

This will be a 20 day seminar. Class time will be 10:00 AM to 5:00 PM each day; but be prepared to stay as late as 5:30 PM.

Manual Contains over 300 pages: Section One is theory; Section two is techniques

120 hours over 20 days

### **Day 1**

Registration and payment of tuition

Thank you to the following Pioneers

Introduction

History of cranial techniques

Review anatomy of the cranium, dural membrane, sacrum and brain

Cranial Reciprocal Tension Membrane

Anatomy and Physiology (details)

Falx Cerebri

Tentorium Cerebelli

Falx Cerebelli

Dural Tube

Types Of Joints Of The Cranium

The Primary Respiratory Mechanism (PRM)

Sutherland's concepts

The inherent motility of the brain and spinal cord

The fluctuation of the cerebrospinal fluid

The mobility of the intracranial and intraspinal membranes

The bones of the skull have an ability to have a slight amount of movement on one another

There are different axis of motion between the sacrum and ilia

Additional Principles of Advanced Cranial Therapy

How we learn

Cranial Rhythmical Impulse (CRI)

CRI flexion and extension

During Inspiration (Flexion) of the Primary Respiratory Mechanism:

Cranial Sacral Approaches

Biomechanical

Functional

Biodynamic

Methods

Direct and Indirect

Fascial three dimensional stacking

Palpation and pressure

Practical

Feel the CRI and importance of quality

Different Hand Holds: CV1, Ice Tong

Bowl Balance (Viola Frymann) Practical

## **Day 2**

Joints on Track (Practical)

Challenge Test

Mobility vs. Motility with regards to joints on track

Fascial Diaphragms

Tissue Release

Therapeutic Pulse

Important Points about fascia for Cranial Therapist's Consideration

Transverse (Horizontal) Oriented Fascial Diaphragms

Practical

McConnell's Test: here and after treating diaphragms

Diaphragm releases

McConnell's Test

Pelvic Diaphragms

Anatomy

Problems Associated

Respiratory Diaphragm

Anatomy

Indications for release of the respiratory diaphragm

Thoracic Inlet (Outlet)

Anatomy

Indications for release of the thoracic inlet are as follows

Hyoid Release

Indications for release of the hyoid region are as follows

Cranial fascia release

Epicranium Treatment

Occipitalis Treatment

Temporoparietalis Treatment

Possible Contraindications to skin rolling

## **Day 3**

Facet joints

Practical

Peri-ischial Technique

Auricular Technique

CRI Blocks at the spine

Sacrum and Coccyx

Mobility and motility

The Sacrum

Mobility and Motility

Dural Tube

Primary and Secondary Respiration Mechanisms

Pelvic Balancing

Practical

Mobility and motility: feel cranium and listening stations then fix up facets etc.

Lumbosacral opening  
Intraosseous lesion of sacrum  
Opening of the Sacroiliac Joints  
Sacrum hip release  
The Coccyx  
Practical  
Patient Prone  
Patient Seated

#### **Day 4**

Practical  
Sacral torsions  
Thoracic Inlet opening  
Lung dome  
Lung Apex from viscera point of view  
Upper trapezius and sternocleidomastoid muscle release  
Thoracic outlet to jugular bulb / SCM area  
Global technique for ligamentum nuchae (Gehin)  
Cranial / ear fascia

#### **Day 5**

Occipital Cranial Base Decompression (C0 – C1)  
Suboccipital release tangentially  
Importance of the Cranial Base Release  
Indications for release of the occipital cranial base are as follows  
Contraindications and cautions  
Practical  
Tentorium  
Falx cerebri  
Sagittal and transverse sinuses  
Inferior Subluxation of Petrojugular Articulation  
Occipitomastoid joint (OM joint): Functional cranial test for upper and lower limbs and treatment

#### **Day 6**

Read Occiput  
Practical: Occipitomastoid joint  
OM joint induction test (Biomechanical) and treatment  
Fascially  
Petrobasilar  
Resync OM joint  
Practical  
Lambda / Lambdoidal impaction  
Occipitomastoid Disimpaction  
Petrojugular Technique

