in osteopathic literature. The CCP appears to involve both of these chronic patterns. It is described as having a lateral tipping of the sacrum to the right in the coronal plane and a compensatory spinal scoliosis with four opposing curves. The lumbar curve is convex to the right with a right rotation of the lumbar vertebrae.

The chronic cranial Right Torsion and Left Lateral Strain are referred to as Primary Cranial Patterns (PCP) by Dr. Hancock² to emphasize that the associated neuromusculoskeletal patterns occur secondary to, and in compensation for, the cranial patterns. This designation also differentiates these chronic cranial patterns from functional, easily-corrected sphenobasilar cranial patterns that occur in coordination with the spine and pelvis as transitory compensations for activities of daily living.

Chiropractors, osteopaths, physical therapists, and others use a wide variety of modalities to treat cranial, spinal, pelvic, and other compensatory neuromusculoskeletal dysfunctions. However, manual muscle testing and other evaluation procedures from Applied Kinesiology demonstrate that the chronic Right Torsion and the Left Lateral Strain patterns, as well as their compensatory neuromusculoskeletal patterns, are almost always still present in both general and clinical populations. These findings indicate that the treatment procedures currently in general use are not effective in treating these chronic patterns.

An explanation for the failure of traditional approaches to correct these two chronic patterns may have to do with both the extent of the cranial distortions and their chronicity. Primary Cranial Patterns can be considered 'pseudo-structural' in the sense that the position and function of the cranial components, and the resulting chronic patterns of musculoskeletal compensation, are both long-standing and require changes to the soft tissue holding elements (sutural ligaments, dura, etc.) to release them. Both the cranial and musculoskeletal patterns can be identified in infants.

The resolution of these patterns requires the application of new concepts and special treatment procedures. These include adequate force (a pound or more for some releases), and a handhold capable applying and maintaining the forces needed to release the cranial soft-tissue holding elements and mobilize the osseous cranial structures.

The cranial concepts and procedures presented in CranioStructural Integration (CSI), the third workshop in our CranioSomatic Therapy series, quickly and permanently releases both the chronic cranial patterns and their associated compensatory musculoskeletal patterns. These treatment procedures can be performed in one or two sessions and do not need to be repeated.

See *Workshops & Notable Features* for descriptions of these workshops and others.

References:

1. Zink, JG & Lawson, WB. An osteopathic structural evaluation and functional interpretation of the soma. *Osteopathic Annals*. 1979;7(12)
2. Hancock, G.D., Dissertation. A New Diagnostic Approach and Innovative Cranial Treatment Procedures for Chronic Neuromusculoskeletal Patterns: A Manual and Contextual Essay. Union Institute & University: Cincinnati, OH; 2011.