Seeds of Conflict

It has been suggested that conflict between the osteopathic and chiropractic profession started with perception that D.D. Palmer purportedly stole spinal manipulation from A.T. Still, and then later from the perception that M.B. DeJarnette stole cranial manipulation from William Garner Sutherland.

Even though DeJarnette later gave Sutherland credit for his cranial discoveries, Sutherland’s osteopathic students seem to have determined that DeJarnette didn’t give enough credit or soon enough. This creates a bit of a backdrop to explain what may seem like antipathy by the cranial osteopaths towards chiropractors and particularly towards any chiropractor that utilizes cranial work or studies sacro occipital technique (SOT).

History & Development of Cranial Manipulation

The first doctors trained in cranial care initially studied with W. G. Sutherland, D.O. who was a pioneer cranial anatomist and clinician. A chiropractor named Nephi Cottam developed and taught a method of craniopathy, however its methodology was different and has not been taught for decades. Sutherland called his work “Osteopathy in the Cranial Field” and the Sutherland Cranial Teaching Foundation (SCTF) was formed to continue his work.

Presently the STCF is still in existence and continues to this day. The Cranial Academy is an offshoot of STCF starting up in the early 1960s. The Cranial Academy had goals of being innovative and teaching dentists and medical doctors cranial techniques. John E. Upledger, D.O. was one of the lead Cranial Academy researchers and split off in the late 1970s after writing his book Craniosacral Therapy.

Craniosacral Therapy

Craniosacral therapy (CST) as taught by Dr. Upledger and his instructors is based upon his book. He supports his premise of teaching CST to anyone regardless of their background or training, because he doesn’t want the work lost and he feels not enough people are doing it. Over the past few decades Dr. Upledger has created a virtual empire of masseuses and lay persons trained in CST. This has led to confusion by many patients who do not understand the
difference between CST and osteopathic or SOT cranial interventions. He also has created a larger societal understanding of therapeutic applications affecting the head or cranium.

In general CST’s focus is on relaxing the person rather than actually making a clinical change in a specific type of clinical presentation. Due to CST practitioner’s lack of training in differential diagnosis, inability to assess pathology, and not knowing who and when to refer a patient, this has led to criticism levied against CST practitioners.12 Therefore with some clinical situations a gray area has been created where patients needing care from a doctor are left in the hands of a layperson without the knowledge of primary healthcare or knowing how to appropriately triage.

Osteopathic and SOT Chiropractic Cranial Doctors

In contrast to craniosacral therapists both osteopaths13 and chiropractors14 are trained in differential diagnosis, can assess pathology, and know when to refer. They offer primary care diagnosis and treatment and treat clinical conditions with specific clinical applications of cranial manipulative therapy.

Osteopathic cranial doctors treat the whole craniospinal system, organs, and whole body, similarly to SOT chiropractors, but they tend to use more subtle palpation and sensing of pulsations to determine body imbalance. SOT cranial technique also uses active and passive cranial palpation evaluation assessments but often lean more towards an indicator-based system with pain reflex points that change following therapeutic applications.

Also SOT, as developed by DeJarnette, helps generalize patient presentations into a system of categories creating a "map" to assess the body in three dimensions, holographically, and with a matrix of function.15 To SOT doctors this gives them a therapeutic direction that is clear to the patient and doctor, compared to the subtle palpations commonly used by the osteopathic cranial doctor and currently scrutinized by the research community.16

Chiropractors, Chiropractic Research and Cranial Methods of Care

As chiropractic attempts to build an evidence base of information we must be careful not to equate the chiropractor’s ability to function as a primary care healthcare provider with a lay person or masseuse. Therefore it is important in our literature that we utilize terms such as chiropractic cranial manipulation, chiropractic cranial therapy, or SOT cranial therapy, instead of the term craniosacral therapy (CST).17 It is also highly suggested that chiropractors realize that it is preferred from a diagnostic and therapeutic position to study chiropractic cranial technique methods such as those taught by the Sacro Occipital Technique Organization (SOTO) – USA, since they have taught cranial techniques and certified chiropractors, since their inception.

Dental Cranial Collaborative Treatment

Both the osteopaths and chiropractors have involvement with dentists treating TMJ disorders (TMD). However SOTO-USA is the only chiropractic or osteopathic-based organization in the American Alliance of TMD Organizations, an alliance that represents over 17,000 predominantly dental members.18 SOTO-USA has been involved with TMD dental chiropractic collaborative research for years19-32 and is pioneering this field of interdisciplinary care. SOTO-USA has been furthering dental chiropractic collaborative models of care for TMD and teaching Dental Chiropractic Cranial Collaboration at yearly symposiums.33 In May 2012 SOTO-USA will unveil a four-seminar TMJ chiropractic certification program what will improve and facilitate chiropractic and dental cotreatment.

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