## **Day 7**

Review Day

Questions and answers from the first 6 days

Review of hands on as needed

## **Day 8**

Overview of Sphenoid

Cranial Base Strains: Practical

Bony measurements, static analysis

CRI Mobility analysis

Vertical Strain

Torsion

Side Bend Rotation

## **Day 9**

Cranial Base Strains, continues

Lateral Strain

Compression

Continue reading about sphenoid bone

Practical

Ethmoid

release of cribriform plate A and B

## **Day 10**

Review of Base Strains by students

Sphenoid bone reading continues

Time / Force and Direct / Indirect discussion

Practical

Drain sphenoidal sinuses

Reposition Vomer bone

Release Lesser Wing of Sphenoid

Release Palatine bone

Greater Wing of Sphenoid assessment

## **Day 11**

Parietal Bone reading

Reanimation technique discussion

Practical

Spheno-zygomatic disengagement

Cant hook

Sphenoparietal disengagement

Sphenopalatine ganglion

Coronal pivot

Hinge Mastoid pivot

**Day 12**

Frontal Bones reading  
Temporal Bone reading  
Practical  
Frontonasal  
Frontal spread  
Frontozygomatic  
Temporozygomatic  
Eustation tube stretch  
Compression / Decompression of Temporal bone  
Testing of foods

**Day 13**

Maxilla Bone reading  
Practical  
Review upper and lower limbs of Sphenosquamous pivot  
Fixing base strains with the maxilla  
Squamous suture  
Nasal and Vomer bone repositioning  
Homework - study all base strains. Each student will have to give a presentation  
Maxilla  
Inferior glide  
Anterior glide  
Maxillary spread  
Mandibular spread  
Maxillary torsion  
Maxillary lateral strain

**Day 14**

Review Day  
Base Strains Presentations by students  
Questions and answers from the last 6 days  
Review of hands on as needed  
Homework assignment: Charting of 20 heads

**Day 15**

Discuss Charting Homework assignment  
Mandible reading  
Temporomandibular joint (TMJ) reading  
Discuss Base Strains and the TMJ  
Practical  
Stylomandibular ligament  
Sphenomandibular ligament  
Balance Coronoid and Condylar Processes  
Zygomatic-maxillary fossa  
Frontozygomatic

Mandibular Decompression  
Temporzygomatic  
Zygomatic-maxillary  
Zygomatic-frontal

### **Day 16**

Dural tube reading  
Still Point reading  
Homework: feel and chart 50 heads, read through Techniques section 3 times  
Practical  
Sutherland Grip  
Sphenoid Harmonization Technique  
Dural tube assessment of restrictions and treatment  
Spinal cord assessment of restrictions and treatment  
Dural rocking and glide, general treatment  
Treat specific dural and spinal cord restrictions  
Down Pump

### **Day 17**

Review homework  
Still Points: Indications and Contraindications  
Practical  
Dissolve to feet  
Still point to feet  
Still point to sacrum  
Hinge mastoid pivot  
Sphenotemporal suture  
Squamous suture  
Pterion release

### **Day 18**

Practical  
Vertebral bodies assessment of restrictions and treatment  
Nerve roots assessment of restrictions and treatment  
CV4  
V-Spread and Direction of Energy  
Mammillary Body Stimulation  
Introduction to Biodynamic Cranial

### **Day 19**

Review Morning  
Questions and answers from the last days  
Review of hands on as needed  
Afternoon Outside Patients  
2 groups of student and 2 patients

Assess  
Treatment

**Day 20**

Review Morning

Questions and answers from the last days

Review of hands on as needed

Afternoon Outside Patients

2 groups of student and 2 patients

Assess

Treatment

End of Mentorship wrap-up

Students return feedback forms

Certificates of course completion awarded

DynamicTherapies reserves the right to modify and / or change the material taught during the program and the order in which it is presented.